

SERFF Tracking Number: PERR-126309547 State: Arkansas
Filing Company: AXIS Insurance Company State Tracking Number: 43831
Company Tracking Number: AXIS-AH-BA-AR-09-01-F
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident
Project Name/Number: AXIS-AH-BA-AR-09-01-F /AXIS-AH-BA-AR-09-01-F

Filing at a Glance

Company: AXIS Insurance Company

Product Name: Blanket Accident

TOI: H04 Health - Blanket Accident/Sickness

Sub-TOI: H04.000 Health - Blanket
Accident/Sickness

Filing Type: Form

SERFF Tr Num: PERR-126309547 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43831

Co Tr Num: AXIS-AH-BA-AR-09-
01-F

State Status: Approved-Closed

Authors: Lana Begunova, Neresa
Torres, Addy Angelico

Reviewer(s): Rosalind Minor

Disposition Date: 11/04/2009

Date Submitted: 10/20/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AXIS-AH-BA-AR-09-01-F

Project Number: AXIS-AH-BA-AR-09-01-F

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/04/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed concurrently.

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Blanket

Explanation for Other Group Market Type: N/A

State Status Changed: 11/04/2009

Created By: Lana Begunova

Corresponding Filing Tracking Number: Exempt

Deemer Date:

Submitted By: Addy Angelico

Filing Description:

On behalf of AXIS Insurance Company ("the Company"), we are filing captioned Blanket Accident forms for your review and approval:

Blanket Accident Insurance Policy - BACC-001-0909-AR

Blanket Accident Insurance Master Application - BACC-003-0909

Policy/Certificate Amendment - BACC-005-0909

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Blanket Accident Insurance Policy Form (BACC-001-0909-AR) provides accident coverage for covered losses as specified under the policy. Depending on the plan design being offered, the Policy may also cover emergency sickness. Any sickness coverage is on an emergency basis only (as specified in the definition of "emergency sickness") and will not cover general, non-emergency sickness or illness.

This coverage will be marketed to any groups eligible for blanket insurance under the laws of your state including but not limited to: employers, independent contractors, schools, camps, participant groups, volunteer groups, association groups, affinity groups, financial institutions, and discretionary groups. This coverage may also be offered in your state pursuant to an out-of-state group or trust. The Policy may be issued on a non-contributory or contributory basis.

The subject forms are new and are not intended to replace any other forms.

Any bracketed material is being filed as variable. Please note, variable information will never be less favorable to an insured than the minimum statutory and regulatory requirements of the state where the policy is issued. Any numeric variables will vary to ranges shown and will comply with minimum statutory/regulatory requirements. A Statement of Variable Language is included to provide you with an explanation of how these forms may vary to accommodate different policyholders, plan designs, or specific clients/cases.

The Policy form itself has been drafted with variability so that this form may be used as a Certificate of Coverage and issued to Certificate holders to describe the plan of benefits offered when required by law or as requested by the policyholder. When issued, it will mirror the plan specification as set forth in the Policy.

Master Application Form No. BACC-003-0909 will detail the benefits applicable to the organization and will be signed by the policyholder.

Policy/Certificate Amendment, Form No. BACC-005-0909, is an administrative amendment that will be used to amend the Policy or Certificate to reflect changes that occur within variable area subsequent to the initial issuance of the policy.

The Blanket Accident Insurance product will be marketed by licensed agents, brokers, and third party administrators to eligible blanket groups.

The Company respectfully requests that the proposed forms be implemented for all policies effective on and after the earliest possible dates upon approval/acknowledgement.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted

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 to your attention as soon as we receive it.

Should you have any questions, please do not hesitate to contact us.

Company and Contact

Filing Contact Information

Lana Begunova, State Filings Analyst doi@perrknight.com
 881 Alma Real Dr., Suite 205 888-201-5123 [Phone] 151 [Ext]
 Pacific Palisades, CA 90272 310-230-8529 [FAX]

Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

AXIS Insurance Company CoCode: 37273 State of Domicile: Illinois
 11680 Great Oaks Way Group Code: 3416 Company Type:
 Ste. 500 Group Name: AXIS Specialty State ID Number:
 Limited
 Alpharetta, GA 30022 FEIN Number: 39-1338397
 (678) 746-9423 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation: \$50 x 3 forms = \$150
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXIS Insurance Company	\$150.00	10/20/2009	31427122

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/04/2009	11/04/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Submission	Reviewer Note	Rosalind Minor	11/04/2009	

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Disposition

Disposition Date: 11/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

This submission is being approved with the understanding that the coverage will be marketed only to those groups which are valid subdivisions under ACA 23-86-101(1) through (7).

Also, with respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-102(8) and Bulletin 14-81.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Variability Statement, Authorization Letter	Approved-Closed	Yes
Form	Blanket Accident Policy	Approved-Closed	Yes
Form	Blanket Master Insurance Application	Approved-Closed	Yes
Form	Blanket Accident Policy/Certificate Amendment	Approved-Closed	Yes

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Reviewer Note

Created By:

Rosalind Minor on 11/04/2009 10:39 AM

Subject:

Submission

Comments:

This submission was also reviewed by our P&C Division.

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Form Schedule

Lead Form Number: BACC-001-0909-AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/04/2009	BACC-001-0909-AR	Policy/Cont Blanket Accident ract/Fratern Policy al Certificate	Initial		47.000	BACC-001-0909-AR.pdf
Approved-Closed 11/04/2009	BACC-003-0909	Application/Blanket Master Enrollment Insurance Application Form	Initial		61.000	BACC-003-0909.pdf
Approved-Closed 11/04/2009	BACC-005-0909	Policy/Cont Blanket Accident ract/Fratern Policy/Certificate al Amendment Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	BACC-005-0909.pdf

[LOGO],

BLANKET ACCIDENT POLICY [CERTIFICATE]2

Underwritten by:
AXIS INSURANCE COMPANY
[11680 Great Oaks Way, Ste. 500
Alpharetta, GA 30022]3
(A Stock Company)

(Herein called the Company)

POLICYHOLDER: [JOHN DOE ORGANIZATION] 4 POLICY NUMBER: [SPS-000000] 5

POLICY EFFECTIVE DATE: [January 1, 2010]6 POLICY ANNIVERSARY: [January 1, 20XX] 7

POLICY TERM: [January 1, 2010 through December 31, 2013] 8

STATE OF ISSUE: [Any state] 9

The Policy is a legal contract between the Policyholder and the Company.

This Policy [Certificate] describes the terms and conditions of insurance. This Policy [Certificate] goes into effect subject to its applicable terms and conditions at 12:01 A.M. on the Policy Effective Date shown above at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 12:00 A.M., on the day following the last day of the Policy Term unless the Policyholder and the Company agree to continue coverage under this Policy for an additional Policy Term. The laws of the State of Issue shown above govern this Policy.

The Company and the [Policyholder] agree to all the terms of this [Policy] [Certificate] 2.

[


]10

Secretary

[


]11

President

[THIS IS A LIMITED POLICY][CERTIFICATE]

[IT PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY]

[IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS]

[IT PAYS LIMITED BENEFITS FOR EMERGENCY SICKNESS]

**THIS [POLICY [CERTIFICATE] CONTAINS A DEDUCTIBLE] [A PRE EXISTING CONDITIONED LIMITATION
MAY APPLY] PLEASE READ IT CAREFULLY.**

[NON-PARTICIPATING] 12

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[SCHEDULE OF BENEFITS]

This Policy [Certificate] is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, PLEASE READ ALL THE POLICY [CERTIFICATE] PROVISIONS CAREFULLY.

The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Policy [Certificate]. Please read the *Conditions of Coverage* and *Description of Benefits* sections for full details.

(Optional, for association groups only)

[Subscriber: ABC School

Subscriber Number: AXIS-222222

Subscriber Effective Date: January 1, 2010

Subscriber Term: January 1, 2010 to January 1, 2011] 1

Eligible Persons: An Eligible Person is [include definition here if there is only one class] or [an individual who meets all of the requirements of one of the Covered Classes shown below:

- [Class 1 All Eligible Persons who are officers and managers]
- [Class 2 All Eligible Persons who are salaried full-time employees]
- [Class 3 All Eligible Persons who are hourly-paid full-time employees]] 2

[CONDITIONS OF COVERAGE (Each of the following conditions of coverage may be included, as may coverage for Personal Deviations when shown, at the option of the Policyholder or Subscriber.)

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages:

<p>[Aircraft [Owned], [Leased,] [Operated] [Controlled] [Pilot] [And] [Crew] [and Passenger] Coverage Armed Forces Coverage Bomb Scare, Bomb Search or Bomb Explosion Coverage [Boy [and] Girl] Scout Coverage Bullet Proof Vest Coverage [Business] [Leisure] [Foreign Business][Specified Trip] Travel Coverage Personal Deviations covered Personal Deviation takes place Maximum Length of Personal Deviation [Camp] [and/or][Conference] Coverage [Civil Unrest Coverage [Common Carrier] [Public Conveyance] Coverage [Covered Activities [Hazards] Coverage Emergency [Team] [Response] Coverage Personal Deviations covered Exposure and Disappearance Coverage Financial Services Common Carrier Coverage Account Financial Services Scheduled Train Coverage Account Financial Services Scheduled Air Coverage Account Financial Services Trip Cancellation Coverage Account Felonious Assault and Violent Crime [Crisis Benefit] Coverage Fire Drill Coverage Hijacking and Air Piracy Coverage Independent Contractors Coverage Kidnap and Extortion Consultant Expense Coverage Line of Duty [Occupational] Coverage National Guard and Armed Forces Reserve Coverage Non Employee Director [Trustee] Coverage Occupational Disability Coverage</p>	<p>Policy Owned Aircraft Coverage</p> <p>[yes/no] [during, or within 24 hours before or after, covered [Business] Travel] [24—96] hours</p> <p>[yes/no]</p> <p>[Account # 12345] [Account # 12346] [Account # 12347] [Account # 12348]</p>
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Occupational Coverage	
On Call Coverage	
Personal Deviations covered	[yes/no]
On Call Response Coverage	
Personal Deviations covered	[yes/no]
Personal Deviation takes place	[within 1 hour before or after an On-Call Response]
Maximum Length of Personal Deviation	[1 hour]
[Policyholder][Subscriber] [24 hour Accident] [Protection [While on a Specified trip] [or Specified type of Trip]] Coverage	
Private Passenger Coverage	
Relocation Coverage	
Personal Deviations covered	[yes/no]
Personal Deviation takes place	[within 1 week] [during, before or after a Relocation trip]
Maximum Length of Personal Deviation	[1 week]
[Scheduled Airlines] [Civilian Aircraft] [and] [Military Air Transport] [Common Carrier] [Land, Water [or Air]] [All] [Public] Conveyance] [Business Only] Coverage	
Personal Deviations covered	[yes/no]
Personal Deviation takes place	[within 2 hours before or after Covered Trip [Covered Hazard]]
Maximum Length of Personal Deviation	[2 hours]
School Coverage	
Personal Deviations covered	[yes/no]
Personal Deviation takes place	[within 2 hours before or after Covered School Travel]
Maximum Length of Personal Deviation	[2 hours]
Security Evacuation Coverage	
[Supervised and] Sponsored Activities Coverage	
Sports Coverage	
Personal Deviations covered	[yes/no]
Personal Deviation takes place	[within 2 hours before or after Covered Sports Travel]
Maximum Length of Personal Deviation	[1 hour]
Ski Lift Coverage	
Telecommuting Coverage	
Terrorism Coverage	
Truck Passenger Coverage	
[Voluntary] [24-Hour] Coverage	
Volunteer Duty Coverage	
Volunteer Fireman's Coverage	
War Risk Coverage] 3

[Covered [Travel] Activities (specific activities to be covered will be shown here, when applicable)] 4

[Covered Short-Term Activities (specific activities to be covered will be shown here, when applicable)] 4

[Policy Individual Maximum Applies to [\$1,000 to \$100,000,000] All benefits provided by this Policy [Certificate] to any one [Insured Person] for Covered Losses or Covered Injuries sustained and Covered Expenses in any one Covered Loss.] 5

[Policy Aggregate Maximum [\$25,000 to \$500,000,000]

Applies to

[All benefits provided by this Policy; *Benefits agreed to by us and the Policyholder, Subscriber*]

Not more than the Policy Aggregate Maximum specified above will be paid for all [Covered Losses, Covered Accidents, Covered Injuries [, and] Covered Expenses] for all [Insured Persons] as the result of any one Covered [Aircraft] [Loss] [Injury] [Accident] [or Emergency Sickness]. If this amount does not allow all [Insured Persons] to be paid the amounts this policy otherwise provides, the amount paid will be the proportion of the [Insured Person's] loss to the total of all losses, multiplied by the Policy Aggregate Maximum.]] 5

BENEFITS

[Principal Sum

[Loss must occur within	[30 to 730] days of the Covered Loss]
Primary Insured	[\$500-\$100,000,000] [0.5 -10 times Salary]
[Insured Spouse [or Eligible Domestic Partner]	[\$250-\$25,000,000] [10% to 100% of the Primary Insured Principal Sum]
[Insured Dependent Child(ren)]	[\$50.00-\$5,000,000] [10 to 100% of the Primary Insured Principal Sum]] 6

[Age Reductions

The [Insured Person's] Accidental Death [and Dismemberment] [Dislocation [and] Fracture] Benefit may be reduced to the percentage of his Benefit in effect on the date preceding the first reduction, as shown below.

Age	Percentage of Benefit Amount
[65 but less than 75]	[40% to 80%]
[70 but less than 80]	[50% to 70%]
[75 but less than 85]	[30% to 55%]
[85 or over]	[15% to 40%]]

[Premium for an Insured Person Age [65, 70, 75, 80, 85] or older is based on [100%]of the coverage that would be in effect if the [Insured Person] were under the Age [65, 70, 75, 80].] 7

[Aggregate Limit of Indemnity

Applies to:	Benefit Amount
[Bomb Scare, Bomb Search or Bomb Explosion Coverage	[\$25,000 to \$500,000,000]]
[Felonious Assault and Violent Crime Coverage	[\$25,000 to \$500,000,000]]
[War Risk Coverage	[\$25,000 to \$500,000,000]]
[Kidnap and Ransom	[\$25,000 to \$500,000,000]]
[All [other] Conditions of Coverage	[\$25,000 to \$500,000,000]]

Not more than the Aggregate Limit of Indemnity specified above will be paid for all [Covered Losses, Covered Accidents, Covered Injuries[, and] Covered Expenses] suffered by all [Insured Persons] as the result of any one Covered [Aircraft] [Loss] [Injury] [Accident][or Emergency Sickness] that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all [Insured Persons] to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the [Insured Person's] loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.] 8

[ACCIDENTAL DEATH BENEFIT

[Death must occur within	[30 to 730] days of the Covered Loss]
[Primary Insured] [Insured Person] Principal Sum	[\$500-\$100,000,000] [0.5 -10 Times Salary [to a Maximum of \$500-\$50,000,000]]
[Insured Spouse [or Eligible Domestic Partner]	[\$250-25,000,000] [10% to 100% of the Primary Insured Principal Sum]]
[Insured Dependent Child(ren)	[\$50.00-\$5,000,000] [10% to 100% of the Primary Insured Principal Sum]]

[ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

[Loss must occur within [30 to 730] days of the Covered Loss]

[Primary Insured] [Insured Person] Principal Sum	[\$500-\$25,000,000] [0.5 -10 Times Salary [to a Maximum of \$500-\$50,000,000]]
[Insured Spouse [or Eligible Domestic Partner]]	[\$250-25,000,000] [10% to 100% of the Primary Principal Sum]]
[Insured Dependent Child(ren)]	[\$50.00-\$5,000,000] [10%-100% of the Primary Insured Principal Sum]] 1
	Benefit Amount
[Loss of Life	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Heart Failure	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of Two or More Hands or Feet	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of Use of Two or More Hands or Feet	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of Sight of Both Eyes	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of Speech and Hearing (in Both Ears)	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of One Hand or Foot and Sight in One Eye	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Quadriplegia	[[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Paraplegia	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Hemiplegia	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Uniplegia	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Coma	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Brain Death	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of One Hand or Foot	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of Use of One Hand or Foot	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of Sight in One Eye	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Severance and Reattachment of One Hand or Foot	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of Speech	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of Hearing (in Both Ears)	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of Thumb and Index Finger of the Same Hand	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of all Four Fingers of the Same Hand	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of all the Toes of the Same Foot	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]

[Loss of Thumb	[[up to 100% of the Principal Sum; \$500.00-\$50,000,000]]
[Loss of Tooth	[up to 100% of the Principal Sum; \$500.00-\$50,000,000]] 2

[ACCIDENTAL SEVERE BURN AND DISFIGUREMENT BENEFIT

[75-100% Body Disfigurement	[10%- 100% of the Principal Sum; \$500-\$50,000,000]
[50-74% Body Disfigurement	[10%- 100% of the Principal Sum; \$500-\$50,000,000]
[25-49% Body Disfigurement	[10% -100% of the Principal Sum; \$500-\$50,000,000]
[10-24% Body Disfigurement	[10%- 100% of the Principal Sum; \$500-\$50,000,000]
[Burn Classification	[first] [[second] [third] degree]]

[ACCIDENT MEDICAL [AND EMERGENCY SICKNESS] BENEFIT

Scope of Coverage Applicable to Accident Medical [And Emergency Sickness] Benefits

Any benefit limits and benefit percentages for *Medical Benefits* apply, unless otherwise specified, on a per [Insured Person] – per Covered Loss basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

(One of the following will be included.)

[Primary Medical Expense]	
[Primary Excess Medical Expense	
Primary Excess Benefit	[\$50-\$5,000]
[Other Health Care Plan Reduction	[10% to 50%]]]
[Full Excess Medical Expense	
[Other Health Plan Reduction	[10% to 50%]]]
[Limited Primary Medical Expense	
Limited Primary Benefit	[\$100-\$5,000]
Excluded Covered Expenses	[\$500-\$10,000]]
[Limited Primary Excess Medical Expense	
Limited Primary Benefit	[\$50-\$5,000]
Excluded Covered Expenses	[\$500-\$10,000]
[Other Health Care Plan Reduction	[20% to 50%]]]1

[Policy Aggregate Deductible	[\$100-\$500,000]
Must Be Satisfied Within	[Covered Loss, policy term, each calendar year]] 2

[ACCIDENT MEDICAL [AND EMERGENCY SICKNESS] BENEFIT

[Total Maximum for all Accident Medical [and Emergency Sickness] Benefits	\$100-\$10,000,000]]
[Benefit Limit for Injuries [Covered Losses] from any one Motor Vehicle Accident	[\$100-\$100,000]]
[Benefit Limit for Treatment of Spine	[\$500-\$100,000]]
[Benefit Limit for Burn Treatment	
second degree	[\$100-\$100,000]
third degree	[\$100-\$250,000]]
[Benefit Limit for all injuries from any [one, other] Covered Loss	[\$100-\$10,000,000]]
[First Covered Expenses must be Incurred within	[30 days to 730 days] after the Covered Loss]
[Period of Short-Term Activity	[One day to 6 months]]
[Benefit Period	[30 to 1,095 days] from the date of the Covered Loss; [10 years from the date of the Covered Loss; 20 years from the date of the Covered Loss]; [Lifetime of [the Insured Person]]
[Deductible	[\$25-\$100,000]
applies to	[each Covered Loss; each Policy Year], [each Calendar year]]

[Deductible must be Satisfied within

[365 days to 730 days] from the date of the Covered Loss] 3

Covered Expenses

[Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made solely by the Company.]

Benefit Percentage and Other Limits

[In-Patient Hospital Services	
Room and Board Expenses	
Intensive Care Unit	[10% to 100%] [up to [\$100-\$10,000]] per day; [the daily intensive care unit room rate; up to the daily intensive care unit room rate] [Two times average semi-private room rate [up to [\$100-\$100,000]]][200% of average semi-private room rate [up to [\$500-\$10,000]]]
Private/Semi-Private Room	[10% to 100%] [up to [\$50-\$5,000] per day; the semi-private daily room rate]
Hospital Miscellaneous Expenses	[10% to 100%] [up to [\$50-\$25,000] per Hospital Stay]
[Personal Services and Supplies	[\$50-\$3,000]]
[Inpatient [X-ray, CT scan, MRI, laboratory tests]	[\$50 to \$25,000]]
[Ambulatory Medical Center	[10% to 100%], [up to [\$250-\$100,000]]]
[Emergency Room Treatment	[10% to 100%] [up to [\$50-\$100,000]]]
[Physician Services	
[Surgery	[10% to 100%][up to [\$300-\$100,000] per procedure]]
[Assistant Surgeon	[15% to 50%] [up to [\$150-\$50,000] per procedure]]
[Physician Assistant	[15% to 100%] [up to [\$25-\$500] per visit]]
[Use of Physician's Surgical Facilities	[10% to 100%] [up to [\$300-\$25,000] per procedure]]
[Second Opinion or Consultation	[10% to 100%] [up to [\$25-\$2500]]]
[Anesthesia and its Administration	[10% to 100%] [up to [\$100-\$50,000] per procedure]]
[In-Hospital Visits	[10% to 100%] [up to [\$25-\$1000] per visit]]
[Office Visits	[10% to 100%] [up to [\$10-\$1000] per visit]]
[Total Office Visits	[10 to 1,000] per Covered Loss and [\$10-\$1000] per visit; [\$100] first visit and [\$100] each additional visit]]
[Out Patient [X-Ray, CT Scan, MRI and Laboratory Tests]	
Total for all Injuries per Covered Loss	[10% to 100%] [up to [\$25-\$10,000] per Covered Loss]
[Out Patient Physiotherapy	[5] treatments [up to [\$25-\$10,000] per Covered Loss]]
[Out Patient Nursing Services	[10% to 100%] [up to [\$25-\$100,000]]]
[Ambulance Services	[10% to 100%] [up to [\$25-\$100,000]]]
[Medical Equipment Rental	[10% to 100%] [up to [\$50-\$10,000]]]
[Dental Services	[10% to 100%] [up to [\$25-\$10,000]]]
[Benefit Period	[10% to 100%] [up to [\$50-\$5,000] per tooth; [\$50-\$25,000] per Covered Loss]]
[Prescription Drugs	[3 months, 2 years]]]
[Eye-glasses, Contact Lenses, Hearing Aids]	[10% to 100%] [up to [\$25-\$5000]]]
[Artificial [Limbs, Eyes and Larynx]	[10% to 100%] [up to [\$25-\$5000]]]
[Home Health Care	[10% to 100%] [up to [\$100-\$10,000]]]
Minimum Hospital Stay	[10% to 100%] [up to [\$100-\$25,000]]]
Home Health Care must begin within	[1 to 10 consecutive days]
Maximum Number of Home Health Care Visits	[1 to 10 consecutive days] after the Minimum Hospital Stay
[Rehabilitation Care Facility	[5 to 200]]]
[Extended Care Facility	[10% to 100%] [up to [\$500-\$100,000]]]
Minimum Hospital Stay	[10% to 100%] [up to [\$500-\$100,000]]]
	[1 to 10 consecutive days]

Extended Care must begin within [1 to 10 consecutive days] after the Minimum Hospital Stay]

[Expanded Medical Benefit for Covered Sports

Conditions

Covered Sports Conditions

[10% to 100%][up to [\$2,000-\$100,000]]

[bursitis; sprains; hernia; muscle tears; tendonitis; and repetitive motion injuries]

[Heart and Circulatory Conditions

Covered Heart and Circulatory Conditions

[10% to 100%][up to [\$2,000-\$100,000]]

[heat exhaustion; heart attack; stroke; burst aneurysm]]

[Hernia Benefit

[Lifetime Maximum up to [\$100-\$10,000]

[Mental and Nervous Disorders

Hospital Expenses

[10% to 100%] [up to [\$50 to \$1000 per day]]

Maximum Number of Days

[5 to 100]

[Physician Expenses

Maximum per Treatment

[\$50 to \$1000]

Maximum Number of Treatments

[5 to 100]

[HMO/PPO Denial Benefit

10% [up to [\$2,000 to \$10,000]]]

[Pre Existing Injury Benefit

[\$50-\$25,000] 4

[ACCIDENTAL DENTAL CARE AND SURGICAL BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$25-\$10,000]

[5% to 100% of Principal Sum]]

[ACCIDENTAL EYE INJURY BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$25-\$10,000]

[5% to 100% of Principal Sum]]

[ADDITIONAL OCCUPATIONAL BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$250.00-\$100,000]

[[5% to 50%] multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits]]

[AIRCRAFT [OWNED] [LEASED] [OPERATED] [OR] CONTROLLED BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$5,000,000]

[25% to 100% of Principal Sum]]

[AIRCRAFT PILOT [AND CREW] [PASSENGERS] BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$5,000,000]

[25% to 100% of Principal Sum]]

[ALTERNATIVE COMMUTING BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$50,000,000]

[2% to 50% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the

Schedule of Accidental Death and Dismemberment Benefits]]

[AMBULANCE BENEFIT

[Ground Ambulance

[\$25-\$2,500]

[10% to 25% of the Principal Sum]]

[Air Ambulance

[\$250-\$5,000]

[10% to 25% of the Principal Sum]]

[Maximum Number of Trips

[2 – 12] per [calendar] [certificate]

[policy] year]]

[AMBULATORY SURGICAL [AND HOSPITAL OUTPATIENT CENTER] BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$50-\$5,000 per visit]]

[ASSIMILATION EXPENSE BENEFIT

Benefit Limit

[\$10,000-\$100,000]

[Benefit Percentage

[10% to 100%]

[Immediate Family Members for whom

[The Company will pay travel expenses

[1 to 10]

[Assimilation Program must begin within

[30 -1825 days] or [1 to 5 years] of the Covered Loss

[BEREAVEMENT COUNSELING BENEFIT] (Sport Coverage)

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$50-\$250] per session

[Maximum Number of Sessions

[40]]

[Maximum Benefit Per Covered Loss

[\$10,000]]]

[BEREAVEMENT AND TRAUMA COUNSELING BENEFIT]

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$50-\$250] per session

[Maximum Number of Sessions

[40]]

[Maximum Benefit Per Covered Loss

[\$10,000]]]

[BLOOD/PLASMA/PLATELETS BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$50-\$1,000 per Covered Loss [Per Year]]

[BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$50,000,000]

[10%-100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits]]

[BONUS BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$10,000,000]]

[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the

	Schedule of Accidental Death and Dismemberment Benefits]]
[BRAIN DAMAGE BENEFIT] [Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[\$500-\$50,000,000] [10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$100,000-\$25,000,000]]]]
[BRAIN [DAMAGE] [INJURY] ACTIVITIES OF DAILY LIVING BENEFIT] [Loss must occur within [Hospitalized	[30 to 730] days of Covered Loss] [1-7] days within the first [30-130] days of Covered Loss]]
[12-18 month totally disabled [13 -19months lump sum payment]	
Benefit Amount	[\$500-\$50,000,000] [5% to 100% of Principal Sum [subject to a maximum of [\$500-\$50,000,000]]]]
Activities of Daily Living	[1-6] of 6 Activities of Daily Living
[BRAIN DEATH BENEFIT] [Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[\$500-\$50,000,000] [10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$100,000-\$25,000,000]]]]
[BULLETPROOF VEST BENEFIT] [Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[\$500-\$50,000,000] [5% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits]]
[BURIAL AND CREMATION BENEFIT] Benefit Amount	[\$1,000-\$50,000]]
[CAMP CANCELLATION BENEFIT] Benefit Amount	[\$100-\$5,000] [per Covered Camper]]
[CAMP INTERRUPTION BENEFIT] Benefit Amount	[\$100-\$25,000] [per Covered Camper]]
[CARJACKING BENEFIT] Benefit Amount	[\$500-\$50,000,000]] [10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits]]
[CATASTROPHIC CASH BENEFIT] [Initial or Lump Sum] Payment [Annual or Monthly] Payment [Maximum Number of	[\$5,000-\$500,000] in one lump sum [\$1,000-\$50,000] or [\$500-\$5,000]

[Annual or Monthly] Payments	[5 to 25] or [60 to 360]]
[Paralysis must occur within continue for	[180 to 730 days] of a Covered Loss [30 to 180] consecutive days]
[Coma must begin within continue for	[30 to 730] days of a Covered Loss [7 to 180] consecutive days]
[Brain Death must occur within	[30 to 730 days] of a Covered Loss]
[Percentage of Benefit for One Covered Loss	[25% to 100%]
[CATASTROPHIC TOTAL DISABILITY BENEFIT	
[Benefit Period for All Disability Benefits	[60 months; 240 months; To Age 65; Lifetime]
Initial Disability Period	[12 months]
[Subsequent Disability Period	[48 months]]
[Total Disability must begin within	[1 month to 24 months] of a Covered Loss]
[Monthly Disability Benefit	
[Initial Monthly Benefit During Initial Disability Period	[\$100-\$1,500]]
[Subsequent Monthly Benefit	
[During Subsequent Disability Period	[\$500-\$3,500]]
[Benefit Increase Percentage	[4% to 10%]]
[Partial Disability Monthly Benefit	[\$100-\$2,500]]
[Maximum Monthly Earnings	[\$1,000]]
[Earnings Period	[3 months]]]
[CHILD ABDUCTION BENEFIT	
[Deductible	[\$100-\$500]]
[Medical Expense Benefit Amount	[\$1,000-\$50,000]]
[Psychological Therapy Benefit Amount	[\$1,000-\$50,000]]
[Lost Salary Benefit Amount	[\$2,000-\$50,000]]
[Other Child Abduction Expenses Benefit Amount	[\$5,000-\$25,000]]]
[CHILD(REN)'S ADDITIONAL INDEMNITY [DISMEMBERMENT] [PARALYSIS] [LOSS OF USE] BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[\$500-\$50,000,000] [10% to 100% of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits [subject to a Maximum Benefit of [\$100,000-\$25,000,000]]]]
[CHILD CARE CENTER BENEFIT	
Benefit Amount	[\$1,000-\$20,000 per [calendar] [policy] year] [5% to 50% of the Principal Sum]
[Maximum Benefit Period	[to Age [13] for each surviving Dependent Child]
[Default Benefit	[\$500-\$5,000]]]

[CHILD SURVIVOR BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$50,000,000]

[10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$100,000-\$25,000,000]]]

[[COBRA][MEDICAL][DENTAL][VISION] [INSURANCE CONTINUATION] EXPENSE BENEFIT

Benefit Amount

[\$500-\$25,000 per [calendar] [policy] year]

[1% to 25% of Principal Sum per [calendar] [policy] year]

[Maximum Number of Years

[1-10] years]]

[COLLEGE EDUCATION EXPENSE BENEFIT

Benefit Limit

[\$25,000-\$100,000]

[Benefit Percentage

[10% to 100%]]

Benefit Period

[4 to 15 years]]]

[COMA BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$2,000,000]

[1% of the Principal Sum for the first 11 months, 100% in the 12th Month] [10% to 100% of the Principal Sum [subject to a Maximum Benefit of [\$100,000-\$25,000,000]]]]

[COMMON [ACCIDENT] [DISASTER] BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$50,000,000]

[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits]]

[[COMMON CARRIER] [PUBLIC CONVEYANCE] BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$50,000,000]

[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits]]

[COMMUTING BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$500-\$50,000,000]

[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits]]

[CRISIS DEATH BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount [\$500-\$50,000,000] per [Insured Person]
[Up to a Maximum of \$100,000,000 per incident]]

[DEFERRED TREATMENT EXPENSE BENEFITS

[Deferred Dental Expense Benefit

Maximum Benefit [\$500-\$10,000]
Benefit Period [to age 12 (up to age 25)] [lifetime]]

[Deferred Surgical Expense Benefit

Maximum Benefit [\$500-\$10,000]
Benefit Period [to age 12 (up to age 25)] [lifetime]]

[Deferred Disfigurement Treatment Benefit

Maximum Benefit [\$500-\$10,000]
Benefit Period [to age 12 (up to age 25)] [lifetime]]]

[DIAGNOSIS X RAY AND LABORATORY BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$100-\$1,000] per test
[Maximum [1-10] per insured per [calendar] [policy] year]]

[DISLOCATION] [AND] [FRACTURE] BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]

[DISLOCATION BENEFITS

[Hip (left or right side), knee (left or right side), wrist (left or right side)
Elbow (left or right side), ankle (left or right side)
Shoulder blade (left or right side), collarbone or jaw] [\$500 - \$25,000]]

[FRACTURE BENEFIT

(the benefit shown will apply to each bone fractured)

[Concussion	[\$25-\$2,500]]
[Hip (left [and/or] right side)	[\$500-\$5,000]]
[Pelvis (excluding coccyx and sacrum)/ (left [and/or] right side)	[\$500-\$25,000]]
[Skull (excluding nose, lower jaw and teeth)]	[\$500-\$25,000]]
[Neck	[\$500-\$25,000]]
[Thigh (excluding kneecap)/ (left [and/or] right side)	[\$500-\$25,000]]
[Upper arm (left [and/] or right side)	[\$500-\$5,000]]
[Ankle (left [and/] or right side)	[\$500-\$25,000]]
[Lower leg (excluding kneecap)/ (left [and/] or right side)	[\$500-\$25,000]]
[Elbow (left [and/] or right side)	[\$500-\$25,000]]
[Heel (left [and/] or right side)	[\$500-\$25,000]]
[Shoulder blade (left [and/] or right side)	[\$500-\$5,000]]
[Lower jaw	[\$500-\$25,000]]
[Collarbone	[\$500-\$25,000]]
[Forearm (excluding wrist)/ (left [and/] or right side)	[\$500-\$25,000]]
[Wrist (left [and/] or right side)	[\$500-\$25,000]]
[Vertebrae (each) – vertebral arch (excluding coccyx)	[\$500-\$25,000]]
[Sternum (breastbone)	[\$500-\$25,000]]
[Kneecap (left [and/] or right side)	[\$500-\$25,000]]
[Cheekbone (left [and/] or right side)	[\$500-\$25,000]]
[Hand (excluding fingers, thumb, and wrist)/ (left [and/] or right side)	[\$500-\$25,000]]
[Foot (excluding toes, heel, and/or ankle)/ (left [and/] or right side)	[\$500-\$25,000]]
[Coccyx	[\$500-\$25,000]]
[Rib (each)	[\$50-\$2,500]]

[Maximum [dislocations] [and] [fractures] benefit [\$5,000-\$500,000]]

[Note: The [dislocations] [and] [fractures] benefit for an Insured Spouse will be [10% to 100%] of the [Insured Person's] benefit. [Dislocations] [and fractures] benefit for an Insured Dependent Child will be [10% to 100%] of the [Insured Person's] benefit.]]

[DOMESTIC ASSISTANCE BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$50-\$500] [subject to a Maximum of [\$5,000-\$10,000]
[Maximum Benefit Period [4-104] weeks]]

[ELDER SURVIVOR BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$500-\$50,000,000]
[10% to 100% of the Principal Sum [subject to a
Maximum Benefit of [\$100,000-\$25,000,000]]]]

[EMERGENCY ROOM [ACCIDENT TREATMENT] BENEFITS

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$50-\$5000]
[Maximum visits [treatments] per [calendar] year [Insured] [Per Family] [2-20]]
[Maximum Benefit per Covered Loss [\$250-\$5,000]]]]

[EMERGENCY TEAM BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [an Additional] [\$500-\$50,000,000] [10% to 100%
multiplied by the portion of the Benefit Amount
applicable to the Covered Loss, as shown in the
Schedule of Accidental Death and Dismemberment
Benefits.]]

[ESCALATOR [INFLATION] BENEFIT

Periodic increase [2% to 20%]
[Frequency of increases [semi annually, annually]]
[Maximum total increase [10% to 100%]]]]

[EXPOSURE AND DISAPPEARANCE BENEFIT [included/excluded]]

[EXTENDED BURN TREATMENT EXPENSE BENEFIT

Maximum Benefit [\$10,000-\$100,000]
Benefit Period [1 years; to age [12-25] [lifetime]]
[Benefit Percentage [25% to 100%]]

[FAMILY EXTENSION BENEFIT

Benefit Maximum [3, 6, 9, 12, 18, 24] Months]

[FAMILY INCOME BENEFIT

Monthly Benefit Amount [\$250-\$5,000]
[0.5% to 25% of the Principal Sum]

[Maximum Benefit Period the lesser of [6 to 104 consecutive months] or until the
death of the last surviving [Insured] Dependent,
whichever comes first.]]

[FELONIOUS ASSAULT [AND VIOLENT CRIME] [ROBBERY] BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefits Amount [\$500-\$50,000,000]
[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits.]]

[FOLLOWUP PHYSICIAN OFFICE VISITS

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$10-\$500 per visit]
[Maximum Number of Visits Per [Insured Person] [Spouse] [Dependent] up to [30] per [calendar] [certificate] [policy] year]
[All Insured Persons in a family [up to 60 per [calendar] [certificate] [policy] year]]]
[For each Insured Dependent Child [one per week,] up to [30] visits per [calendar] [certificate] [policy] year]]

[HEART AND CIRCULATORY MALFUNCTION

[Loss must occur within [30 to 730] days of the Covered Activity]

Benefit Amount [\$5,000-\$5,000,000]
[5% to 100% of the Principal Sum [subject to a Maximum of [\$1,000-\$10,000]]]]

[HIJACKING AND AIR PIRACY BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$500-\$50,000,000]
[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits.]]

[[HIV] [OCCUPATIONAL or ASSIGNED DUTIES] [VOLUNTEER DUTIES]] ACCIDENT BENEFIT

Benefit Amount [\$1,000-\$50,000]
[5% to 50% of the Principal Sum [subject to a Maximum of [\$1,000,000]]]]

[Monthly Benefit [\$500-\$5,000] up to [12-96 months or death]]]

[[HEP] [OCCUPATIONAL or ASSIGNED DUTIES] [VOLUNTEER DUTIES]] ACCIDENT BENEFIT

Benefit Amount [\$1,000-\$50,000]
[5% to 50% of the Principal Sum [subject to a Maximum of [\$1,000,000]]]]

[Monthly Benefit [\$250-\$2,500] up to [6-12 months or death]]]

[[HOME ALTERATION AND VEHICLE MODIFICATION] [WHEELCHAIR CONFINEMENT] BENEFIT

Benefit Amount [\$2,000-\$50,000]
[5% to 50% of the Principal Sum [subject to a Maximum of [\$50,000]]]]

[HOME INVASION BENEFIT

[Deductible Amount [\$100-\$5,000]]
[Lost Salary Benefit Amount [\$1,000-\$20,000]]
[Residential Security Expense benefit [\$1,000-\$10,000]]

[Temporary Relocation Benefits	[\$100-\$10,000]]
[HOME HEALTHCARE EXPENSE BENEFITS	
Daily Benefit	[\$10-\$500]
[Maximum Benefit Period	the lesser of [(a) [30 to 60 days, 3 – 24 months] [or (b) the length of the preceding Hospital Stay]]
[HOME RECUPERATION INCOME BENEFIT	
Benefit Amount	[\$50-\$250 per week]
[Maximum Benefit Period	[6 weeks per Covered Loss]]
[Minimum Preceding Hospital Stay	[3 to 10 days]]]
[HOSPITAL [INDEMNITY] [CONFINEMENT] [STAY] BENEFIT	
Benefit Amount	[\$25-\$10,000] per [day, week, month]
[Maximum Benefit Period	[15 days to 730 days] per Hospital Stay]
[Hospital Stay must begin within	[1 to 90 days] of a Covered Loss]
[Benefit Waiting Period	[0 to 7 days]]]
[INVALIDATION OF LIFE INSURANCE BENEFIT	
Maximum Benefit	[\$1,000-\$100,000]]
[IDENTITY THEFT EXPENSE BENEFIT	
[Identity Theft [Credit Card, Forgery and Counterfeiting]	
Deductible	[\$50-\$1,000]]
[Identity Theft Expense Benefit	[\$1,000-\$100,000]]
[Credit Card, Forgery and Counterfeiting Benefit	[\$1,000-\$100,000]]]
[INTENSIVE CARE BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Daily Benefit Amount	[\$100-\$5,000]
[Maximum Benefit Period	[2-365] days]]
[KIDNAP AND EXTORTION CONSULTANT EXPENSE BENEFIT	
[Kidnap or Extortion consultant costs	[up to \$1,000,000]]
[Kidnap or Extortion expenses	[none, included in the kidnap and extortion consultant cost]]
[Kidnap and Extortion payment	[none, included in the kidnap and extortion consultant costs]]
[Hijack and Kidnap Benefit	[\$100-\$5,000 [subject to a Maximum of [5-100] days]]]]
[LAW ENFORCEMENT BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[\$500-\$50,000,000] [1% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits]]
[MEDICAL EVACUATION BENEFIT	
[Medical Evacuation benefit	[Included][Excluded][[\$1,000-\$10,000,000]]
[REPATRIATION BENEFIT	
[Repatriation benefit	[Included][Excluded][[\$1,000-\$10,000,000]]]
[MEDICAL IMAGING BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]

Benefit Amount	[\$100-\$500] per Covered Loss]
[NATURAL DISASTER BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[\$500-\$50,000,000] [1% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits]]
[OCCUPATIONAL DISEASE BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]
Benefit Amount	[\$500-\$50,000,000] [1% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits [subject to a Maximum of [\$1000- \$500,000]]]]
PARALYSIS BENEFIT	
[Loss must occur within	[30 to 730] days of the Covered Loss]
[Quadriplegia	[\$500-\$50,000,000] [25%, 50%, 75%, 100% of the Quadriplegia Benefit shown in Schedule of Accidental Death and Dismemberment Benefits]
[Paraplegia	[\$250-\$50,000,000] [25%, 50%, 75%, 100% of the Paraplegia Benefit shown in Schedule of Accidental Death and Dismemberment Benefits]
[Hemiplegia	[\$250-\$50,000,000] [25%, 50%, 75%, 100% of the Hemiplegia Benefit shown in Schedule of Accidental Death and Dismemberment Benefits]
[Uniplegia	[\$125-\$50,000,000] [25%, 50%, 75%, 100% of the Uniplegia Benefit shown in Schedule of Accidental Death and Dismemberment Benefits]

[Note: The Paralysis Benefit Amount for an Insured Spouse will be [10% to 100%] of the [Insured Person's] Benefit. [The Paralysis Benefit for an Insured Dependent Child will be [10% to 100%] of the [Insured Person's] Benefit Amount.]]]

[PARENT CARE BENEFIT

Benefit Amount [\$500-\$5,000 [subject to a Maximum of [\$5,000-\$50,000]]]]

PERMANENT TOTAL DISABILITY BENEFIT

[Benefit Waiting Period [6 months]]

Option 1 – single lump sum

[Lump Sum Benefit [\$500-\$50,000,000]
[100% of the Principal Sum]]

Option 2 – monthly benefits

[Total of Monthly Benefits [25% to 100% of the Principal Sum]
 [2,500-\$50,000]]
 Monthly Benefit Payment [1% to 50% of the Principal Sum] [\$100-\$10,000]]

Option 3 – single lump sum and monthly benefits

[Initial Lump Sum Payment [[40%] of the Principal Sum]
 [\$500-\$50,000,000]
 [Additional Monthly Benefit Payment [[1%] of the Principal Sum]
 [\$100-\$10,000]]

Option 4 – monthly benefits with limited benefit period when disability begins after Age 62

[Total Monthly Benefits [25% to 100% of the Principal Sum]
 [\$2,500-\$50,000]]
 Monthly Benefit Payment [0.5%-10% of the Principal Sum]
 [\$100-\$5000]]

[Benefit Period

<u>Age When Permanent Total Disability Begins</u>	<u>Benefit Period (Months)</u>
Less than 62	Lifetime
62	42
63	36
64	30
65	24
66	21
67	18
68	15
69 or older	12]

[PRIVATE PASSENGER BENEFIT

Benefit Amount [\$1,000-\$5,000,000]
 [10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits [subject to a Maximum of [\$1,000- \$500,000] per Covered Loss.]]]

[PRESCRIPTION DRUG BENEFIT

Prescription Benefit Amount [\$5-\$250]
 [Co-Pay [0-\$100]]
 [Maximum Number of Prescriptions
 [One Insured Person (including refills) [Up to [20] per [calendar] [certificate] [policy] year]]
 [All Insured Persons in a Family [Up to [0-40] per [calendar] [certificate] [policy] year]]
 [Maximum Benefit Amount
 [One Insured Person (including refills) [Up to \$5,000 per [calendar] [certificate] [policy] year]]
 [All Insured Persons in a Family [Up to \$10,000 per [calendar] [certificate] [policy] year]]]]]

[[PHYSICAL] [OCCUPATIONAL] [SPEECH] THERAPY BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]
 Benefit Amount [\$10-\$250]
 [Maximum number of visits per Covered Loss [2 to 50]]]

[PROSTHESIS [APPLIANCE] BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]
 Benefit Amount [\$250-\$5,000] per Covered Loss]

[PSYCHOLOGICAL TREATMENT BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$1,000-\$50,000]

[10% to 50% of the Principal Sum [subject to a Maximum of [\$500-\$50,000]]]

[RECONSTRUCTIVE SURGERY BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$1,000-\$50,000]

[10% to 100% of the Principal Sum [subject to a Maximum of [\$500-\$50,000]]]

[REHABILITATION BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount

[\$1,000-\$50,000]

[10% to 100% of the Principal Sum [subject to a Maximum of [\$500-\$50,000]]]

[RELOCATION BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss

[Insured Person Benefit

[\$500-\$5,000,000]

[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits [subject to a Maximum of [\$1,000- \$500,000] per Covered Loss]]]

[Household Member Benefit

[\$500-\$1,000,000]

[10% to 50% of the [Insured Person's] Benefit [subject to a maximum of [\$25,000]]]

[SEATBELT [AND AIRBAG] [SAFETY DEVICE] BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

[Seatbelt Benefit

[\$500-\$50,000,000]

[5% to 100% of the Principal Sum [subject to a Maximum of [\$500-\$50,000,000]]]

[Airbag [Safety Device] Benefit

[\$500-\$50,000,000]

[5%-100% of the Principal Sum [subject to a Maximum of [\$500-\$50,000,000]]]

[Default Benefit

[\$500-\$10,000]]]

[SPECIAL EDUCATION BENEFIT

[Surviving Dependent Child Benefit

[\$500-\$30,000]

[2% to 20% of the Principal Sum [subject to a Maximum of [\$5,000-\$30,000]]]

[Surviving Spouse Benefit

[\$500-\$30,000]

[2% to 20% of the Principal Sum [subject to a Maximum of [\$7,500]]]

[Maximum number of Annual Payments

[For Each Surviving Dependent Child

[4]]

[For Surviving Spouse

[4]]]

[Default Benefit

[\$1,000-\$10,000]]]

[SPONSORED EVENT BENEFIT

[Loss must occur within

[30 to 730] days of the Covered Loss]

Benefit Amount [\$500-\$50,000,000]
[2% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits [subject to a Maximum of [\$1,000-\$500,000]]]

[TELECOMMUTERS BENEFITS

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$500-\$1,000,000]
[2% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits [subject to a Maximum of [\$1,000-\$1,000,000]]]

TERRORISM [SCARE] BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit Amount [\$500-\$50,000,000]
[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits [subject to a Maximum of [\$50,000,000]]]

[TOTAL DISABILITY [WEEKLY or MONTHLY] INCOME BENEFIT

[Weekly Benefit [\$25 to \$5,000]]
[Maximum Benefit Period [26 to 104] weeks]

[Monthly Benefit [\$100 to \$20,000]]
[Maximum Benefit Period [6 to 24] months]

[Total Disability must begin within [1 to 730] days of the Covered Loss]
[Waiting Period [1 to 14] days]
[When Benefits Begin [End of the Waiting Period; Date of Total Disability]]]

[VOCATIONAL TRAINING EXPENSE BENEFIT

Insured Person Benefit Amount [\$2,000-\$50,000]
[5% to 50% of the Principal Sum [subject to a Maximum of [\$50,000]]]

[Insured Dependent [\$2,000-\$50,000]
[5% to 50% of the Principal Sum [subject to a Maximum of [\$50,000]]]

(The following benefits would be included in Leisure/Business Travel Accident plan designs)

[[ACCOMMODATIONS] [AND] [TRAVEL TICKET] BENEFIT

[Loss must occur within [30 to 730] days of the Covered Loss]

Benefit amount [\$100-\$2,500] per ticket
[Accommodations Benefit [\$100-\$500] [subject to a Maximum of [1-21] days]]]

[BAGGAGE DELAY BENEFIT

[Baggage must be delayed for at least [12 to 48 hours]]
Daily Benefit Amount [\$25-\$500]
[Maximum Number of Days [1 to 10] days]
[Maximum Benefit Amount [\$100-\$5,000 per [calendar] [policy] year]]]

[CHECKED [LOST, STOLEN OR DAMAGED] [AND CARRY ON] BAGGAGE BENEFIT

Benefit amount [\$1,000-\$10,000]
[Deductible [\$50-\$250]]
[Co-insurance [1% to 99%]]
[Maximum benefit [\$1,000]]
[Jewelry and watches [\$100-\$1,000]]
[Camera's, video recorder, and electronic equip [\$100-\$1,000]]

[CHAPERONE][TOUR GUIDE] REPLACEMENT BENEFIT

Benefit Amount [\$1,000-\$10,000]
[Co insurance rate [1% to 99%]]

[EMERGENCY REUNION BENEFIT

Benefit maximum [\$1,000-\$50,000]
[Deductible [\$25-\$1,000]]
[Co insurance [1% to 99%]]
[Maximum Duration of Coverage [2 to 30 days]]

[EMPLOYMENT RECRUITMENT EXPENSE BENEFIT

Benefit Amount [up to \$100,000]]

[FOREIGN TRAVEL IMMUNIZATION AND VACCINATION

Benefit Amount [\$10-\$100 per required immunization and vaccination required for foreign [Leisure Travel] [Business Travel] [Covered Activity]]
[Benefit Maximum [\$100-\$1,000]]

[HOME COUNTRY EMERGENCY BENEFIT

Benefit Amount [\$1,000-\$100,000]
[Deductible [\$25-\$1,000]]
[Co-insurance [1% to 99%]]
[Maximum Duration of Coverage [10 to 365 days]]

[HOME COUNTRY EXTENSION BENEFIT

Benefit Amount [\$1,000-\$100,000]
[Deductible [\$25-\$1,000]]
[Co-insurance [1% to 99%]]
[Maximum Period of Payment [1 to 6 months]]

[[HOTEL/MOTEL] [BED & BREAKFAST] [HOSTEL] [CRUISE] [AND] [TRAIN SLEEPER CAR] BURGLARY BENEFIT

Benefit Amount [\$25-\$500 per [calendar] [policy] year]
[Lifetime maximum [\$100-\$5,000]]

[LOSS OF TRAVEL DOCUMENTS

Benefit Amount [\$500-\$5,000]
[Benefit Maximum [\$1,000-\$10,000]]

[PANDEMIC INFLUENZA [VACCINATION] [EVACUATION] BENEFIT

[Vaccination benefit [\$10-\$250] per shot]
[Evacuation [\$1,000-\$10,000]]

[PERSONAL PROPERTY BENEFIT

Benefit Amount [\$450-\$10,000]
[Jewelry and watches [\$50-\$1,000]
[Cameras, video recorders and other electronic equipment [\$50-\$1000]]
[Benefit Maximum [\$1,000-\$10,000]]

[RETURN HOME COUNTRY TRIP BENEFIT

Benefit Amount [\$1,000-\$25,000]
[Deductible [\$50-\$500]]
[Co-Insurance rate [1% to 99%]]
[Benefit Maximum [\$1,000-\$25,000]]

[RETURN MINOR CHILD(REN) TRAVEL BENEFIT

Benefit Amount [\$1,000-\$25,000]
[Deductible [\$50-\$500]]
[Co Insurance [1% to 99%]]

[SCHEDULED [AIRCRAFT] [TRAIN] [BUS] [FERRY] TRAVEL BENEFIT

Benefit Amount [\$500-\$50,000,000]
[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits [subject to a Maximum of [\$50,000,000]]]

[SECURITY EVACUATION BENEFIT

Benefit Amount [Included] [Excluded] [\$500-\$10,000,000]

[TRAVEL TO AND FROM THE [AIRPORT] [TRAIN STATION] [BUS DEPOT] [CRUISE OR BOAT PORT]

Benefit Amount [\$500-\$50,000,000]
[10% to 100% multiplied by the portion of the Benefit Amount applicable to the Covered Loss, as shown in the Schedule of Accidental Death and Dismemberment Benefits [subject to a Maximum of [\$50,000,000]]]

[TRIP CANCELLATION BENEFIT

Benefit Amount [\$250-\$2,000] [per calendar year] [per policy year]
[Co insurance [1 to 99%]]
[Lifetime maximum [\$250-\$5,000]]

[TRIP CHANGE PENALTY

Benefit Amount [\$25-\$500] [per Calendar year] [per Policy year]
[Lifetime maximum [\$100-\$5,000]]

[TRIP DELAY BENEFIT

Benefit Amount [\$250-\$2000] [per calendar year] [per Policy year]
[Co insurance [1% to 99%]]
[Lifetime maximum [\$250-\$5,000]]

[TRIP INTERRUPTION BENEFIT

Benefit Amount [\$25-\$500] [per day] [per calendar year] [per policy year]
[Maximum Benefit Period [1 to 14] days]
[Lifetime maximum [\$100- \$5,000]]

[PREMIUM [RATE] TABLE

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

[_____ per _____, due and payable for the Policy Term]
[_____ per _____, due and payable in annual installments with the first installment due as of the Policy Effective Date and subsequent installments due as of each anniversary date.] 1

[The premium for the Policy Term is the greater of (1) \$XXX (the Minimum Premium) or (2) an amount calculated by multiplying the number of persons insured by a per-person rate of \$XXX (the Calculated Premium). The Minimum Premium is due and payable in advance of the Policy.

Effective Date. The Calculated Premium will be determined upon completion of an audit by the Company or its representative during the Policy Term. If the Calculated Premium is greater than the Minimum Premium, the difference between the Minimum Premium and the Calculated Premium is due and payable upon receipt of written notice by the Company to the Policyholder of the amount owed.]] 1

[The Initial Premium Rate Guarantee [and any premium rate guarantee] applicable to renewal are subject to the *Cancellation and Premium Rate Change* sections of the *Administrative Provisions* of This Policy] 2

[Mode of Premium Payment [Single Premium; Quarterly; Semi-Annually; Annually] 3

[Premium Due Date[s] Policy Effective Date [and each Policy Anniversary thereafter] 4

[Initial Premium [\$12,500]] 5

[Contributions The cost of coverage is paid by the [Policyholder; Subscriber; Insured Person], [Minimum and deposit premiums are fully earned and non-refundable] 6

[The above does not include the premium rate for War Risk Coverage or Aircraft Coverage. The premium rate for these coverages are:

Coverage	Premium
[War Risk Coverage	_____
[Aircraft Coverage	_____]]

[The Policyholder agrees to pay the required premium for these coverages.] 7

GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.
(Each definition is optional and variable, depending on the type of group and benefits and options elected.)

[Accident or Accidental] means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the [Insured Person] is covered under this Policy.]

[Active Service] *(Include when eligibility is based on employment status.)*
[[The [Insured Person] will be considered in Active Service with his Employer on any day that is either of the following:

1. one of [the Employer's] scheduled work days on which [the Employee] is performing his regular duties on a [full-time basis] [part-time basis], either at one of the Employer's usual places of business or at some other location to which the Employer's business requires [the Employee] to travel;
2. a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, other than sick leave, only if [the Employee] was in Active Service on the preceding scheduled workday.]

(Include when eligibility is not based on employment)

[[The Member,] [Insured Person] is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital or receiving Outpatient care for chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for sickness or injury;
3. Totally Disabled.]]

[Activities of Daily Living (ADL)] means the following activities:

Bathing - the ability to wash oneself in either a tub or shower, or by sponge bath; including the tasks of getting into and out of the tub or shower with or without the assistance of equipment;

Dressing - the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;

Toileting - the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;

Transferring - the ability to move in and out of bed, chair, or wheelchair with or without the assistance of equipment;

Eating - the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the assistance of equipment; and

Continence - the ability to voluntarily maintain control of bowel and/or bladder function or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene.]

[Age] [the [Insured Person's] age, for purposes of [initial] premium calculations, is his age attained on the later of the first day of the Policy Term and the date coverage becomes effective for him under this Policy.]

[Aircraft] a vehicle which:
1. has a valid certificate of airworthiness; and
2. is being flown by a pilot with a valid license to operate the Aircraft.

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

[Common Carrier [Public Conveyance] means:
1. a conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or
2. a transport Aircraft operated by the Air Mobility Command of the United States of America or similar air transport service of another country.]

[Basic Earnings] means your annual compensation from your *Employer*.]

Basic earnings includes:

- [your average monthly compensation from your *Employer* during the *Employer's* prior tax year if you were a Partner, Professional Corporation (P.C.) Partner, Owner-employee, Sole Proprietor and/or S-Corporation Shareholder];
- the average annual compensation received by your professional corporation from the *Employer* during the *Employer's* prior tax year. The *Company* will calculate annual earnings by adding the following items as reported on the applicable Schedule K-1, Schedule C, Form W-2, or S-Corporation federal income tax return, or by the number of months that you were a Partner, Professional Corporation (P.C.) Partner, Owner-employee, Sole Proprietor and/or S-Corporation Shareholder if less than 12 months. This includes:
 - your ordinary income from trade or business activities;
 - your guaranteed payments if you were a Partner;
 - your net profit from the business;
 - your compensation (as an officer), salary or wages, if you were a S-Corporation Shareholder]
- [your average annual rate of compensation from your Employer including:
 - average annual salary
 - regular hourly wages (but not for more than 40 hours a week)
 - commissions averaged over the preceding [12-36] months or the period of your employment if less than [12-36] months]
- [shift differential pay]
- [contributions you make through a salary reduction agreement with the *Employer* to:
 - an Internal Revenue Code (IRC) 401(k), 403(b), 408(k), 408(p), or 457 deferred compensation arrangement;
 - an executive nonqualified deferral compensation arrangement]
- [amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC section 125 plan.]

Basic earnings does not include:

- [bonuses
- overtime pay

- extra compensation
- your *Employer's* contributions on your behalf to any deferred compensation plan or *pension plan*
- income you earn as a private contractor on IRS Form 1099
- stock options]

If the Insured Person is a commissioned sales person, Basic Earnings will be any salary or wages and commissions received from the Employer. This will be based on the Statement of Wages Earned and Taxes Withheld (Form W-2) for the fiscal year ending immediately prior to the date of the Insured Person's death.]

Calendar Year means January 1st through December 31st of any year.

Civilian Aircraft means a civil or public aircraft having a valid Airworthiness Certificate and piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft. A Civilian Aircraft does not include a Policyholder Aircraft.]

[Conveyance means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority]

[Covered Accident means an Accident that results in a Covered Loss during the Policy Term.]

[Covered Expenses means expenses actually incurred by or on behalf of a(n) [Insured Person] for treatment, services and supplies covered by this Policy. [Coverage under the Policyholders' Policy must remain continually in force from the date of the Covered Loss [Covered Activity] until the date of treatment, services or supplies are received for them to be a Covered Expense]. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.]]

[Covered Injury means [accidental] bodily [injury]: (1) which is sustained [by an Insured Person] [as a direct result of an unintended, unanticipated Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force,] and (2) which results directly and independently from all other causes from a covered accident (independent of disease, bodily infirmity or any other cause) causes a covered loss][and (3) which occurs while such person is participating in a Covered Activity]. [The Covered Injury must be caused through accidental means.] [All injuries sustained by an [Insured Person] in any one accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.]]

[Covered Loss means a loss which meets the requisites of one or more benefits, results from a Covered Accident or Injury [or] [Emergency Sickness] [Covered Activity] [Covered Activities], and for which benefits are payable under the Policy.]]

[Covered Activity] [Covered Activities] [Covered Hazard] any [recurring] activity that is shown in the *Schedule of Benefits* [and:
 1. takes place under one of the Conditions of Coverage specified in the *Schedule of Benefits*; and
 2. is sponsored, organized, scheduled [or otherwise provided by [the Policyholder, Subscriber] [Financial Institution;] and
 3. is a Covered Hazard.]]

[Dependent Child means the [Insured Person's] unmarried child who meets the following requirements.
 1. A child from [live birth] [6 months] to [19] years old.
 2. A child who is [19] or more years old but less than [30] years old, enrolled in a school [as a full-time student] and primarily supported by the [Insured Person]. Coverage will continue during any period between school terms or school years as long as the Company is provided satisfactory proof that he has enrolled for the next following school term or year.

3. [A child who is [19] or more years old, primarily supported by the [Insured Person], and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to the Company within [31 days] after the date the child ceases to qualify as a Dependent Child for the reasons listed above. During the next two years, the Company may, from time to time, require proof of the continuation of such condition and dependence. After that, the Company may require proof no more than once a year.]
4. A child who is an unmarried dependent who is incapable of sustaining employment by reason of mental retardation or physical disability, who became so incapacitated prior to the attainment of nineteen (19) years of age, and who is chiefly dependent upon the [Insured Person] for support and maintenance. Coverage remains in effect as long as the Policy is in effect as long as the Dependent Child remains in such condition. The Company may request proof of the incapacity or dependency at Our expense.

A Dependent Child, for purposes of this definition, includes [the Insured Person's]:

1. Natural child;
2. Adopted child, beginning with any waiting period pending finalization of the child's adoption;]
3. Stepchild [who resides with [the Insured Person;]]
4. [Child for whom the [Insured Person] is legal guardian[, as long as the child resides with the [Insured Person] and depends on him for financial support. Financial support means that the [Insured Person] is eligible to claim the dependent for purposes of Federal and State income tax returns.]]

[If the [Insured Person] who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least [six consecutive months] and intends to reside with him for an indefinite period of time.]

[Eligible Domestic Partner means a person who:

1. Shares the [Insured Person's] permanent residence;
2. has resided with the [Insured Person] continuously for at least [six months to two years] and is expected to reside with the [Insured Person] indefinitely;
- [3. Is financially interdependent with the [Insured Person] [in each] of the following ways:
 - [a. by holding one or more credit or bank accounts, including a checking account, as joint accountholders;]
 - [b. by owning or leasing their permanent residence as joint tenants;]
 - [c. by naming, or being named by, the [Insured Person] as a beneficiary of life insurance or under a will;]
 - [d. by each agreeing in writing to assume financial responsibility for the welfare of the other;]]
- [4. has signed a Domestic Partner declaration with the [Insured Person], if he resides in a jurisdiction which provides for a Domestic Partner declaration;]
- [5. has not signed a Domestic Partner declaration with any other person within the last [12 to 24 months];]
6. is no less than [18 to 23] years of age and not more than [60 to 85] years of age;
- [7. is not legally permitted to marry the [Insured Person];]
8. is not legally married to any other person;
9. is not a blood relative any closer than would prohibit legal marriage.

[In addition to the above requirements, consent of either party due to the Domestic Partner relationship must not have been obtained by force, duress or fraud.]

[An employee may insure a Domestic Partner if all of the following conditions are met:

1. the [Insured Person] has not been married to any person within the past [12 to 24 months];
2. the Domestic Partner is the only person meeting this Policy's definition of Domestic Partner with respect to the [Insured Person];
- [3. [the Insured Person] and the Domestic Partner furnish a [notarized affidavit or signed statement] reflecting these requirements, and an agreement to notify the Company the requirements cease to be met, on a form acceptable to the Company.]]

- [Eligible Person]** means an individual as defined in the *Schedule of Benefits*.
- [Emergency Sickness]** means an illness or disease diagnosed by a Physician which:
1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in serious deterioration of the [Insured Person's] health or place his life in jeopardy; and
 2. first manifests itself suddenly and unexpectedly while the [Insured Person] is participating in a [Covered Activity] [Covered Hazard].]]
- [Employer]** [the Policyholder, Subscriber] and any affiliates, subsidiaries or divisions shown in the Master Policy covered under this Policy on its effective date or a later date agreed to by The Company.]
- [He, His, Him]** refers to any individual, male or female.]
- [Hospital]** an institution that meets all of the following:
1. it is licensed as a Hospital pursuant to applicable law;
 2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
 3. it is managed under the supervision of a staff of medical doctors;
 4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
 5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
 6. it charges for its services.
- [Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an inpatient shall be waived.]
- [The term Hospital does not include a clinic, facility, or unit of a Hospital for:
1. rehabilitation, convalescent, custodial, educational or nursing care;
 2. the aged, drug addicts or alcoholics;
 3. [a Veteran's Administration Hospital or Federal Government Hospital unless [the Insured Person] incurs an expense.]]]
- [Hospital Confined or Hospital Stay or Confined to a Hospital]** means a stay of [24-98] or more consecutive hours as a registered resident bed-patient in a Hospital. Separate Hospital Stays due to the same Covered Loss [or Emergency Sickness] will be treated as one Hospital Stay unless separated by at least [30 days - 180 days].]
- [Immediate Family Member]** means a person who is related to the [Insured Person] in any of the following ways: spouse, [Eligible Domestic Partner] brother-in-law, sister-in-law, daughter –in-law, son-in-law, mother in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild)
- [Inpatient]** means confined overnight as a registered bed patient in a Hospital or other medical facility where at least one day's room and board is charged. The confinement must be on the advice of a Physician.]
- [Insured Dependent]** means an [Insured Dependent Child] [or an] [Insured Spouse], for whom premium is paid while covered under the Policy.]
- [Insured Dependent Child]** means the [Insured's Persons] Dependent Child, for whom premium is paid while covered under the Policy.]
- [Insured Spouse]** means the Insured's Spouse, for whom premium is paid while covered under this Policy.]

- Insured Person** an Eligible Person, as defined in the *Schedule of Benefits*, for whom (*Included only when the Insured Person pays any portion of the premium*) [an enrollment form has been accepted by the Company] and required premium has been paid when due and for whom coverage under this Policy remains in force. [May include Insured Spouse and/or Insured Dependent covered under this Policy.]]
- [Intracollegiate Sport]** a sport which:
1. is approved by the Sports Director or Athletic Director by the participating college or university; and
 2. involves only students at the same college; and
 3. takes place within the walls, boundaries and grounds of said college or university
 - [4. or participation in an approved intercollegiate tournament, on Campus or approved by the Policyholder.]
- [Intercollegiate Sport]** a sport which:
- [1. [has been accorded varsity status by the participating School;]
 - [2. is administered by such School's department of intercollegiate athletics [for which the eligibility of the participating student athlete is reviewed and certified in accordance with the applicable intercollegiate sports organization's legislation, rules or regulations];] [and]
 - [3. entitles qualified participants to receive the participating School's official awards.]]
- [Medically Necessary]** means medical services that: (1) are essential for diagnosis, treatment or care of the Injury or Accident [or Emergency Sickness] for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under his or her care, supervision or order.]
- [Member]** for eligibility purposes, a Member is any one of the following:
- [1. an Employee of the Subscriber, [not including a temporary or seasonal Employee];]
 - [2. an Employee of a [Member in good standing of a Subscriber[, not including a temporary or seasonal employee];]
 - [3. a person who meets all of the conditions of membership of a Subscriber];
- [and who is [Optional, a United States citizen or has a permanent alien registration card and who is] in one of the Covered Classes.]]
- [Military Air Transport]** means an aircraft having a current and valid Airworthiness Certificate; piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft; and operated by the United States of America, or by the similar air transport service of any duly constituted governmental authority of any recognized country."
- [Nurse]** a licensed graduate registered nurse (R.N.) or a licensed practical nurse (L.P.N.) who is not:
1. [the Insured Person];
 2. an Immediate Family Member of either the [Insured Person] or [the Insured Person's] spouse;
 3. a person living in the [Insured Person's] household; or
 - [4. a person employed or retained by [the Policyholder; Subscriber].]
- [Outpatient]** a [Insured Person] who is a patient and is not hospitalized overnight but who visits a hospital, clinic, or associated facility for diagnosis or treatment.]
- [Paralysis/Paralyzed]** means [Quadriplegia], [Paraplegia], [Hemiplegia] or [Uniplegia] that is expected to last for a continuous period of [6, 12, 18, 24, 30, 36] months or more from the earlier of the date of the accident causing Paralysis or the date of the diagnosis. ["Quadriplegia" means the complete and irreversible Paralysis of both upper and lower limbs.] ["Paraplegia" means the complete and irreversible Paralysis of both lower limbs or both

upper limbs.] ["Hemiplegia" means the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body.] ["Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.]]

- [Personal Deviation]** an activity which:
1. is neither reasonably related to or incidental to the purpose of travel for which coverage is provided by this Policy; and
 2. [the Insured Person] performs before, during or after covered travel.

When coverage is provided during a Personal Deviation, the time period covered is shown in the *Conditions of Coverage* section of the *Schedule of Benefits.*

[A Personal Deviation does not include extension of a business trip authorized in advance by [the Employer] as necessary to reduce transportation costs.]]

- [Physician]** a [United States-]licensed health care provider practicing [in the United States] within the scope of his license and rendering care and treatment to the [Insured Person] that is appropriate for the condition and locality, and who is not:
1. the [Insured Person];
 2. an Immediate Family Member of either the [Insured Person] or [the Insured Person's] spouse;
 3. a person living in the [Insured Person's] household;
 4. a person employed or retained by [the Policyholder; Subscriber]; or
 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.]]

[Policyholder] the entity, named on this Policy's face page, to which the Company issues this Policy.]

[Policyholder Aircraft] means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the [Policyholder;] Subscriber.

[Policy Term [Plan]] means the time period defined for the [Policyholder;] Subscriber shown in the *Schedule of Benefits.*

[Private Passenger Automobile] a validly registered, four wheel private passenger car, including [Employer, Subscribing Organization, Policyholder]-owned cars, campers, motor homes, station wagons, sport utility vehicles, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. Any vehicle being used as a taxicab, bus, or other public conveyance will not be considered a Private Passenger Automobile.]

[Scheduled [Airlines] [Aircraft]] means any carrier holding a certificate, license or similar authorization for civilian scheduled air transport issued by the country of the aircraft's registry, and which in accordance with that authorization flies, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, but only if the aircraft is then used for any regular or chartered flight operated by such carrier.]

[Sojourn and Personal Deviation, Sojourn or Personal Deviation] means non-business travel or activities undertaken while on the business of the [Policyholder] but unrelated to furthering the business of the [Policyholder] which:

[School] the participating [School; School District] where the [Insured Person] is enrolled [or employed]. The School must be licensed or accredited, as applicable, by the jurisdiction where it is located,[to provide the care, education or training for which [the Insured Person] is enrolled.]

[A college or university that is a member of an intercollegiate athletic association.]

[Short-Term Activity] a Covered Activity [Covered Hazard] that does not recur, that is shown in the *Schedule of Benefits*, and:

1. takes place under one of the Conditions of Coverage specified in the *Schedule of Benefits*; and
2. is sponsored, organized, scheduled or otherwise provided by [the Policyholder, Subscriber].

[Spouse] means the [Insured Person's] lawful spouse [who is age [18 years and under Age 70],] [who is a United States citizen or has a permanent Alien Registration Card.] [Except for purposes of determining initial eligibility, the term includes a Spouse who is widowed by [or divorced or legally separated from] the [Insured Person].] [The term Spouse will include [Eligible Domestic Partner.]]

[Subscriber] any participating [School, School District, club, team, organization, camp, law enforcement agency etc.] [that is affiliated with the Policyholder] and subscribes to the insurance plan provided by this Policy.]

[Terrorist Act] any premeditated politically or religiously motivated hostile or violent act against noncombatants committed by persons not acting on behalf of a sovereign state, or clandestine state agents.]

[Terrorism Scare] means: (1) any report of, or threat to engage in, a Terrorist Act (whether or not a Terrorist Act actually occurs) directly in or on the premises of the Policyholder; or (2) any Terrorist Act that occurs directly in or on the premises of the Policyholder, whether or not reported or threatened in advance.]

[Trip] means a trip taken by an [Insured Person] 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 Person] is on an authorized leave of absence or vacation or travel to and from the [Insured Person's] place of regular employment.]

[Total Disability or Totally Disabled] means [either]:

1. inability of the [Insured Person] who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; [or]
2. inability of the [Insured Person] who is not currently employed to perform [1 to 6] of the 6] [all] of the] Activities of Daily Living including Eating, Transferring, Dressing, Toileting, Bathing, and Continence, without human supervision or assistance.]

Usual and Customary Charge means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

We, Us, Our means AXIS Insurance Company.

[While on the Business of the Policyholder] means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time: (1) while the Insured Person is working at his or her regular place of employment; (2) during the course of everyday travel to and from work; or (3) during an authorized leave of absence or vacation.]

[While On-Premise]

of the Policyholder means while and in consequence of performing any assigned occupational duties for which compensation is received at the Insured Person's regular place of employment with the Policyholder or elsewhere directly in or on the premises of the [Policyholder], but does not include during the course of everyday travel to and from work.]

ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION PROVISIONS

[Deferred Effective Date] The Effective Date of insurance will be deferred for [an Eligible Person] who is not in Active Service on the date insurance would otherwise become effective. Insurance will become effective on the later of the date he returns to Active Service and the date insurance would otherwise have become effective.]

[Effective Date for Individuals] [Insurance becomes effective for [the Eligible Person], subject to the *Deferred Effective Date* provision below,] on the latest of the following dates:

1. the Policy Effective Date;
2. [the date] the person becomes eligible [;
3. the effective date of [the Subscriber's participation under] this Policy].]

(Included in a policy for which individuals are required to contribute to the cost of insurance.)

[Insurance becomes effective for [the Eligible Person] who enrolls and agrees to make the required contributions within [31 days] of eligibility [, and subject to the *Deferred Effective Date* provision below,] on the latest of the following dates:

1. the Policy Effective Date;
2. [the date] the person becomes eligible;
3. the effective date of [the Subscriber's participation under] this Policy;]
4. [the date] the Company receives [the Eligible Person's; Employee's; Member's] completed enrollment form and the required premium payment].]

(Included in any school or sponsored activities plans)

[Insurance becomes effective for [the Eligible Person] who enrolls and agrees to make the required contributions, on the earlier of the following dates:

1. the first day of School or, if earlier, of a Supervised and Sponsored School Activity [Covered Activity] , if the completed enrollment form and the required premium payment is received by the Company before the end of the School enrollment period; and
2. [the date] the completed enrollment form and the required premium payment is received by the School Administrator [or the Company].]

In no event will insurance for [the Eligible Person] become effective before the Policy Effective Date.]

[The Company requires written notification on a form satisfactory to the Company for any person who becomes eligible after the Effective Date of this Policy whether or not additional premium is required. [Any additional premium required for such Person will be pro-rated so that subsequent premium notifications will include the premium for all [Eligible Persons] enrolled.]]

[Effective Date for Newly-Acquired Affiliates]

Insurance becomes effective for any newly-acquired affiliate of [the Policyholder; Subscriber] on the date it is acquired, if: the Company has been notified in writing within [30 to 90 days] and have agreed to provide insurance, and additional premium has been paid when due. If the Company is not notified within the required time period, insurance for the affiliate will become effective on the date the Company agrees in writing to insure it and receive any additional premium due. Individuals who are employees of an affiliate on its effective date of insurance under this Policy will be eligible for insurance on that date.]

[Effective Date of Changes] Any increase or decrease in the amount of insurance for [the Insured Person] resulting from:

1. a change in benefits provided by this Policy; or
2. a change in [the Insured Person's] Covered Class will take effect on the date of such change. [Increases will take effect subject to any Active Service requirement.]]

Eligibility

A person is eligible for insurance under this Policy when he meets the definition of Eligible Person shown in the *Schedule of Benefits*. An Eligible Person may be insured under only one Covered Class, even though he may be eligible under more than one Covered Class.

(Included in a policy for which individuals are not required to contribute to the cost of insurance or insurance is mandatory)

[Policy Effective Date

The Company agrees to provide Accident Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the [Initial] Premium when due. Insurance begins on the Policy Effective Date shown on this Policy's first page.]

[Subscriber Effective Date

Insurance becomes effective for each Subscriber in consideration of the Subscriber's application, [Subscription Agreement] and payment of the Initial Premium when due. Insurance for the Subscriber becomes effective on the Effective Date of Subscriber Participation.]

Termination of Insurance

Insurance for [the Insured Person] will end on the earliest of:
(The following conditions will be included or deleted based on case-specific information and numbers will be adjusted accordingly.)

- [1. the date the person is no longer in an Eligible Class]; and]
- [2. the date the person enters full time active duty in any Armed Forces. The Company will refund any premium paid for any period of active duty when the Company receives proof of active duty. Active duty does not include Reserve or National Guard duty for training]; and]
- [3. the end of the period for which the last premium is made]; and]
- [4. the date this Policy ends]; and]
- [5. the date the Subscriber with which [the Insured Person] is affiliated ceases to be a Subscriber under this Policy;] [and]
- [6. the end of the School year.]

Termination does not affect a claim for a Covered Loss due to an Accident [or] [Emergency Sickness] that occurs before the termination date. However, in no instance will benefits extend beyond the [earliest; earlier] of:

- [1. the end of the Benefit Period]; and]
- [2. the date benefits equal to any applicable Benefit Limit, as shown in the *Schedule of Benefits*, have been paid]; and]
- [3. the date benefits equal to any applicable Policy Aggregate Maximum, as shown in the *Schedule of Benefits*, have been paid].

[Continuation of Coverage.

If an Insured ceases to be a member of an Eligible Class for any reason [other than retirement], the Insured may elect to continue his or her [Basic] [and] [Supplemental] Accidental Death [and Dismemberment] Insurance under this Policy provided he or she has not attained age [70]. [The Insured may also elect to continue Dependent Insurance on his or her Dependent [Spouse] provided the Dependent [Spouse] has not attained age [70].] The Insured must: (a) make such election within 31 days of termination of eligibility; and (b) agree to pay the entire premium for such continued coverage.

)

Continued coverage will be subject to all of the provisions and limitations of this Policy, including reductions for age or termination at an age. [However, in no event shall coverage continue beyond age [60-90].] [Renewal rates for coverage continued under this provision will be based on the continuing person's age [and sex] at the time of renewal.] Coverage continued under this provision will [survive termination of this Policy but will end at the expiration of the last period through which premiums have been paid] [end when this Policy terminates but will continue through the last period for which premiums have been paid]. Premiums for continued coverage will

be billed directly to the terminated individual on a quarterly, semi-annual or annual basis, as elected by the Insured.]

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the **[Benefits Section]** [or Covered Conditions]:

Each of the following Exclusions will be included or deleted as agreed upon between the Company and the Policyholder/Subscriber and numbers will be adjusted accordingly.

- [1. Intentionally self-inflicted injury, suicide [auto-eroticism] or any attempt while sane or insane];
- [2. Commission or attempt to commit a felony or an assault];
- [3. Commission of or active participation in a riot or insurrection];
- [4. Declared or undeclared war or act of war][or any act of declared or undeclared war unless specifically provided by this Policy];
- [5. Release, [whether or not accidental, or by any person unlawfully or intentionally], of nuclear energy or radiation, including sickness or disease resulting from such release];
- [6. A Covered Loss [or Emergency Sickness] that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days];
- [7. Travel [or activity] outside the [contiguous] United States[, Alaska, Hawaii, Canada or Mexico]];
- [8. Flight in, boarding or alighting from an Aircraft [Optional, i.e.: or any craft designed to fly above the Earth's surface], except as:
 - [a. a fare-paying passenger on a regularly scheduled commercial [or charter] airline];
 - [b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight];
 - [c. a passenger in a Military Aircraft flown by the air mobility Command or its foreign equivalent]];or
- [8. Flight in, boarding or alighting from, an Aircraft [or any craft designed to fly above the Earth's surface]:
 - [a. except as a fare-paying passenger on a regularly scheduled commercial airline];
 - [b. being flown by [the Insured Person] or in which [the Insured Person] is a member of the crew];
 - [c. being used for:
 - [i. [Variable, e.g.: crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying]]]; or
 - [ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);]
 - [d. designed for flight above or beyond the earth's atmosphere];
 - [e. including an ultra-light or glider];
 - [f. being used for the purpose of parachuting or skydiving];
 - [g. being used by any military authority, except an Aircraft used by the air mobility command or its foreign equivalent]];
- [9. Travel in any Aircraft owned, leased or controlled by [the Policyholder, Subscriber], or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by [the Policyholder, Subscriber] if the Aircraft may be used as [the Policyholder, Subscriber] wishes for more than [10] straight days, or more than [15] days in any year];
- [10. [Variable, e.g.: bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding]];
- [11. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, [including exposure, whether or not accidental, to viral, bacterial or chemical agents] [whether the loss results directly or non directly from the treatment] except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food];
- [12. [Medical or] [surgical treatment,] [diagnostic procedure,] [administration of anesthesia,] [or] [medical mishap or negligence], [including malpractice] [unless it occurs during treatment of injuries sustained in a Covered Injury];
- [13. A cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while [the Insured Person] participates in a Covered Activity] [Covered Hazard];
- [14. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage];
- [15. [The Insured Person's] intoxication.] [[The Insured Person] is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which

the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the [Insured Person's] intoxication];

- [16. Operating any type of vehicle [or conveyance] while under the influence of alcohol or any drug, narcotic or other intoxicant [including any prescribed drug for which [the Insured Person] has been provided a written warning against operating a vehicle [or conveyance] while taking it.] [Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred].]
- [17. Travel in or on any [on-road and off-road] motorized vehicle [except a [golf cart or other vehicle we specifically agree to cover],] that does not require licensing as a motor vehicle];
- [18. Participation in any motorized race or contest of speed];
- [19. An accident if [the Insured Person] is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) [the Insured Person] holds a valid learners permit and (b) [the Insured Person] is receiving instruction from a driver's education instructor];
- [20. Injuries compensable under Workers' Compensation law or any similar law];
- [21. Occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law];
- [22. Injuries that result from a non-occupational accident];
- [23. [Practice or play] in any sports activity [, including travel to and from the activity and practice]];
- [24. Participation in any sports activity not specifically authorized, sponsored and supervised by [the School, Policyholder, Subscriber], whether or not it takes place on [School, Policyholder, Subscriber] premises [or [during normal School hours, during a Covered Activity], including but not limited to [snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles (or any other activity to be excluded)]];
- [25. Aggravation, during a Covered Activity, of an injury [the Insured Person] suffered before participating in that Covered Activity [Covered Hazard], unless the Company receives a written medical release from [the Insured Person's] Physician];
- [26. Participation in any team sport or any other athletic activity, except participation in a Covered Activity [Covered Hazard].]

[In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by [the Policyholder, Subscriber];
2. living in [the Insured Person's] household;
3. an Immediate Family Member [including Eligible Domestic Partner] of either [the Insured Person] or [the Insured Person's] spouse;
4. [the Insured Person]].

CLAIM PROVISIONS

Beneficiary

[The beneficiary, unless [the Insured Person] specifies otherwise as provided below, will be the person he has named as beneficiary of any group life insurance, or if none is in force, of any group accident insurance, provided by [the Policyholder, Subscriber].]

The beneficiary is the person or persons [the Insured Person] names or changes on a form executed by him and satisfactory to the Company. This form may be in writing or by any electronic means agreed upon between the Company and [the Policyholder, Subscriber]. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary[, or to make any assignment of rights or benefits permitted by this Policy].

A beneficiary designation or change will become effective on the date [the Insured Person] executes it. However, the Company will not be liable for any action taken or payment made before the Company records notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless [the Insured Person] has specified otherwise. The share of any beneficiary who does not survive [the Insured Person] will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary or if [the Insured Person] dies while benefits are payable to him, the Company may make direct payment to [the first surviving class of the following classes of persons:

1. Spouse;
2. Child or Children;
3. parents;
4. siblings;
5. estate of [the Insured Person].]

Or

[the estate of [the Insured Person].]

Claim Forms

The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within [15] days after the Company received notice of claim, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the [Insured Person's] name, the [Policyholder's] name and the Policy number. [Any forms that may be required to be provided under this subsection may be provided in electronic or paper form.]

Notice of Claim

Written notice of claim must be given to the Company within [20-90] days after the occurrence or commencement of the [Insured Person's] Covered Loss, [Emergency Sickness] or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at [100 Overlook Center, 2nd Floor, Princeton, NJ 08540], with information sufficient to identify the [Insured Person], is deemed notice to the Company. [Any notices that may be required to be provided under this subsection may be provided in electronic or paper form.]

Payment of Claims

[All benefits will be paid in United States Currency.] Upon receipt of due written proof of death, payment for loss of life of an [Insured Person] will be made to the [Insured Person's] beneficiary as described in the Beneficiary Provision and these Claims Provisions.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the [Insured Person] suffering the loss. If an

[Insured Person] dies before all payments due have been made, the amount still payable will be paid to his beneficiary as described in the Beneficiary Provision.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to [a parent, guardian, or other person actually supporting him] [the legal guardian of the payee's property]. If the payee has no legal guardian for his property, a payment not exceeding [\$1,000-5,000] may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges liability to the extent of the payment made.

Time of Payment of Claims

Benefits payable under the Policy for any loss [other than loss for which the Policy provides any periodic payment] will be paid immediately upon receipt of due written proof of the loss. [Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.]

Payment of Claims to Foreign Employees

[The Policyholder, Subscriber] may, in a fiduciary capacity, receive and hold any benefits payable to a Covered Insured Person whose place of employment is other than:

- 1) The United States of America
- 2) Puerto Rico; [or]
- 3) The Dominion of Canada]

[The Company will not be responsible for the application or disposition by [the Policyholder, Subscriber] of any such benefits paid. The Company's payments to [the Policyholder, Subscriber] will constitute a full discharge of the Company's liability for those payments under this Policy.]

Conditional Claim Payment

If [the Insured Person] incurs expenses for Injuries received in a Covered Loss and in Our opinion a third party may be liable, the Company will pay benefits if: [the Insured Person] first agrees in writing to refund the lesser of:

- i) the amount the Company actually paid for such expenses; and
- ii) the amount actually received from the third party regardless of whether the amount is for such expenses; and the third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. However, if the third party's liability is satisfied in an amount less than the benefits paid under this Policy, the Company will pay the difference.]

Legal Actions

No action at law or in equity will be brought to recover benefits under this Policy less than [60-1095] days after satisfactory proof of loss has been furnished as required by this Policy. No such action will be brought after expiry of the applicable statute of limitations from the time proof of loss is required to be furnished under this Policy.

Physical Examination [And Autopsy]

The Company, at its own expense, has the right and opportunity to examine the [Insured Person] when and as often as the Company may reasonably require while a claim is pending [and to make an autopsy in case of death, where it is not prohibited by law].

Proof of Loss

Written proof of loss must be furnished to the Company within [90-180] days after the date of the Covered Loss [or Emergency Sickness]. [In the case of a claim for loss of time for disability, written proof of such loss must be furnished to the Company within [90-180] days after the commencement of the period for which the Company is liable. If the loss is one for which the Policy requires continuing eligibility for periodic benefit

payments, subsequent written proofs of eligibility must be furnished at such intervals as may reasonably be required.] Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to furnish proof within such time. [Any forms that may be required to be provided under this subsection may be provided in electronic or paper form.]

ERISA Claims

The Policyholder agrees that the Policy constitutes the plan and plan document under the Employee Retirement Security Act of 1974 as amended (ERISA). The Policyholder designates the Company, or a person or persons which the Company designates, as the claims fiduciary of this plan and gives the Company, or its designee, the discretionary authority to determine eligibility for benefits and to construe the terms of the plan. The Policyholder agrees to comply with the disclosure and reporting requirements of ERISA regarding the plan and the Company's designation and authority as claims fiduciary.

[Subrogation

The Company has the right to recover all payments including future payments, which the Company has made, or will be obligated to pay in the future, to the [Insured Person] from anyone liable for the Covered Loss. If the [Insured Person] recovers from anyone liable for the Covered Loss, the Company will be reimbursed first from such recovery to the extent of the Company's payments to the [Insured Person]. [The [Insured Person] agrees to assist the Company in preserving its rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by the Company.]]

[Arbitration

Any contest to a claim denial under this Policy will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The arbitration will occur at the offices of the American Arbitration Association nearest to the [Insured Person] or person claiming to be the beneficiary. The arbitrators(s) will not award consequential or punitive damages in any arbitration under this section. This provision does not apply if the [Insured Person] or the person claiming to be the beneficiary is a resident of a state where the law does not allow binding arbitration in an insurance policy, but only if this Policy is subject to its laws. In such a case, binding arbitration does not apply. This provision bars the institution of any individual or class action lawsuit brought by the [Insured Person], his legal representatives, or beneficiary.]

ADMINISTRATIVE PROVISIONS

[Cancellation

(Optional, depending on Policy Term)

The Company or [the Policyholder; Subscriber] may cancel this Policy, [after the first year] [or] [Policy Term], [as of any Premium Due Date] by giving the other party [31; 45; 60 days] advance written [or authorized electronic] notice. Any premium rate guarantee will not affect the Company's or [the Policyholder's; Subscriber's] right to cancel this Policy.

If a premium is not paid when due, the Company will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

Cancellation does not affect a claim for a [Covered Loss] when the [Covered Loss] occurs before the cancellation date.]

[Grace Period

(Will not be included in Short Term Single Premium cases)

A grace period of [31-180] days will be provided for the payment of any premium due after the first. During the grace period, the Policy shall continue in force, unless the [Policyholder, Subscriber] has given written notice of discontinuance in advance of the premium due date and in accordance with the terms of this Policy. If the required premium is not paid during the grace period, coverage will terminate on the last day of the grace period. The [Policyholder, Subscriber] will be liable for the payment of a pro rata premium for the time the Policy was in force during the grace period.]

Premiums

Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Rate Table*, the plan and amounts of insurance in effect for [Insured Persons] and the premium mode selected, as shown in the *Schedule of Benefits*. [Optional, i.e.: If [Insured Persons'] coverage amounts are reduced due to age, premium will be based on the amounts of coverage in force on the day before the reduction took place.] [The Company will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder [and/or any affected Subscribers]].

Premium Payment

[1. Policyholder

The total premium paid by the Policyholder is the sum of premiums for all [Insured Persons] [Optional, i.e. Included only when contributory coverage is offered: including any amounts contributed toward the cost of the coverage by [Insured Persons]]. The initial premium is due on the Policy Effective Date [and each succeeding premium is due on the next succeeding premium due date, as shown in the *Schedule of Benefits*.] unless the Policyholder and the Company agree to another mode of premium payment. Premiums are paid at the Company's home office or to the Company's authorized agent.

If any premium is not paid when due, this Policy will be cancelled as of the premium due date of the unpaid premium, except as provided in any applicable Grace Period section.]

[2. Subscriber

The total premium paid by the Policyholder is the sum of premiums for all [Insured Persons] [Optional, i.e. Included only when contributory coverage is offered; including any amount contributed toward the cost of the coverage by [Insured Persons]]. The initial premium is due on the Subscriber's effective date of participation under this Policy [and each succeeding premium is due on the next succeeding premium due date, as shown in the *Schedule of Benefits*] unless the Policyholder and the Company agree to another mode of premium

payment. Premiums are paid at the Company's home office or to the Company's authorized agent.

If any premium is not paid when due, the Subscriber's participation under this Policy will be terminated as of the premium due date of the unpaid premium, except as provided in any applicable Grace period section.]

[Premium Rate Changes

[Optional, i.e. Will not be included in non-renewable cases:]

The Company may change premium rates at the end of any Policy Term [or any Premium Rate Guarantee Period] with at least [31; 45; 60 days] advance notice mailed to the last known address of [the Policyholder; Subscriber]. The Company will not increase premium rates more frequently than annually, unless one of the events described below occurs.

The Company may change the premium rate during a Policy Term [or during any applicable Premium Rate Guarantee Period] if any one of the following occurs:

1. the terms of this Policy change;
2. the number of [Insured Persons] [or Eligible Persons for coverage] increases or decreases by more than [10%] since the later of the Policy Effective Date and the date of the last renewal of this Policy;]
3. coverage is reinstated following failure to pay premium during the Grace Period;]
4. an acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by [10%] or more the number of [Eligible Person] [Insured Persons];]
5. a change in [Insured Persons] [or Eligible Person's to be covered] which would, on a manual rate basis, require a change of [10%] or more in the premium rate;]
6. a change in any federal or state law or regulation is enacted, adopted or amended to the extent it affects the Company's benefit obligations under this Policy;]
7. the ratio of incurred claims to earned premiums since [the later of the Policy Effective Date and the last renewal date] exceeds [100%];[or] [the State permissible loss ratio];]
8. [the Policyholder; Subscriber] fails to provide sufficient information, as required by the Company, to confirm adequacy of premiums and rates currently being paid;] or
9. any [facultative] reinsurance obtained by the Company in connection with underwriting or renewal of the Policy is terminated for any reason, or if its cost increases by [10%] or more, or Our retention increases by [10%] or more.]

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.]

[Premium Audit

The Company will have the right to audit books and records of the [Policyholder, Subscriber] at its place of business and during its regularly-scheduled business hours, in order to determine the accuracy of premiums paid.]

[Refund of Premium

The Company will refund any premium paid for coverage of a specified Covered Activity if:

1. that Covered Activity is cancelled; and
2. [the Policyholder; Subscriber] notifies Us in writing at least [7 days] before the Covered Activity was scheduled to take place.

No insurance will be in effect for any [Insured Person] while he participates in, travels to, attends or otherwise is involved in the Covered Activity. If this Policy

was issued to insure only the Covered Activity that was cancelled and the Company were notified as required in 2 above, this Policy will be void from its inception.]

[Reinstatement

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of [the Policyholder, Subscriber] satisfactory to the Company and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid [, but not to any period more than [60 days] prior to the date of reinstatement.]]

GENERAL PROVISIONS

Addition of New [Employees /Members] All [Employees/Members] added to the Classes of Eligible Person's in the *Schedule of Benefits* are eligible for insurance under this Group Policy.

Assignment

(Option 1: Include if no rights and benefits are assignable :)

[The rights and benefits under this Policy may not be assigned and any attempt to assign will be void.]

(Option 2: Include when no assignment other than benefits that have become payable is permitted :)

[The rights and benefits provided by this Policy, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if the Company receives it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Loss. Any other attempt to assign will be void.]

(Option 3: Include if assignment is permissible)

[The Company will be bound by an assignment of [the Insured Person's] insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by [the Insured Person] [and any irrevocable beneficiary,] is filed with the Company. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy for [the Insured Person] remains in force.]

This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.

[Certificates

Where required by law, the Company will provide a certificate of insurance for delivery to [the Insured Person]. Each certificate will set forth a statement as to the insurance coverage to which the [Insured Person] is entitled, to whom the insurance benefits are payable, and a statement as to any family member, Spouse or Dependent's coverage. If family members or Dependents are included in the coverage, the insurer need only issue one certificate to each family unit.]

[[30 Day] Right to Examine Certificate

(Included when the Insured Person pays any part of the premium)

If [the Insured Person] does not like the Certificate for any reason, it may be returned to the Company within [30 days] after receipt. The Company will return any premium that has been paid. In that case the Certificate will be void as if it had never been issued.]

Clerical Error

A person's coverage will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, the Company will adjust the premium fairly.

Conformity with Statutes

Any provision in this Policy that is in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Entire Contract; Changes

The Policy, [the Master Application] and any attached papers make up the entire contract between the Policyholder and the Company. [In the absence of fraud,] all statements made by the Policyholder or any [Insured Person] will be considered representations and not warranties. No written statement made by an [Insured Person] will be used in any contest unless a copy of the statement is furnished to the [Insured Person] or, in the event of the death or incapacity of the [Insured Person], to his beneficiary or personal representative.

No change in this Policy will be valid until approved by one of the Company's executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

If an enrollment form for an [Insured Person] is required, it may also be made a part of this Policy at the Company's option.

Examination of the Policy

This Policy will be available for inspection at [the Policyholder's; Subscriber's] office during regular business hours.

Incontestability

[1.] Of This Policy: The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except for non-payment of premium[, misrepresentation or fraud.]

[2. Of [The Insured Person's] Insurance: After an [Insured Person] has been insured under the Policy for two years during his or her lifetime, no statement made by the [Insured Person], except a fraudulent one, will be used to contest a claim under the Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by the [Insured Person] and a copy is given to the Policyholder, the [Insured Person] or the beneficiary.]

However, the Company may contest coverage at any time based upon the [Insured Person's] ineligibility for coverage under the Policy or upon other provisions in the Policy.

Misstatement of Fact

If [the Policyholder; Subscriber] has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

Noncompliance with Policy Requirements

Any express or implied waiver by the Company's of any requirements of this Policy is not a continuing waiver of such requirements. Any failure by the Company to enforce any policy provision will not be a waiver or amendment of that provision.

Policy Changes

No change in this Policy will be valid until approved by one of the Company's executive officers and endorsed on or attached to this Policy. The Company may agree with [the Policyholder; Subscriber] to modify a plan of benefits without [the Insured Person's] consent.

Records

[The Policyholder; Subscriber] or its authorized Administrator will maintain the records of [the Insured Person's] insurance under this Policy. The Company will be permitted to examine [the Policyholder's; Subscriber's] records relating to the insurance under this Policy at any reasonable time. [The Policyholder; Subscriber] is acting as an agent of [the Insured Person] for transactions relating to this insurance. The actions of [the Policyholder; Subscriber] will not be considered the actions of the Insurance Company.

[Reporting Requirements

The [Policyholder; Subscriber] or its authorized agent must report all of the following to the Company by the premium due date:

1. The names of all persons insured on the Policy Effective Date;
2. The names of all persons who are insured after the Policy Effective Date;
3. The names of those persons whose insurance has terminated;
4. Additional information required by The Company.]

[The Company may, at the Company sole discretion, waive reporting of any information specified above.]

[Subscriber Participation Under This Policy

An organization may elect to participate under this Policy by submitting a signed Subscriber participation agreement to the Policyholder. No participation by an organization is in effect until approved by the Company.]

Workers' Compensation

This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

[CONDITIONS OF COVERAGE

Each of the following Conditions of Coverage applies on a case-by-case basis at the option of the Policyholder/Subscriber. They may be included as shown, or deleted.

This Section describes the Conditions of Coverage under which benefits provided by this Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations of coverage.

[AIRCRAFT [OWNED] [LEASED] [OPERATED] [CONTROLLED] [PILOT [[AND] CREW]] [AND PASSENGERS] COVERAGE

[The Company pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs during travel or flight in, including entering or exiting, any Aircraft that is owned, leased, operated or controlled by [the Policyholder, Subscriber or any of its subsidiaries or affiliates].

A record of eligible Aircraft will be maintained by [the Policyholder, Subscriber, Employer] and provided to the Company at our request. [An eligible Aircraft leased by [the Policyholder, Subscriber, Employer] includes one of the same types or class specified in the leasing contract between it and [insert name of leasing company].]

[An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction. [An Aircraft controlled by [the Policyholder, Subscriber, Employer] is one available for its use for [10] or more consecutive days or [15] days during any calendar year.]]

[Substitute Pilot Coverage. If any Designated Pilot in the Policy Condition of Coverage (s) that designates which pilots must be piloting the aircraft is temporarily unable to pilot a Designated Aircraft in such Condition of Coverage (s) in the Policy due to sickness, injury, vacation or leave of absence, a substitute pilot may also be considered a Designated Pilot of that Designated Aircraft for the purposes of such Condition of Coverage in the Policy, but only while the Designated Pilot is temporarily unable to pilot that Designated Aircraft due to the stated reason(s) and only if the substitute pilot:

1. has a current and valid medical certificate and pilot certificate with appropriate ratings for the designated aircraft; and
2. is not an employee of the Policyholder who is covered under this Policy[: and
3. has a minimum of [50, 100, 250, 500, 1,000] military, private or professional pilot hours logged, separately or combined].

For the purposes of this Rider, a pilot is considered to be “temporarily unable to pilot a Designated Aircraft” if he or she is unable to perform piloting duties for no longer than 90 days.]

[Replacement Aircraft Coverage. If any Designated Aircraft in the Policy Condition of Coverage (s) that designate which aircraft are covered)] is replaced with a newly acquired aircraft, the replacement aircraft may also be considered a Designated Aircraft for the purposes of such Condition of Coverage (s) only if the replacement aircraft[: 1)] has a current, valid Airworthiness Certificate in the same class as the replaced aircraft[: and 2) has the same or lesser passenger and crew member seat capacity as the replaced aircraft.]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]]

[ARMED FORCES COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule Of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss [during a Covered [Activity/Hazard] and] while he is on active duty in any of the Armed Forces.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.

[BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss when all of the following conditions are met:

1. [the Insured Person] is on [the Policyholder's, Subscriber's] premises when the Covered Loss occurs; and
2. the Covered Loss is caused by or results from a Bomb Scare, Bomb Search or Bomb Explosion, as defined below.]

[And/or]

1. [the Insured Person] is an authorized participant of a team or squad engaged in a Bomb Search or related activity; and
2. [the Policyholder, Subscriber] authorizes [the Insured Person's] participation and sanctions the search.]

Definitions For purposes of this Condition of Coverage:

Bomb means any real or dummy explosive device placed with intent to damage, scare, or cause injury.

Scare means any real or false report of a Bomb on the premises of [the Policyholder, Subscriber].

Search means any organized search for a reported Bomb.

Explosion means any detonation of a Bomb on [the Policyholder's, Subscriber's] premise which appears to have been intended to cause injury or unlawful property damage, whether or not the presence of the Bomb was reported before detonation. [It does not include any act of declared or undeclared war in the United States of America or Canada, or acceptance of known explosives as cargo.]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[[BOY] [AND] [GIRL] SCOUT COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] suffers a Covered Loss which occurs while the [Insured Person] is attending or participating in a Supervised and Sponsored Activity during [Boy] [and] [Girl] Scout meeting or outing.

Definitions For purposes of this Condition of Coverage:

Boy Scout means a member of the Boy Scouts of America, an organization whose objectives are to develop character, physical fitness, and citizenship, often through community and outdoor activities.

Girl Scout means a member of the Girl Scouts, an organization that aims to enable girls to socialize and learn skills in a wholesome environment.

Supervised and Sponsored Activity means a Policyholder authorized function

1. in which the Insured Person participates;
2. that organized and approved by the Policyholder; and
3. that is within the scope of the activities provided by the Policyholder

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[BULLET PROOF VEST COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [who is Age 18 or older] is on official duty for [the Policyholder, Subscriber] and is shot while wearing a Bulletproof Vest and the Bulletproof Vest fails to prevent the bullet's penetration through the vest

Definitions For purposes of this Condition of Coverage:

Bulletproof Vest means a protective vest designated as [Threat Level II-A, Threat Level II or Threat Level III-A] [manufactured by a vendor designated by [the Policyholder, Subscriber]] and purchased not more than [five years] before the Covered Loss.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[[BUSINESS TRAVEL] [LEISURE TRAVEL] [FOREIGN BUSINESS TRAVEL] [SPECIFIED TRIP TRAVEL] INSURANCE COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs [during one of the Covered Travel Activities described below] [[and] while [the Insured Person] is [travelling]]:

- [1. on business of [the Policyholder, Subscriber, Employer]];
- [2. in the course of the business of [the Policyholder, Subscriber, Employer]];
- [3. on a trip authorized in advance by [the Policyholder, Subscriber, Employer]];
- [4. outside his city of permanent assignment in [*specified territory*], but not including commuting between [the Insured Person's] home and place of work or during any Personal Deviation];
- [5. away from the premises of [the Policyholder, Subscriber, Employer]];
- [6. outside of the United States [including Alaska, Hawaii and territories and possessions of the United States]];
- [7. making a Short Stay away from [the Policyholder's, Subscriber's, Employer's] premises in his city of permanent assignment];
- [8. making a Short Stay outside of the United States [including Alaska and Hawaii]];
- [9. on the trip specified below:]
 [*Specified Trip*
 Begins on _____ Ends on _____
 Begins at _____ Destination _____
 Ends at _____]
- [10. on duty in the course of his job, whether on or off [the Policyholder's, Subscriber's, Employer's] premises or making a Line of Duty response to an emergency while not on duty in the course of his job.]
- [11. while on duty in the course of his job, whether on or off the [Policyholder's, Subscriber's, Employer's] premises, and the [Insured Person] is the victim of a Terrorist Act.]
- [12. while on duty in the course of his job, whether on or off the [Policyholder's, Subscriber's, Employer's] premises, and the [Insured Person] is the victim of a felonious assault or violent crime.]

[Covered Travel Activities also include the following:

- [1. Flight only in, or boarding or alighting from, an Aircraft as:
 - a. a fare-paying passenger on a regularly scheduled commercial [or charter] airline;
 - [b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight];
 - [c. a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent.]]

or

- [1. Flight in, or boarding or alighting from, an Aircraft:
 - [a. while a fare-paying passenger on a regularly scheduled commercial [or charter] airline];
 - [b. being flown by [the Insured Person] or in which [the Insured Person] is a member of the crew];
 - [c. that is not being used for:
 - [i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying]; or
 - [ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on)]];
 - [d. that is not
 - [i. designed for flight above or beyond the earth's atmosphere];
 - [ii. an ultra-light or glider];

- [iii. being used for the purpose of parachuting or skydiving];
- [iv. an eligible Aircraft controlled, owned or leased by [the Policyholder, Subscriber, Employer]]];
- [e. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;]
- [f. an eligible Aircraft controlled, owned or leased by [the Policyholder, Subscriber, Employer].]

[A record of eligible Aircraft will be maintained by [the Policyholder, Subscriber, Employer] and provided to the Company at the Company's request. An eligible Aircraft leased by [the Policyholder, Subscriber, and Employer] includes one of the same type or class specified in the leasing contract between it and [insert name of leasing company].]

[An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction. [An Aircraft controlled by [the Policyholder, Subscriber, Employer] is one available for its use for [10] or more consecutive days or [15] days during any calendar year.]]

or

- [1. Flight in, or boarding or alighting from, [the Aircraft described below:] [one or more of the specific flights described below:]]

[Alighting from an Aircraft includes [the Insured Person] making a parachute jump from it in order to save his life.]]

- [2. Travel to and from an airport, immediately before or after travel in an Aircraft for which coverage is provided by this Policy, when [the Insured Person] is riding as a fare-paying passenger in, or getting in or out of, a Common Carrier.]
- [3. Being struck by an Aircraft only immediately before or after a flight for which coverage is provided by this Policy.]
- [4. Unavoidable exposure to the elements following a Covered Loss that occurs during a Covered Travel Activity under this Policy. If [the Insured Person] disappears and is not found within [one year] from the date of the wrecking, sinking or disappearance of the conveyance in which [the Insured Person] was riding, it will be presumed that [the Insured Person's] death resulted directly and independently of all other causes from a Covered Loss.]
- [5. Travel in, getting into or alighting from, a Public Conveyance licensed to carry passengers for hire while [the Insured Person] is riding as a fare-paying passenger.]
- [6. Being struck by a Public Conveyance licensed to carry passengers for hire.]
- [7. Travel in any land or water vehicle in which [the Insured Person] is riding, driving, getting into or alighting from, excluding participation in any race or speed contest, or any driving for pay or hire.]
- [8. Being struck by any land or water vehicle.]
- [9. Travel in, getting into or alighting from a Private Passenger Automobile in which [the Insured Person] is riding or driving, excluding participation in any race or speed contest or any driving for pay or hire.]
- [10. Being struck by a Private Passenger Automobile.]
- [11. Commuting directly between home and [the Policyholder's, Subscriber's] premises where [the Insured Person] normally works.]
- [12. Commuting directly between home and [the Policyholder's, Subscriber's] premises where [the Insured Person] normally works, while using an alternate means of transportation necessitated by discontinuance of service, strike or major breakdown of one or more public conveyance transportation systems which [the Insured Person] normally uses.]]

Definitions For purposes of this Condition of Coverage:

[Personal Deviation means

1. an activity that is not reasonably related to the [Policyholder's; Subscriber's] business; and
2. not incidental to the purpose of the trip.[and]
- [3. such travel or activities coincide with a [Insured Person's] [Business] travel;]
- [4. Personal Deviation is limited to any consecutive [24-96] hour period immediately prior to, during or following such Business Travel.]]

[Line of Duty means any action [the Insured Person] is authorized or obligated to perform by law, rule or regulation or condition of employment or service.]

[Short Stay means a trip [on business for [the Employer, Policyholder, Subscriber] and] authorized in advance by [the Employer, Policyholder, Subscriber], and lasting less than [60] days.]

[City of Permanent Assignment means [*here will be specified a city or territory*]].

Exclusions Coverage for [business] travel is not provided during [any of the following]:

- [1. normal commuting between [the Insured Person's] home and place of work];
- [2. travel to another location where [the Insured Person] is expected to be assigned for more than [30-365] days];
- [3. any activity not authorized or organized, or not reimbursable, by [the Policyholder, Subscriber; Employer]];
- [4. [the Insured Person's] Personal Deviation];
- [5. [the Insured Person's] participation in any race or speed contest];
- [6. [the Insured Person's] driving any vehicle or Private Passenger Automobile for pay or hire].
- [7. [Business Travel] Coverage is not in effect while [the Insured Person] is performing job duties: (a) during work hours; and (b) in a residence work area, [that have been agreed upon] or [which are specified in a written telecommuting agreement] between him and the [Policyholder; Subscriber; Employer.]]

[Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[CAMP OR CONFERENCE COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions; if the [Insured Person] suffers a Covered Loss which occurs while an [Insured Person] is attending or participating in a Camp or Conference.

The [Insured Person] must be:

1. on the location or premises of the Camp or Conference
 - a. during its normal hours;
 - b. during scheduled functions; and
 - c. during other periods of the [Insured Person] is participating in a Supervised and Sponsored Activity of the [Camp] [and or [Conference]
- [2. not on the Camp or Conference location or premises and attending or participating in a Supervised and Sponsored Activity of the Camp or Conference; or]
- [3. traveling directly, without interruption
 - a. between the [Insured Person's] home and the Camp or Conference location or premises or the location of a Supervised and Sponsored Activity
 - b. between the site of the Supervised and Sponsored Activity and the [Insured Person's] home or to the location or premises of the Camp or Conference, if the Supervised and Sponsored Activity is located within or outside the town where thin Camp or Conference is located; [and/or]
 - c. [In a vehicle which is
 - i. Designated or furnished by the [Camp or Conference] [Policyholder];

- ii. Operated by a properly licensed , adult driver; or
- iii. Under the direct supervision of the [Camp or Conference] [Policyholder]][and/or]
- d. [In a vehicle other than that described above when;
 - i. Operated by a properly licensed, adult driver; and
 - ii. Travel time does not exceed [one hour] [60 Minutes] one way.]]

Definitions For purposes of this Condition of Coverage:

[Travel Time means the time

- 1) To or from the [Insured Person's] home, the Camp or Conference location or premises and/or the Supervised and Sponsored Activity of the Camp or Conference
- 2) Before the appointed time; and
- 3) After the Camp or Conference and/or Supervised and Sponsored Activity of the Camp and Conference is completed.]

Camp or Conference means a scheduled educational, sports, social, day camp, summer camp, sleep away camp, or professional program at a facility owned, leased, rented or otherwise contracted for by the Policyholder to conduct such programs.

A Camp or Conference must:

- 1) have a director or person who is in charge of the program on behalf of the Policyholder; and
- 2) have a organized activities
- 3) have registered participants ;[and
- [4) require at least one night stay by the registered participants either at the program facility or at a hotel or other facility nearby.]

Supervised and Sponsored Activity means a Policyholder authorized function:

- 1) in which the [Insured Person] participates;
- 2) that is organized and approved by the Policyholder; and
- 3) that is within the scope of the activities provided by the Policyholder.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[CIVIL UNREST COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss sustained by such person [While on the Business of the Policyholder] and as a result of: (1) an act of declared or undeclared war within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory; or (2) if not an act of declared or undeclared war (regardless of where the act of declared or undeclared war occurs): (a) riot; (b) rebellion; (c) insurrection; (d) civil strife; or (e) student unrest; which requires that National Security forces be called to intervene (but not such an Act in which the Insured Person is an active participant).

Changes in Premium. The Company may change the premium rate for the inclusion of Civil Unrest Coverage under this Policy at any time if (1) war risk conditions change in the Designated War Risk Territory(ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory(ies); or (3) the Policyholder's exposure to war risk in the Designated War Risk Territory(ies) changes in any way. The Company will give the Policyholder written notice of any change in the premium rate for the inclusion of Civil Unrest Coverage at least [10- 45 days] in advance of the effective date of the change.

Termination Date. Civil Unrest Coverage ceases to apply with respect to this Policy on the earliest of: (1) the date the Policy terminates;[or] (2) the date the Company receives written notice from the Policyholder of the Policyholder's intent to terminate the applicability Civil Unrest Coverage (or on the date specified in the written notice, if later);[or (3) the date specified in the Company's written notice to the Policyholder of the Company's intent to terminate the applicability of Civil Unrest Coverage (or [10 – 45 days] after the date the written notice is received by the Policyholder, if later)].

If the applicability of Civil Unrest Coverage terminates prior to the end of a period for which premium has been paid, any unearned premium attributable to Civil Unrest Coverage will be returned.

Termination of the applicability of Civil Unrest Coverage will not affect a claim for a covered loss that occurred while Civil Unrest Coverage was still applicable.

[Reporting Requirements. The Policyholder agrees to report, in writing, exposure of Insured Person in the Designated War Risk Territory(ies) [monthly] [quarterly] [annually] [on [description of periodic due date]]. The report must include the name of each Insured[Person] exposed, his or her specific itinerary and destination(s) in the Designated War Risk Territory(ies), the effective and termination dates of his or her exposure, and his or her Principal Sum with respect Civil Unrest during the period of exposure.]

Changes in Terms and Conditions. The terms and conditions of Civil Unrest, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in the opinion of the Company, constitute a change in the Policyholder's war risk exposure.

Designated War Risk Territory(ies) – as used in this Hazard, means[named country(ies) or part(s) of country(ies)]. A Designated War Risk Territory does not include the United States of America [or the Insured Person's country of permanent residence.]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[EMERGENCY [TEAM] [RESPONSE] COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs when he is performing Emergency Activities.

For this coverage to be in effect, [the Insured Person]:

- [1. Must be designated by the [Policyholder; Subscriber; Employer] as a contact person assigned to respond to emergency calls [as part of his specifically-assigned job duties]; [and]
- [2. Must be responding to an emergency call that:
 - [a. occurs outside of his regularly-scheduled [work] hours;] [and]
 - b. requires his skills or supervision; [and]
 - [c. requires immediate response in order to prevent loss or interruption of the [Policyholder's; Subscriber's; Employer's] business.]

Coverage begins when [the Insured Person] leaves the place where he was when he received notification of the emergency and ends when he returns to that place or to his residence.

Definitions For purposes of this Condition of Coverage:

Emergency [Team] [Response] means a [Policyholder's; Subscriber's] designated team engaged in rescue or Emergency Activities at the direction of the [Policyholder] [Subscriber].

Emergency Activities means rescue or emergency activities such as, but not limited to:

1. [Fire fighting and fire drills;]
2. any training exercise which simulates an emergency where active participation is required;
3. [apprehending criminals; protecting the public, oneself or property from imminent peril;] [and]
4. Responding to emergency calls or alarms.

Exclusions [Emergency Activities do not include:

1. [non emergency type of activities such as but not limited to: parades, test or trials of equipment or apparatus; fund raising;]
2. [participation in athletic or recreational activities and contests, social activities or entertainment;]
3. [usual or ordinary duties]
4. [patrolling or traffic control;] [and/or]

5. [inspection; maintenance, office work; classroom training or other training that does not stimulate an emergency.]]

[Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[EXPOSURE AND DISAPPEARANCE COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that results from [the Insured Person's] unavoidable exposure to the elements following an Accident that occurred while this Policy is in effect.

[If [the Insured Person] disappears and is not found within [one year] from the date of wrecking, sinking or disappearance of the conveyance in which [the Insured Person] was an occupant in the course of a trip [Covered Activity] which would be covered under this Policy, it will be presumed that [the Insured Person's] death resulted directly and independently of all other causes from a Covered Loss.]

[Travel or trip must have been authorized in advance by [the Policyholder, Subscriber, Employer]].

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[FELONIOUS ASSAULT AND VIOLENT CRIME [CRISIS] COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person] suffers a Covered Loss that occurs during a Felonious Assault or Violent Crime as described below. [A police report detailing the Felonious Assault or Violent Crime must be provided before any benefits will be paid.] [The Covered Loss must occur while [the Insured Person] is [on the [business]][or] [premises] [of] [the Employer, Subscriber, Policyholder].]

Definitions For purposes of this Condition of Coverage:

Felonious Assault means any willful and unlawful use of force by an individual against the [Insured Person] in connection with the commission, or attempted commission, of robbery, theft, kidnapping, hostage taking, hijacking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where the Covered Loss occurs.

Fellow Employee means a person employed by the same Employer as [the Insured Person] or by [an Employer] that is an affiliated or subsidiary corporation. [It shall also include any person who was so employed, but whose employment was terminated not more than [45 days] prior to the date on which the defined Felonious Assault or Violent Crime was committed.]]

Member of the Same Household means a person who maintains residence at the same address as [the Insured Person].

Violent Crime means a crime that involves force or threat of force and is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

Exclusions [Benefits will not be paid for treatment of any Covered Loss sustained or incurred during any:
1. Felonious Assault or Violent Crime committed by [the Insured Person]; or
2. Felonious assault or Violent Crime committed upon [the Insured Person] by a Fellow Employee, Immediate Family Member, or Member of the Same Household.]

[Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[FINANCIAL SERVICES COMMON CARRIER COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions if the following conditions are met:

The [Insured Person] is

1. riding as a passenger in, entering or exiting, the Common Carrier on which the [Insured Person] has purchased passage;][or]
2. riding as a passenger in, entering or exiting, any Conveyance licensed to carry the public for hire or any other courtesy transportation provided without a specific charge and while traveling to or from the airport, terminal or station:
 - a) immediately preceding the departure of the Common Carrier on which the [Insured Person] has purchased passage; or
 - b) immediately following the arrival of the scheduled Common Carrier on which the [Insured Person] was a passenger;][or]
3. at the airport, terminal, depot or station at the beginning or end of the Common Carrier Covered Trip]

The purchase of the Common Carrier passenger fare must be made prior to the [Insured Person's] arrival at the airport, depot or station and must be charged to an Account which the [Insured Person] is the Accountholder.

If the purchase of the Common Carrier passenger fare is not made prior to the [Insured Person's] arrival at the airport, terminal, depot or station, coverage will begin at the time the cost of the Common Carrier passenger fare is charged to the [Insured Person's] Account.

Definitions For purposes of this Condition of Coverage:

Account means Credit Card accounts, debit accounts, central billed accounts, checking accounts and saving accounts as set forth in the *Schedule of Benefits*.

Accountholder means any individual who is named on an open and active account with the Policyholder.

Cardholder means an individual who is named on the card linked to the Account and issued by the Policyholder.

[Common Carrier Covered Trip means travel on a Common Carrier when the full fare for such transportation [less any redeemable frequent flyer miles, coupons or certificates] has been charged to the [Insured Person's] Account issued by the Policyholder. [If frequent flyer miles, coupons or certificates are redeemed a charge of at least \$1.00 or the full amount due for the trip, whichever is greater, must be charged to the Account for travel to be considered a Common Carrier Covered Trip.]]

Credit Card means a payment medium that takes the form of a credit card, credit plate, charge plate, courtesy card or other indemnification card or device, issued to the [Insured Person.] [The Insured Person] may use the Credit Card to purchase, hire, rent or lease property or services. Credit card does not include a Debit card.

Debit Card means a payment medium that takes the form of a card, plate, or other indemnification card or device, issued to the [Insured Person]. The [Insured Person] may use the Debit card to purchase, hire, rent or lease property or services. Debit card does not include a Credit card.

[Commutation means travel between the Accountholder's residence and their regular place of employment.]

[Financial Services Common Carrier Coverage does not include travel on a cruise ship that extends beyond [48] hours.]

[Financial Services Common Carrier Coverage does not include Commutation]

[Financial Services Common Carrier Coverage also includes [business] [and/or] [leisure] travel for which the Common Carrier costs are charged to the [Insured Person's] Account. Twenty Four (24) hour coverage for [business and leisure] travel is activated when the travel begins on the departure date printed on the Common Carrier ticket and ends on the return date printed on the Common Carrier ticket. For a Common Carrier Covered Trip more than [thirty (30) days] in length, coverage remains in effect until 12:01am on the [thirty-first (31st) day] of the Common Carrier Covered Trip and will be reactivated only for the [Insured Person's] return trip while:

1. on a Common Carrier;] [or]
2. riding as a passenger in, entering or exiting, any Conveyance licensed to carry the public for hire or any courtesy transportation provided without a specific charge and while traveling to or from the airport, terminal, depot or station:
 - a) immediately preceding the departure of the scheduled Common Carrier on which the [Insured Person] has purchased passage; or
 - b) immediately following the arrival of the scheduled Common Carrier on which the [Insured Person] was a passenger];[or]
3. at the airport, terminal, depot or station at the beginning or end of the Common Carrier Covered Trip.]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[FINANCIAL SERVICES SCHEDULED [AMTRAK] TRAIN COVERAGE]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the following conditions are met:

The [Insured Person] is

1. riding as a passenger in, entering or exiting, the Scheduled [Amtrak] Train for which the [Insured Person] has purchased passage;] [or]
2. riding as a passenger in, entering or exiting, any Conveyance licensed to carry the public for hire or any other courtesy transportation provided without a specific charge and while traveling to or from the train station:
 - a) immediately preceding the departure of the scheduled [Amtrak] Train on which the [Insured Person] has purchased passage; or
 - b) immediately following the arrival of the scheduled [Amtrak] Train on which the [Insured Person] was a passenger;][or]
3. at the train station at the beginning or end of the scheduled [Amtrak] Train Covered Trip.]

If the purchase of the Scheduled [Amtrak] Train passenger fare must be made prior to the [Insured Person's] arrival at the airport, depot or station and must be charged to an Account which the [Insured Person] is the Accountholder.

If the purchase of the Scheduled [Amtrak] Train passenger fare is not made prior to the [Insured Person's] arrival at the train station, coverage will begin at the time the cost of the scheduled [Amtrak] Train passenger fare is charged to the [Insured Person's] Account.

Definitions For purposes of this Condition of Coverage:

Account means Credit Card accounts, debit accounts, central billed accounts, checking accounts and saving accounts as set forth in the *Schedule of Benefits*.

Accountholder means any individual who is named on an open and active account with the Policyholder.

Cardholder means an individual who is named on the card linked to the Account and issued by the Policyholder.

[Common Carrier Covered Trip] means travel on a Common Carrier when the full fare for such transportation [less any redeemable frequent flyer miles, coupons or certificates] has been

charged to the [Insured Person's] Account issued by the Policyholder. [If frequent flyer miles, coupons or certificates are redeemed a charge of at least \$1.00 or the full amount due for the trip, whichever is greater, must be charged to the Account for travel to be considered a Common Carrier Covered Trip.]]

Credit Card means a payment medium that takes the form of a credit card, credit plate, charge plate, courtesy card or other indemnification card or device, issued to the [Insured Person.] [The Insured Person] may use the Credit Card to purchase, hire, rent or lease property or services. Credit card does not include a Debit card.

[Covered Trip means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least one overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

Debit Card means a payment medium that takes the form of a card, plate, or other indemnification card or device, issued to the [Insured Person]. The [Insured Person] may use the Debit card to purchase, hire, rent or lease property or services. Debit card does not include a Credit card.

[Commutation means travel between the Accountholder's residence and their regular place of employment.]

[Financial Services Scheduled [Amtrak] Train Coverage does not include travel on a cruise ship that extends beyond [48] hours]

[Financial Services Scheduled [Amtrak] Train Coverage does not include Commutation]

[Financial Services Scheduled [Amtrak] Train Coverage also includes [business] [and/or] [leisure] travel for which the passenger fares are charged to the [Insured Person's] Account. Twenty Four (24) hour coverage for [business] [and/or] [leisure] travel is activated when the travel begins on the departure date printed on the [Amtrak] Train ticket and ends on the return date printed on [Amtrak] Train ticket. For a scheduled [Amtrak] Train [Covered Trip] more than [Thirty (30) days] in length, coverage remains in effect until 12:01am on the [thirty-first (31st) day] of the [Covered Trip] and will be reactivated only for the [Insured Person's] return trip while:

- [1. on a scheduled [Amtrak Train;] [or]
- [2. riding as a passenger in, entering or exiting, any Conveyance licensed to carry the public for hire or any courtesy transportation provided without a specific charge and while traveling to or from the train station:
 - a) immediately preceding the departure of the scheduled [Amtrak] Train on which the [Insured Person] has purchased passage; or
 - b) immediately following the arrival of the scheduled [Amtrak] Train on which the [Insured Person] was a passenger];[;or]
- [3. at the train station at the beginning or end of the scheduled [Amtrak] Train Covered Trip.]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[FINANCIAL SERVICES SCHEDULED AIRCRAFT COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the following conditions are met:

The [Insured Person is]

- [1. riding as a passenger in, entering or exiting, the an Scheduled Aircraft, or an aircraft by a military air transport service, on which the [Insured Person] has purchased passage;] [or]

2. riding as a passenger in, entering or exiting, any Conveyance licensed to carry the public for hire or any other courtesy transportation provided without a specific charge and while traveling to or from the airport or terminal:
 - a) immediately preceding the departure of the Scheduled Aircraft on which the [Insured Person] has purchased passage; or
 - b) immediately following the arrival of the Scheduled Aircraft on which the [Insured Person] was a passenger;][or]
3. at the airport or terminal at the beginning or end of the Scheduled Aircraft Covered Trip.]

If the purchase of the Financial Services Scheduled Aircraft passenger fare must be made prior to the [Insured Person's] arrival at the airport, depot or station and must be charged to an Account which the [Insured Person] is the Accountholder.

If the purchase of the Financial Services Scheduled Aircraft passenger fare is not made prior to the [Insured Person's] arrival at the airport or terminal, coverage will begin at the time the cost of the scheduled Aircraft passenger fare is charged to the [Insured Person's] Account.

Definitions For purposes of this Condition of Coverage:

Account means Credit Card accounts, debit accounts, central billed accounts, checking accounts and saving accounts as set forth in the *Schedule of Benefits*.

Accountholder means any individual who is named on an open and active account with the Policyholder.

Cardholder means an individual who is named on the card linked to the Account and issued by the Policyholder.

[Common Carrier Covered Trip means travel on a Common Carrier when the full fare for such transportation [less any redeemable frequent flyer miles, coupons or certificates] has been charged to the [Insured Person's] Account issued by the Policyholder. [If frequent flyer miles, coupons or certificates are redeemed a charge of at least \$1.00 or the full amount due for the trip, whichever is greater, must be charged to the Account for travel to be considered a Common Carrier Covered Trip.]]

[Covered Trip means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least one overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

Credit Card means a payment medium that takes the form of a credit card, credit plate, charge plate, courtesy card or other indemnification card or device, issued to the [Insured Person.] [The Insured Person] may use the Credit Card to purchase, hire, rent or lease property or services. Credit card does not include a Debit card.

Debit Card means a payment medium that takes the form of a card, plate, or other indemnification card or device, issued to the [Insured Person]. The [Insured Person] may use the Debit card to purchase, hire, rent or lease property or services. Debit card does not include a Credit card.

[Commutation means travel between the Accountholder's residence and their regular place of employment.]

[Financial Services Scheduled Aircraft Coverage does not include travel on a cruise ship that extends beyond [48] hours.]

[Financial Services Scheduled Aircraft Coverage does not include Commutation.]

[Financial Services Scheduled Aircraft Coverage also includes [business] [and/or] [leisure] travel for which the passenger fares are charged to the Insured Person's Account. Twenty Four (24) hour coverage for [business] [and/or] [leisure] travel is activated when the travel begins on the departure date printed on the Scheduled Aircraft ticket and ends on the return date printed on the Scheduled Aircraft ticket. For a Scheduled Aircraft covered trip more than [thirty (30) days] in length, coverage remains in effect until 12:01 am on the [thirty-first (31st) day] of the covered trip and will be reactivated only for the [Insured Person's] return trip while:

- [1. on a Scheduled Aircraft;][or]
- [2. riding as a passenger in, entering or exiting, any Conveyance licensed to carry the public for hire or any courtesy transportation provided without a specific charge and while traveling to or from the train station:
 - a) immediately preceding the departure of the Scheduled Aircraft on which the [Insured Person] has purchased passage; or
 - b) immediately following the arrival of the Scheduled Aircraft on which the [Insured Person] was a passenger][;or]
- [3. at the airport or terminal at the beginning or end of the Scheduled Aircraft covered trip.]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[FINANCIAL SERVICES TRIP CANCELLATION COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, arising from and occurring from the date the [Insured Person] charges the trip to his or her Account.

Definitions For purposes of this Condition of Coverage:

Account means Credit Card accounts, debit accounts, central billed accounts, checking accounts and saving accounts as set for in the *Schedule of Benefits*..

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[FIRE DRILL COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule Of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Persons] suffers a Covered Loss that occurs while an [Insured Person] is participating in a Fire Drill conducted by the [Policyholder; Subscriber; Employer] for the purpose of emergency preparedness.

Definitions for the purposes of this Condition of Coverage:

Fire Drill means a safety exercise that acts as a rehearsal for evacuating a building quickly and safely in the event of a fire or other emergency.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[HIJACKING AND AIR PIRACY COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs during the hijacking, air piracy, unlawful seizure or attempted seizure of an Aircraft [or Common Carrier][Public Conveyance][while on the business of the [Policyholder].

Definitions for the purposes of this Condition of Coverage:

Hijacking and Air piracy means the unlawful seizure or wrongful exercise of control of an Aircraft or Conveyance, or the crew thereof, in which the [Insured Person] is traveling as a passenger.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[INDEPENDENT CONTRACTORS COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs [during a Covered Activity [Covered Hazard] and] while the [Insured Person] is performing his regular duties as an Independent Contractor [Dispatched by the [Policyholder]]. Coverage begins at the time the specified contractual duties begin and continues until the specified contractual duties end.

Definitions For purposes of this Condition of Coverage:

Independent Contractor means a person performing contract obligations as a [truck driver, courier, taxi driver, construction worker, and/or consultant] that is under contract with the [Policyholder; Subscriber] and for whom premium is paid. Such contract obligations must arise out of the Independent Contractor's contract payment in the normal course of the [Policyholder's; Subscriber's] trade or business.

[Dispatched by the [Policyholder] means that the [Policyholder] directed the [Insured Person] to transport an authorized load for the [Policyholder] [Subscriber] [Association] .

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[KIDNAP AND EXTORTION CONSULTANT EXPENSE COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person][or a Dependent Child or Spouse] is kidnapped [while in a Foreign Country] [during Business Travel] [during Leisure Travel] [while on a Short Stay][while on a Covered Activity].

Definitions For purposes of this Condition of Coverage:

Consultants' Cost means the reasonable and necessary fees and expenses of the consultants chosen by the [Company] [Insured Person] [Employer] to investigate and negotiate the release of the [Insured Person] [Dependent Child and/or Spouse] which have been incurred in response to a Kidnap or Extortion, including not limited to costs of travel accommodation, qualified interpretation communication and Payments to Informants.

Extortion means a threat made directly against the [Insured Person][or Dependent Child and/or Spouse] by a person or group to kidnap or cause bodily harm to an [Insured Person][or Dependent and/or Spouse] for the purpose of obtaining a Kidnap or Extortion Payment.

Kidnap means the wrongful abduction and detention of an [Insured Person] [or Dependent Child and/or Spouse] against their will, or by deception, by a person or a group for the purpose of obtaining a Kidnap or Extortion Payment as a condition of the released of the [Insured Person] [or Dependent Child and/or Spouse]. A kidnap in which more than one [Insured Person] [or Dependent Child or Spouse] is wrongfully abducted or detained shall be considered one kidnap.

Kidnap or Extortion Consultant Covered Expenses means:

1. [reasonable travel and accommodation expenses incurred by the [Insured Person] [or Dependent Child and Spouse]];
2. [any payments to informants;]
3. [reasonable fees and expenses of an independent public relations consultants incurred with the prior consent of the Company]
4. [the continued payment of the remuneration that the that [Insured Person][or Dependent Child or Spouse] received as a salary from the [Policyholder; Employer] prior to being wrongfully abducted or detained for the duration that it is believed that the [Insured Person] [or Dependent Child or Spouse] remains alive or until the release of the [Insured Person][Dependent Child or Spouse] subject to a maximum of [1 to 12 months];]

5. [reasonable fees for independent legal and medical advice incurred by the [Insured Person] [or Dependent Child and/or Spouse] with the prior consent of the Company.]

Kidnap or Extortion Payment means a consideration paid or promised by the [Insured Person][or Dependent Child or Spouse][Policyholder] [or] Consultants to a person or group believed to be responsible for Kidnap or Extortion which is necessarily incurred to terminate said Kidnap or Extortion.

Payments to Informants means reasonable and necessary payments paid or promised by the [Insured Person] [Policyholder] [or Dependent Child or Spouse] or Consultants to any person providing information which leads to the arrest of the person or group responsible for the Kidnap or Extortion.]]

Short Stay means a trip [on business for [the Employer, Policyholder, Subscriber] and] authorized in advance by [the Employer, Policyholder, Subscriber], and lasting less than [60] days.]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[LINE OF DUTY OCCUPATIONAL COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs [during a Covered Activity and] while the [Insured Person] is Acting in the Line of Duty.

The Coverage Loss must take place while:

1. the [Insured Person] is on duty, on or off [the Policyholder] premises; or
2. Acting in the Line of Duty during response to an emergency while off duty.

Definitions For purposes of this Condition of Coverage:

Acting in the Line of Duty means acts done according to the standards set by [Policyholder] for the type of work in which the [Insured Person] is engaged. [It does not include 1) commuting between home and place of work; or 2) travel or any other act not considered to be in the covered Line of Duty.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[NATIONAL GUARD AND ARMED FORCES RESERVE COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while [the Insured Person] is a member of the U.S. Military Reserve or National Guard.

While [the Insured Person] is a member of the U.S. Military Reserve or National Guard, coverage under this Policy will remain in force beyond the 31-day active duty training period and continue:

1. during [the Insured Person's] initial training period;
2. If [the Insured Person] is called to active duty [for a domestic emergency].

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[NON-EMPLOYEE [DIRECTOR] [TRUSTEE] COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while [the Insured Person] is a Non-Employee [Director] [Trustee] of the [Policyholder]. The Covered Loss must take place while the [Insured Person] is traveling to, during the course of, or returning from:

1. a meeting of a [Policyholder] committee, [Policyholder's] board of directors or other similar duties; or

2. a trip taken at the [Policyholder] request; or
3. any trip for which the [Insured Person] received reimbursement from the [Policyholder] for expenses or services performed. [All such trips must be authorized by the [Policyholder].]

[This coverage does not include

1. commuting between the [Insured Person's] home and place of work[; or]
2. [Person Deviation by the [Insured Person]].]

[This coverage will begin at the actual start of the authorized trip whether at the [Insured Person's] home, place of work, or other location. Coverage will end the earliest of:

1. the date the [Insured Person] returns home;
2. [the date the [Insured Person] returns to their place of work];[or]
3. [the date the [Insured Person] makes a Personal Deviation].]

Definitions For purposes of this Condition of Coverage:

[Personal Deviation means

1. [an activity that is not reasonably related to the [Policyholder's] business; and
2. [not incidental to the purpose of the trip;][and]
3. [such travel or activities coincide with the [Insured Person's] Business travel;][and]
4. [Personal Deviation is limited to any consecutive [24-96] hour period immediately prior to, during or following such Business Travel.]]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[OCCUPATIONAL COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] is suffers an Occupational Injury that results in a Covered Loss:

1. While on the Business of the [Policyholder]; or
2. [While on the Business of the [Policyholder] and during the course of any Trip, [including a Sojourn] or Personal Deviation taken during the course of the Trip, made by such person;] [or]
3. While On-Premises of the [Policyholder.]

[With respect to a Sojourn or Personal Deviation, Occupational Coverage applies only where the Sojourns or Personal Deviations [:

- 1.] [if they involve travel, do not depart more the [50, 100, 150, 200, 250, 500, 750, 1000] miles from the direct route or destination(s) with respect to the circumstances described herein] [; and
- 2.] [if they involve one or more stops en route and/or an extension of time spent at the destinations(s) with respect to the circumstances described herein, do not last longer than a total of:
 - [(a) [1, 2, 3, 4, 5, 6, 7] day(s);][or]
 - [(b) [10, 25, 50, 75, 100]% of the time that would otherwise have been spent under the circumstances described herein;]

[whichever is less]].]

However, with respect to any such Covered Loss sustained during any period of time such [Insured Person] is traveling on a conveyance, Coverage applies only with respect to Covered Loss sustained by the person:

1. while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation;
2. while riding as a Passenger in or on (including getting in or out of, or on or off of):

- a. any Civilian Aircraft; or
- b. any Military Air Transport Aircraft; or

3. by being struck or run down by any aircraft.

Definitions For purposes of this Condition of Coverage:

Occupational Injury means bodily injury to an [Insured Person] caused by an occupational Accident that occurs or occurred while the [Insured Person] is Actively at Work, and while coverage is in force under the Policy. All Occupational Injuries sustained by the [Insured Person] in any one Accident shall be considered a single Occupational Injury.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[OCCUPATIONAL DISABILITY COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] is diagnosed with an Occupational Disease or suffers an Occupational Injury that results in Total Disability or death while performing Occupational Activities [or during a [Covered Activity][Covered Hazard]

Definitions For purposes of this Condition of Coverage:

Occupational Activities means an activity circumstance or condition that occurs or arises out of or in the course of the [Insured Person] [Employee] [Member] performing activities for the [Policyholder; Employer] and such services arise from, or are incidental to, his or her employment with the [Policyholder; Employer], for wages or regular salary in the normal course of the [Policyholder's; Employer's] trade or business. [However, Occupational Activities do not encompass any period of time during [(1) the course of everyday travel to and from work;] [or] [(2) a bona fide leave of absence or vacation;][or] [(3) any extension of the time spent on an occupational (business) trip beyond the minimum reasonably required for occupational purposes;][or][(4) any side trips or other deviations from the route of an occupational trip beyond the most direct route reasonably required for occupational purposes.]

Occupational Disease means a sickness that is caused by exposure to environmental or physical hazards during the course of the [Insured Person's] Occupational Activities, where: 1) such condition is diagnosed by a Physician, and is generally accepted by the National Centers for Disease Control as a disease caused by such hazards; 2) exposure to such hazards is not an accident but is caused or aggravated by the conditions under which the [Insured Person] performs or performed Occupational Activities; 3) the [Insured Person's] last day of last exposure to the environmental or physical hazard causing such condition occurs or occurred during the Policy period.

Occupational Injury means bodily injury to an [Insured Person] caused by an occupational Accident that occurs or occurred while the [Insured Person] is Actively at Work, and while coverage is in force under the Policy. All Occupational Injuries sustained by the [Insured Person] in any one Accident shall be considered a single Occupational Injury.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[ON CALL COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while he is On Call for the [Policyholder; Employer]. [The Benefit Amount will be equal to the percentage of [the Insured Person's] Accidental Death and Dismemberment Benefit, as specified in the *Schedule of Benefits*.]

Definitions For purposes of this Condition of Coverage:

On Call means any period of time, outside of his normal work hours, that [the Insured Person], pursuant to a[n] [written] agreement with the [Policyholder; Employer], is accessible via telephone, pager or other electronic means, and available to perform his assigned job duties.

[This coverage will be in effect during [the Insured Person's] Personal Deviation only if indicated in the *Schedule of Benefits*.]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[ON CALL RESPONSE COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while he is: (1) On Call; and (2) responding to a call from the [Policyholder; Employer].

Coverage begins when [the Insured Person] leaves the place where he was when he received notification that he has been called in to work and ends when he returns to that place or to his residence.

Definitions For purposes of this Condition of Coverage:

On Call means any period of time, outside of his normal work hours, that [the Insured Person], pursuant to a[n] [written] agreement with the [Policyholder; Employer], is accessible via telephone, pager or other electronic means, and available to perform his assigned job duties [at the [Policyholder's; Employer's] place of business].

[This coverage will be in effect during [the Insured Person's] Personal Deviation only if indicated in the *Schedule of Benefits*.]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[PILOT [AND CREW] [AND PASSENGER] COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while [the Insured Person] is flying as a licensed pilot [or member of the crew] of an Aircraft and meets [all of] the following requirements:

- [1. Has submitted a completed Pilot Data History form and been accepted for Pilot Coverage by the Company;]
- [2. Maintains the same level of qualification stated on the Pilot Data History form submitted to and approved by the Company;]
- [3. Completes and maintains a combined minimum of [200 hours] of military, private or professional logged flight hours;]
- [4. Is flying as a pilot [or member of the crew] of an Aircraft traveling on or transacting business for [the Policyholder; Subscriber]. All trips must have been authorized in advance by [the Policyholder, Subscriber];]
- [5. Is flying as a pilot [or member of the crew] of an Aircraft [described below] [on a list of eligible Aircraft maintained by [the Policyholder, Subscriber]];]
- [6. Is flying as a pilot [or member of the crew] of an Aircraft that is [not] owned, leased, operated or controlled by [the Policyholder, Subscriber];]
- [7. Is not giving or receiving flight instruction.]

[Substitute Pilot Coverage

If any Designated Pilot in the Policy Condition of Coverage (s) that designates which pilots must be piloting the aircraft is temporarily unable to pilot a Designated Aircraft in such Condition of Coverage (s) in the Policy due to sickness, injury, vacation or leave of absence, a substitute pilot may also be considered a Designated Pilot of that Designated Aircraft for the purposes of such Condition of Coverage under this Policy, but only while the Designated Pilot is temporarily unable to pilot that Designated Aircraft due to the stated reason(s) and only if the substitute pilot:

1. has a current and valid medical certificate and pilot certificate with appropriate ratings for the designated aircraft; and
2. is not an employee of the Policyholder who is covered under this Policy[: and
3. has a minimum of [50, 100, 250, 500, and 1,000] military, private or professional pilot hours logged, separately or combined].

[For the purposes of this Condition of Coverage a pilot is considered to be “temporarily unable to pilot a Designated Aircraft” if he or she is unable to perform piloting duties for no longer than [90] days.]]

[Replacement Aircraft Coverage

If any Designated Aircraft in the Policy Condition of Coverage (s) that designate which aircraft are covered)] is replaced with a newly acquired aircraft, the replacement aircraft may also be considered a Designated Aircraft for the purposes of such Condition of Coverage (s) only if the replacement aircraft[: 1)] has a current, valid Airworthiness Certificate in the same class as the replaced aircraft[: and 2) has the same or lesser passenger and crew member seat capacity as the replaced aircraft.]

[Description of Aircraft Covered

[[variable; e.g., will list type of Aircraft, license number and passenger and crew seating capacity: Boeing 727, License # PA12345, passenger seating capacity: 45]]; or

[A record of eligible Aircraft will be maintained by [the Policyholder, Subscriber, Employer] and be provided to the Company at our request. [An eligible Aircraft leased by [the Policyholder, Subscriber, Employer] includes one of the same types or class specified in the leasing contract between it and [insert name of leasing company].]]

[An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction. [An Aircraft controlled by [the Policyholder, Subscriber, and Employer] is one available for its use for [10] or more consecutive days or [15] days during any calendar year.]]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[[POLICYHOLDER], [SUBSCRIBER], [[24-HOUR ACCIDENT] PROTECTION [WHILE ON A SPECIFIED TRIP] [OR SPECIFIED TYPE OF TRIP]] COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person] suffers a Covered Loss that occurs during one of the [Covered Activities] [or] [Covered Short-Term Activities] [Conferences] [Sponsored Events] shown in the *Schedule of Benefits*.

The [Covered Activity] [or] [Covered Short-Term Activity] [Conference] [Sponsored Event] must take place:

1. Under one of the Conditions of Coverage shown in the *Schedule of Benefits*; and
2. On the premises of [the Policyholder; Subscriber] during normal hours of operation or during another scheduled time; or
3. At another site designated by [the Policyholder; Subscriber], where the [Covered Activity] [or] [Covered Short-Term Activity] [Conference] [Sponsored Event] is scheduled.

[This Coverage also includes travel, [only within the contiguous United States [including Alaska and Hawaii [and Puerto Rico]] and] only directly and without interruption:

1. between [the Insured Person's] home or another meeting place designated by [the Policyholder, Subscriber] and the site of a [Covered Activity] [or] [Covered Short-Term Activity] [Conference] [Sponsored Event]; and
2. by [Common Carrier providing transportation to the site of the [Covered Activity] or by Private Passenger Automobile [driven by an adult with a valid drivers' license].]

[Coverage under the Condition for [Covered Activities] [or] [Covered Short-Term Activities] [Conferences][Sponsored Events] also includes travel [by any Common Carrier providing transportation] to a [Covered Activity] [or] [Covered Short-Term Activity] [Conference] [Sponsored Event], [within [or outside] the contiguous United States [including Alaska and Hawaii [and Puerto Rico]]], when [the Insured Person's] participation in or attendance at it requires him to be away from his normal residence for a stay of one or more nights. [Coverage for travel to any [Covered Activity] [or] [Covered Short-Term Activities] [Conference][Sponsored Event] that takes place [outside the contiguous United States [including Alaska and Hawaii[and Puerto Rico]]] will be covered only if the Company has agreed to it in writing.]]

[Detailed description(s) of one or more Trips and/or one or more types of Trips]

[With respect to any period of time such [Insured Person] is traveling on conveyance during the course of any such Trip, **[[24-HOUR ACCIDENT] PROTECTION [WHILE ON A SPECIFIED TRIP] [OR SPECIFIED TYPE OF TRIP]] COVERAGE** applies only with respect to Covered Loss sustained by the [Insured Person]:

1. while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - a. any such conveyance the [Insured Person] has been hired to operate or for which the [Insured Person] has been hired as a crew member; or
 - b. any such conveyance the [Insured Person] is operating, or for which the [Insured Person] is performing as a crew member, (including getting in or out of, or on or off of) for the transportation of passengers or property for hire, profit or gain; or
2. while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - a. any Civilian Aircraft; or
 - b. any Military Air Transport Aircraft; or
3. by being struck or run down by any aircraft.]]

Definitions For purposes of this Condition of Coverage:

[Personal Deviation means

1. [an activity that is not reasonably related to the [Policyholder's] business; and
2. [not incidental to the purpose of the trip;][and]
3. [such travel or activities coincide with the [Insured Person's] Business travel;][and]
4. [Personal Deviation is limited to any consecutive [24-96] hour period immediately prior to, during or following such Business Travel.]]

Exclusions [1. This coverage will not be in effect during [the Insured Person's] Personal Deviation.]
[2. This coverage will not be in effect during travel to any [Covered Activity] [or] [Covered Short-Term Activities] [Conference][Sponsored Event]that takes place outside [the contiguous United States [including Alaska and Hawaii [and Puerto Rico]]] unless the Company has agreed to provide it in advance.]

[Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[PRIVATE PASSENGER COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all conditions and exclusions, if [the Insured Person] suffers a Covered Loss while riding as a passenger in, or entering or exiting, a Private Passenger Automobile.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[RELOCATION COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs during Relocation. [The Company will

also pay a Relocation Benefit Amount if [the Insured Person's] Household Member suffers a Covered Loss that occurs during Relocation.]

Relocation coverage begins when [the Insured Person] departs from his prior place of residence, or if later, his prior place of employment and begins travel to his new place of residence or employment. Relocation coverage ends [when [the Insured Person] begins his first full day of employment at his new location [or, if later, when he arrives at his new place of residence]] [[10-45] days from the date this coverage began.]

Definitions For purposes of this Condition of Coverage:

[Household Member] means [the Insured Person's] Spouse, Dependent Child, parent or other relative or employee who resides, on a full-time basis, with [the Insured Person].]

[Personal Deviation means]

1. [an activity that is not reasonably related to the [Insured Person's] Relocation; and
2. [not incidental to the purpose of the trip;][and]
3. [such travel or activities coincide with the [Insured Person's] Relocation;][and]
4. [Personal Deviation is limited to any consecutive [24-96] hour period immediately prior to, during or following such Relocation.]]

[Relocation] means a change in [the Insured Person's] assigned place of employment for [the Policyholder, Subscriber, Employer] which necessitates a change of residence, and for which [the Policyholder, Subscriber, Employer] pays travel expenses.

Exclusions [This coverage will be in effect during [the Insured Person's] Personal Deviation only if indicated in the *Schedule of Benefits*.]

Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[SCHEDULED AIRLINES] [CIVILIAN AIRCRAFT] [AND] [MILITARY AIR TRANSPORT] [COMMON CARRIER] [LAND, WATER [OR AIR]] [ALL] [PUBLIC] CONVEYANCE][BUSINESS ONLY] COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while riding [as a fare-paying] passenger in, or entering or exiting, the [Scheduled Airlines] [Civilian Aircraft] [and] [Military Air Transport] [Common Carrier] [Land, Water [or Air]] [All] [Public] Conveyance] [While on the Business of the Policyholder]

1. [While riding as a Passenger in or on (including getting in or out of)] [while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation, except]:
 - a. [Any Civilian Aircraft] [operated by any Scheduled Air Carrier but only if the Civilian Aircraft is then being used for any chartered flight operated by such Scheduled Air Carrier] [any land, water or air conveyance operated under a license for the transportation of Passengers for hire][any such conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member [and while the Insured Person is performing as an operator or crew member on any such conveyance] ; or
 - b. [Any Military Air Transport];[any such conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including getting in or out of , or on or off of) for the transportation of Passengers or property for hire, profit or gain] or
2. by being struck or run down by any aircraft; or
3. While riding as a Passenger in or on (including getting on or out of) any land or water conveyance licensed for the transportation of Passengers for hire, but only while traveling directly to an airport immediately before departure, or directly from an airport immediately after arrival, of an aircraft that is to be used by, or that was used by, the Insured Person described in Item (1) above.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[SCHOOL COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person] suffers a Covered Loss that occurs while he is participating in or attending one of the following School Covered Activities:

- [1. regularly-scheduled classroom instruction;]
- [2. regularly-scheduled and supervised recess or lunch period;]
- [3. a study period or special instruction period supervised by a member of the School's faculty;]
- [4. a Supervised and Sponsored School Activity;] [or]
- [5. Covered School Travel.]

[Covered School Travel includes travel, [only within the [contiguous United States, [including Alaska and Hawaii] and] only directly and without interruption:

- [1. between home and School;]
- [2. between home and another meeting place designated by the School;]
- [3. between home and another School or site designated by the School, where a [Supervised and Sponsored School Activity][Covered Activity] is scheduled;]
- [4. between the School or other meeting place designated by the School, and another School or site designated by the School, where a [Supervised and Sponsored School Activity][Covered Activity] is scheduled.]]

[School Travel Coverage for Overnight Supervised and Sponsored School Activities] Covered School Travel also includes travel [by any Common Carrier providing transportation] to a [Supervised and Sponsored School Activity][Covered Activity], within [or outside] the [contiguous United States, [including Alaska and Hawaii]] when [the Insured Person's] participation or attendance requires him to be away from his normal residence for a stay of one or more nights. [Coverage for travel to any [Supervised and Sponsored School Activity][Covered Activity] [that takes place outside the [contiguous United States, [including Alaska and Hawaii]] will be covered only if it has been agreed to by the Company in writing.]

Definitions For purposes of this coverage:

[Covered School Travel] means transportation on a School bus or Private Passenger Automobile driven by a member of the faculty or staff of the School, a parent of [the Insured Person], or other adult with a valid drivers' license whom the School has specifically designated to transport [Insured Persons] to a [Supervised and Sponsored School Activity] [Covered Activity].]

[Personal Deviation means]

1. [an activity that is not reasonably related to the [Insured Person's] Covered School Travel;] [and]
2. [not incidental to the purpose of the trip;][and]
3. [such travel or activities coincide with the [Insured Person's] Covered School Travel;] [and]
4. [Personal Deviation is limited to any consecutive [24-96] hour period immediately prior to, during or following such Covered School Travel.]]

[Supervised and Sponsored School Activity] means a Covered Activity that:

1. takes place:
 - a. on School premises during, before or after normal School hours; or
 - b. at another School or site at which the Covered Activity is scheduled; and
2. is sponsored, organized or otherwise provided, or at which student attendance is required, by the School; [and]
- [3. is supervised by a member of the faculty or staff of the School, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the School][or]
- [4. is a regularly-scheduled sports tryout, practice, workout or training session, team meeting, game, exhibition play or competition [of a varsity, junior varsity, intramural or Intercollegiate Sport] in which [the Insured Person] is participating.] *(include #4 only if school sports are covered; may also include reference to specific sports such as basketball and baseball.)*

(include if the policy excludes all sports or specified sports)

[Supervised and Sponsored School Activity] does not include participating in tryouts, practice, workouts, training sessions and meetings or any competitions or games for [any sport, football and hockey].]

- Exclusions**
- [1. This coverage will not be in effect during travel to or from any [Supervised and Sponsored School Activity][Covered Activity] if:
 - a. the School provides transportation to and from it for a group of two or more [Insured Persons]; and
 - b. [the Insured Person] is travelling to or from it by another means of transportation.]
 - [2. This coverage will not be in effect during [the Insured Person's] Personal Deviation.]
 - [3. This coverage will not be in effect during travel to any [Supervised and Sponsored School Activity][Covered Activity] that takes place outside the [contiguous United States, [including Alaska and Hawaii]] unless the Company has agreed in advance to provide it.]
 - [4. This coverage will not be in effect during a school activity that was not a [Supervised and Sponsored School Activity][Covered Activity] during the preceding school year, unless the Company has agreed in advance to provide it.]

[Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[SECURITY EVACUATION COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [Dependent Child or Spouse] requires a Security Evacuation as a result of an Occurrence that takes place while the [Insured Person][Dependent Child or Spouse] is traveling outside his or her Home Country. The Company will pay to transport the [Insured Person][Dependent Child or Spouse] to the Nearest Place of Safety. The determination that a Security Evacuation is required and must be made by a designated security consultant and all arrangement must be made and approved by [The Company.]

The Benefit Amount will be payable for eligible expenses as shown in the *Schedule of Benefits*. Benefits will not be payable for Security Evacuation from or to an Excluded Country. Eligible expenses are for Transportation and Related Cost to the Nearest Place of Safety necessary to ensure the [Insured Person's][Dependent Child or Spouse's] safety and well being determined by the designated security consultant. Security Evacuation Benefits are payable only once per Occurrence.

[Benefits will also be payable for the Transportation and Related Cost within [5-30] days of the Security Evacuation to the following locations as chosen by the [Insured Person] [Dependent Child or Spouse]:

1. [back to the Host Country if return is safe and permitted;]
2. [back to Home Country;] [or]
3. [the country where the education institution that sponsored the [Insured Person's] trip is located.]

If after the Security Evacuation is completed, it becomes clear that the [Insured Person] [or Dependent Child or Spouse] was an active participant in the events that led to an Occurrence, the Company has the right to recover all Transportation and Related Cost from the [Insured Person] [or Dependent Child or Spouse].

Definitions For purposes of this Condition of Coverage:

Excluded Country/Countries means the following countries: (*countries to be listed by name here.*) This list may be changed at any time with 30 days advance notice to the Policyholder of the Company's change in its risk exposure for the Security Evacuation Coverage. Any country subject to the administration and enforcement of U.S economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC) is an Excluded under this benefit.

[Home Country] means a country from which the [Insured Person] [or Dependent Child or Spouse] holds a passport. If the [Insured Person] [or Dependent Child or Spouse] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country]

[Host Country] means the country, other than an Excluded country, in which the **[Insured Person]** **[or Dependent Child or Spouse]** is traveling while covered under this Provision.]

Nearest Place of Safety means a location determined by the designated security consultant where:

1. The **[Insured Person]** **[or Dependent Child or Spouse]** can be presumed safe from the Occurrence that precipitated the **[Insured Person's]** **[or Dependent Child or Spouse's]** Security evacuation; and
2. The **[Insured Person]** **[or Dependent Child or Spouse]** has access to transportation; and
3. The **[Insured Person]** **[or Dependent Child or Spouse]** has availability to temporary lodging, if needed.

Occurrence means any of the following situations in which an **[Insured Person]** **[or Dependent Child or Spouse]** finds himself or herself while covered under the Policy:

1. **[expulsion from a Host Country or being declared persona non grata on a written authority of the recognized government of a Host Country;]**
2. **[political or military events involving a Host Country, if the appropriate authorities issue an advisory stating that citizens of the [Insured Person's] Home Country or citizens of the Host Country should leave the Host Country;]** **[or]**
3. **[verified physical attack or a verified threat of physical attack from a third party.]**

Related Cost means food, lodging and if necessary, physical protection for the **[Insured Person]** **[or Dependent Child or Spouse]** during the Transport to the Nearest Place of Safety.

Security Evacuation means the extrication of an **[Insured Person]** **[or Dependent Child or Spouse]** from the Host Country due to an Occurrence which results in the **[Insured Person]** **[or Dependent Child or Spouse]** being placed in imminent danger.

Transport/Transportation means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized and if possible, the **[Insured Person's]** **[or Dependent Child or Spouse]** Common Carrier ticket.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[[SUPERVISED] [AND] SPONSORED ACTIVITIES COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when **[the Insured Person]** suffers a Covered Loss that occurs while the **[Insured Person]** is participating in or attending a Supervised and Sponsored Activity(ies).]

The Covered Loss must take place:

1. on the premises of the **[Policyholder]** during normal hours of operation or during scheduled functions;] **[or]**
2. on the premises of the **[Policyholder]** during other periods if attending or participating in a **[Covered Activity]****[Covered Hazard];]**
3. away from the premises of the **[Policyholder]** while attending or participating in a **[Covered Activity]** **[Covered hazard]** at its scheduled site.]

[This coverage includes, travel without delay, deviation or interruption, between home and the site of the [Covered Activity] [Covered Hazard].]

[Benefits are payable while the [Insured Person] is in a vehicle:

1. designated or furnished by the **[Policyholder]**, operated by properly licensed adult driver who is under the supervision or under the service of the **[Policyholder];]** **[and]**
2. travel time does not exceed **[1-24 hours]** each way.]]

Definitions For purposes of this Condition of Coverage:

[Travel time means the time:

1. to or from home and premises of the **[Covered Activity]****[Covered Hazard];]**
2. before the appointed time, and

3. after the [Covered Activity][Covered Hazard].]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[SPORTS COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person] suffers a Covered Loss that occurs while he is participating in [or attending] one of the following Sports Covered Activities:

- [1. regularly-scheduled practice or training;]
- [2. regularly-scheduled competition or exhibition game;]
- [3. a scheduled tryout, workout session or team meeting;]
- [4. a Supervised and Sponsored Sports Activity] [; or]
- [5. Covered Sports Travel.]

[Covered Sports Travel includes travel [, only within the [contiguous United States, [including Alaska and Hawaii] and] only directly and without interruption:

- [1. between home and the premises of the Sports Organization;]
- [2. between home and another meeting place designated by the Sports Organization;]
- [3. between home and another site designated by the Sports Organization, where a [Supervised and Sponsored Sports Activity] [Covered Activity] is scheduled;]
- [4. between the premises of the Sports Organization or other meeting place it designates, and another site where a [Supervised and Sponsored Sports Activity] [Covered Activity] is scheduled.]]

[Travel Coverage for Overnight Supervised and Sponsored Sports Activities Covered Sports Travel also includes travel [by any Common Carrier providing transportation] to a [Supervised and Sponsored Sports Activity][Covered Activity], [within [or outside] the [contiguous United States, including Alaska and Hawaii], when [the Insured Person's] participation or attendance requires him to be away from his normal residence for a stay of one or more nights. [Coverage for travel to any [Supervised and Sponsored Sports Activity] [Covered Activity] that takes place outside the [contiguous United States, including Alaska and Hawaii]] will be covered only if the Company has agreed to it in writing.]]

Definitions For purposes of this Condition of Coverage:

[Covered Sports Travel means transportation on a bus or Private Passenger Automobile driven by an adult with a valid drivers' license whom the Sports Organization has specifically designated to transport [Insured Persons] to a [Supervised and Sponsored Sports Activity][Covered Activity].]

[Personal Deviation means

1. [an activity that is not reasonably related to the [Insured Person's] Covered Sports Travel;] [and]
2. [not incidental to the purpose of the trip;][and]
3. [such travel or activities coincide with the [Insured Person's] Covered Sports Travel;] [and]
4. [Personal Deviation is limited to any consecutive [24-96] hour period immediately prior to, during or following such Covered Sports Travel.]]

Sports Organization means a School, college or university, team, league or other organization, as named in the *Schedule of Benefits*, that organizes, sponsors, supervises schedules or otherwise provides Sports Covered Activities.

Supervised and Sponsored Sports Activity means a Covered Activity that:

1. takes place:
 - a. on a Sports Organization's premises during scheduled hours;
 - b. at another site at which the Covered Activity is scheduled; and
2. is sponsored, organized or otherwise provided by the Sports Organization; [and]
3. is supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the Sports Organization.]

(include if the policy does not cover specified sports)

[Supervised and Sponsored Sports Activity] does not include participating in any activity, including tryouts, practice workouts, training sessions, team meetings or any competitions or games for **[specify any sports to be excluded, such as motorcycle racing, varsity football]**.

Exclusions

- [1. This coverage will not be in effect during any sports activity unless it is sponsored, organized, supervised, scheduled or otherwise provided by the Sports Organization named in the *Schedule of Benefits*.]
- [2. This coverage will not be in effect during travel to or from any **[Supervised and Sponsored Sports Activity]** **[Covered Activity]** if:
 - a. the Sports Organization provides transportation to and from it for a group of two or more persons; and
 - b. **[the Insured Person]** is travelling to or from it by another means of transportation.]
- [3. This coverage will not be in effect during travel to any **[Supervised and Sponsored Sports Activity]** **[Covered Activity]** that takes place outside the **[contiguous United States, including Alaska and Hawaii]** unless the Company have agreed in advance to provide it.]
- [4. This coverage will not be in effect during **[the Insured Person's]** Personal Deviation.]

[Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[SKI LIFT COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the **[Insured Person]** purchases a Ski Lift ticket and suffers a Covered Loss that occurs while the **[Insured Person]** is using the valid Ski Lift ticket.

Definitions For purposes of this Condition of Coverage:

Ski Lift means a motor-driven apparatus consisting of a continuously moving cable with seats, gondolas, or tow bars suspended from it, built to transport skiers to the top of a ski run.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[TELECOMMUTING COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if **[the Insured Person]** suffers a Covered Loss, that occurs while working in a Designated Residence Work Area during Normal Work Hours under a **[written]** **[Employer-approved]****[Policyholder-approved]** telecommuting agreement.

Work-related injuries sustained by **[the Insured Person]** must be reported to his supervisor as soon as possible, but no later than **[24 hours]** after the occurrence of the Covered Loss. **[The Employer]** **[Policyholder]** may visit the home of **[the Insured Person]** to investigate a report of a Covered Loss.

Definitions For purposes of this Condition of Coverage:

Designated Residence Work Area means a place specified in the telecommuting agreement in which **[the Insured Person]** performs his job duties.

Normal Work Hours means the hours specified in the telecommuting agreement **[the Insured Person]** has agreed to work in the Designated Residence Work Area.

Exclusions [Benefits will not be paid for any of the following:

- [1. Injuries that occur outside of the Designated Residence Work Area;
- [2. Injuries that occur outside of **[the Insured Person's]** Normal Work Hours;]
- [3. Injuries to other persons or property on **[the Insured Person's]**

premises.]]

[Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]]

[TERRORISM [SCARE] COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs as a direct result of an act of Terrorism. [The Covered Loss must take place while the Insured Person is:

- [1. on the Policyholder's premises;] [and]
- [2. in the course of the Policyholder's business;][or]
- [3. commuting between home and work along the most normal and reasonable route.]]

[The Policyholder, Subscriber] may cancel coverage at any time by written notice to Us at Our home office address. the Company may cancel coverage at any time by giving [the Policyholder, Subscriber] advance written notice of at least [10 days] prior to cancellation. Any unearned premium paid by [the Policyholder, Subscriber] will be promptly returned.]

Definition For purposes of this Condition of Coverage:

Terrorism [Scare] means a premeditated politically motivated hostile or violent act against noncombatants committed by persons not acting on behalf of a sovereign state, or clandestine state agents.

Exclusions [1. Benefits will not be paid for Covered Losses caused by or resulting from nuclear radiation or release of nuclear energy.]
[2. Benefits will not be paid for Covered Losses caused by or resulting from exposure to chemicals, poisons, bacteria or viruses.]
[3. Benefits will be paid for Covered Losses only if sustained [on the premises of [the Policyholder, Subscriber] and only] under the following Conditions of Coverage: [any combination of Conditions of Coverage listed in the *Schedule of Benefits*; for example: All coverages provided by this policy; Business Travel Coverage and Relocation Coverage.]]

[Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[TRUCK PASSENGER COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while riding as a passenger in, entering or exiting, a semi truck.

Exclusions [Benefits will not be paid if the [Insured Person] is a member of a truck crew, or an employee of the trucking company, or any individual who receives pay or remuneration for truck driving.]

[Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section].

[[VOLUNTARY] [24-HOUR] COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person] suffers a Covered Loss that occurs any time while insured by this Policy [, including riding in or entering or exiting an Aircraft].

Exclusions [This coverage will not be in effect while [the Insured Person] is participating in any activity, including tryouts, practice or any competitions or games for [specify any sports to be excluded, such as motorcycle racing, varsity football, or all sports.]].

[While on Business of the Policyholder][While performing occupational duties of the Policyholder]

[Other] exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[VOLUNTEER ACTIVITIES

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while the [Insured Person] is participating as a Volunteer.

The Covered Loss must take place while the [Insured Person] is:

1. participating in activities sponsored and supervised by the [Policyholder][Organization]; [or
2. traveling with a group in connection with such activities.]]

Definitions For purposes of this Condition of Coverage:

Volunteer means a person who voluntarily offers himself or herself for a service or undertaking; a person who performs a service willingly and without pay.

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[VOLUNTEER FIREMAN COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while the [Insured Person] is engaged in volunteer fireman duties.

The Covered Loss must take place:

- [1] while at a fire or on an emergency call; traveling or returning from a fire or emergency call; [at a fire drill, parade, test or trial of any firefighting or emergency apparatus;] [or]
- [2] participating in or attending an activity sponsored or supervised by the [Policyholder][Organization] (but not as a paid driver or employee); [or]
- [3] any other regularly approved, supervised activity of the [Policyholder][Organization]; [or]
- [4] while riding in or on a [Policyholder][Organization] apparatus while traveling to or from a fire drill, a parade, a test or trial of any fire fighting or emergency apparatus.]

Exclusions Exclusions that apply to this Condition of Coverage are in the *Common Exclusions* Section.]

[WAR RISK COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss (but not such act in which the [Insured Person] is an active participant) that occurs during war or an act of war that occur in:

- [1. *Designated War Risk Territory (ies) variable; e.g., a specifically described geographic area such as Saudi Arabia, Iran, Serbia;* or
- [2. *Designated War Risk Territory (ies) variable; e.g., a generally described geographic area such as worldwide, excluding the United States and its territories and possessions.;* or
- [3 *on business travel only]*

[The Policyholder, Subscriber] may cancel this war risk coverage at any time by sending written notice to the Company at the Company's home office address. Coverage will be canceled upon receipt of notice or a date specified by [the Policyholder, Subscriber].

The Company may cancel this coverage at any time by providing written notice to [the Policyholder, Subscriber] at least [10 days] prior to termination of this coverage. Any unearned premium will be promptly returned to [the Policyholder, Subscriber].

Definitions For purposes of this Condition of Coverage:

Designated War Risk Territory(ies) –means[named country(ies) or part(s) of country(ies)]. A Designated War Risk Territory does not include the United States of America [or the Insured Person’s country of permanent residence.]

Changes in Premium. The Company may change the premium rate for the inclusion of War Risk Coverage under this Policy at any time if (1) war risk conditions change in the Designated War Risk Territory(ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory(ies); or (3) the Policyholder’s exposure to war risk in the Designated War Risk Territory(ies) changes in any way. The Company will give the [Policyholder] [Subscriber] written notice of any change in the premium rate for the inclusion of War Risk Coverage at least [10- 45 days] in advance of the effective date of the change.

[Reporting Requirements. The [Policyholder]]Subscriber] agrees to report, in writing, exposure of [Insured Person]s in the Designated War Risk Territory(ies) [monthly] [quarterly] [annually] [on [description of periodic due date]]. The report must include the name of each [Insured Person] exposed, his or her specific itinerary and destination(s) in the Designated War Risk Territory(ies), the effective and termination dates of his or her exposure, and his or her Principal Sum with respect to War Risk Coverage during the period of exposure.]

Changes in Terms and Conditions. The terms and conditions of War Risk Coverage, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in the opinion of the Company, constitute a change in the [Policyholder’s] Subscriber’s] war risk exposure.

[DESCRIPTION OF BENEFITS

Each of the following benefits apply on a case-by-case basis at the option of the Policyholder/Subscriber. They may be included as shown, modified or deleted.

This Description of Benefits Section describes the Benefits provided by this Policy. Benefit amounts, benefit periods and any applicable aggregate and benefit-specific maximums are shown in the *Schedule of Benefits*. Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations applicable to these Benefits.]

[ACCIDENTAL DEATH BENEFIT

Covered Loss The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] dies directly and independently of all other causes from a Covered Loss [or Emergency Sickness] [within the applicable time period specified in the *Schedule of Benefits*].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Losses The Company will pay the Benefit Amount for any one of the Covered Losses listed in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss [within the applicable time period specified in the *Schedule of Benefits*].

[If [the Insured Person] sustains more than one Covered Loss as a result of the same Covered Loss, the Company will pay the Benefit for the Covered Loss for which the largest benefit is payable.] or [If [the Insured Person] sustains more than one Covered Loss as a result of the same Covered Loss, the total of Benefits the Company will pay will not exceed the Principal Sum.]

[If a Covered Loss causes [the Insured Person's] death the Company will pay for Accidental Death and any other Covered Losses will not exceed the [Principal Sum, Accidental Death Benefit, largest Benefit payable for a Covered Loss] [unless death results from [Heart Failure.]]

Definitions For purposes of this benefit:

Each of the following definitions is optional and will be included as required by the selected benefits.

[Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.]

[Loss of Use of a Hand or Foot means total loss of all ability to move the hand or foot, within [30-365 days] of a Covered Loss, that continues for [6-24 months] and is expected to continue for the remainder of [the Insured Person's] lifetime.]

[Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.]

[Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.]

[Loss of Hearing means total and permanent loss of ability to hear any sound [in both ears] which is irrecoverable by natural, surgical or artificial means.]

[[Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand] means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).]

[Loss of Toes means complete Severance through the metatarsalphalangeal joint.]

[Heart Failure means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood [provoked by participation in a Covered Activity.]]

[Coma means a profound state of unconsciousness from which [the Insured Person] is not likely to be aroused through powerful stimulation. The Coma must begin within [10 -90 days] of the Covered Loss, continue for [30-180 consecutive days] and must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of injuries sustained in that Covered Loss.]

[Brain Death means irreversible unconsciousness, resulting directly and independently of all other causes from and within [10-365 days] of a Covered Loss, manifested by both total loss of brain function and complete absence of electrical activity of the brain, even though the heart is still beating.]

[Severance means complete separation and dismemberment of the part from the body.]

[Physician means a [United States-] licensed health care provider practicing [in the United States] within the scope of his license and rendering care and treatment to [the Insured Person] that is appropriate for the condition and locality, and who is not:

1. [the Insured Person];
2. a parent, sibling, spouse or child of either [the Insured Person] or [the Insured Person's] spouse;
3. a person living in [the Insured Person's] household;
4. a person employed or retained by [the Policyholder; Subscriber]; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ACCIDENTAL SEVERE BURN and DISFIGUREMENT BENEFIT

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Severe Burn.

A Physician must determine that the burn satisfies all of the following:

- a. involves the minimum percentage shown in the *Schedule of Benefits*; and
- b. be classified as shown in the *Schedule of Benefits*; and
- c. results in Disfigurement or loss of physical abilities.

Definitions For purposes of this benefit:

Severe Burn/Severely Burned means cosmetic disfigurement of at least [20% to 80%] of the surface of a body area due to an Injury that is a [third-degree, full-thickness burn, as determined by a Physician. The Company has the right, at its own expense; to have the Physician's determination verified by a Physician of the Company's choice. (A third degree, full-thickness burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation). **[First-degree burn means** burn that is limited to redness (erythema), a white plaque and minor pain at the site of the covered injury. These burns involve only the epidermis.] **[Second-degree burns** means a manifest as erythema with superficial blistering of the skin, and can involve more or less pain depending on the level of nerve involvement. Second-degree burns involve the superficial (papillary) dermis and may also involve the deep (reticular) dermis layer.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ACCIDENT MEDICAL [AND EMERGENCY SICKNESS] BENEFIT

Covered Expenses and any applicable [Policy Aggregate Deductible and specific benefit] Deductibles are shown in the *Schedule of Benefits*.

Other Health Care Plan Benefits

When another Health Care Plan provides benefits in the form of services rather than cash payments, the Company will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by this Policy will be reduced.

[Primary Medical Expense

The Company will pay Covered Expenses without regard to any Health Care Plan [the Covered Person] may have, after any applicable Deductible and Policy Aggregate Deductible is satisfied.]

[Primary Excess Medical Expense

The Company will pay Covered Expenses, up to the Primary Excess Benefit shown in the *Schedule of Benefits* [after [the Insured Person] satisfies any Deductible,] [and] [after the Policy Aggregate Deductible has been satisfied,] without regard to any other Health Care Plan [the Insured Person] may have. The Company will then pay Covered Expenses[:

1. after [the Insured Person] satisfies any Deductible; and
- 2.] only when they are in excess of amounts payable by any other Health Care Plan, whether or not claim has been made for benefits it provides.

[The Company will pay benefits without regard to any Coordination of Benefits provisions in such Health Care Plan.

Any Covered Expenses payable under this provision will be reduced by [the Other Health Care Plan Reduction Percentage shown in *Schedule of Benefits*] or [the amount the Health Care Plan would have paid had its services or facilities been utilized] if:

1. [the Insured Person] has coverage under another Health Care Plan; and
2. the Other Health Care Plan is an HMO, PPO or similar arrangement; and
3. [the Insured Person] does not use the facilities or services of the HMO, PPO or similar arrangement.]

Covered Expenses payable will not be reduced for emergency treatment within [24 hours] after a Covered Loss which occurred outside the geographic service area of the HMO, PPO or similar arrangement.]

[Full Excess Medical Expense

The Company will pay Covered Expenses:

1. after the [Policy Aggregate Deductible has been satisfied and] [the Insured Person] satisfies any Deductible; and
2. only when they are in excess of amounts payable by any Other Health Care Plan whether or not claim has been made for benefits it provides.

[The Company will pay benefits without regard to any Coordination of Benefits provision in such Health Care Plan.]

Any Covered Expenses payable under this provision will be reduced by [the Other Health Care Plan Reduction Percentage shown in *Schedule of Benefits*] or [the amount the Health Care Plan would have paid had its services or facilities been utilized] if:

1. [the Insured Person] has coverage under another Health Care Plan; and
2. the Other Health Care Plan is an HMO, PPO or similar arrangement; and
3. [the Insured Person] does not use the facilities or services of the HMO, PPO or similar arrangement.]

Covered Expenses payable will not be reduced for emergency treatment within [24 hours] after a Covered Loss which occurred outside the geographic service area of the HMO, PPO or similar arrangement.]

[Limited Primary Medical Expense

The Company will pay Covered Expenses, up to the Limited Primary Benefit shown in the *Schedule of Benefits*:

- [1. after the Policy Aggregate Deductible has been satisfied; and]
- [2. [the Insured Person] satisfies any Deductible; and]
3. subject to the Non-Duplication of Benefits provision in the *Limitations* Section.

No further benefits are paid until [the Covered Person] has: [(a) satisfied any Deductible; and (b) incurred a total of the Excluded Covered Expenses shown in the *Schedule of Benefits*. The Company will pay Covered Expenses described in this Policy in excess of the Excluded Covered Expenses, without regard to any Other Health Care Plan [the Covered Person] may have.]]

[Limited Primary Excess Medical Expense

The Company will pay Covered Expenses, up to the Limited Primary Benefit shown in the *Schedule of Benefits*:

- [1. after the Policy Aggregate Deductible has been satisfied; and]
- [2. [the Insured Person] satisfies any Deductible; and]
3. subject to the Non-Duplication of Benefits provision in the *Limitations* Section.

No further benefits are paid until [the Insured Person] has: [(a) satisfied any Deductible; and (b) incurred a total of the Excluded Covered Expenses shown in the *Schedule of Benefits*. The Company will pay Covered Expenses described in this Policy in excess of the Excluded Covered Expenses, only when they are in excess of amounts paid by any Other Health Care Plan regardless of any Coordination of Benefits provision it may contain.]

[Any Covered Expenses payable under this provision will be reduced by [the Other Health Care Plan Reduction Percentage shown in the *Schedule of Benefits*] or [the amount the Other Health Care Plan would have paid had its services or facilities been utilized] if:

1. [the Insured Person] has coverage with another Health Care Plan; and
2. the other Plan is an HMO, PPO or similar arrangement; and
3. [the Insured Person] does not use the facilities or services of the HMO, PPO or similar arrangement.]

Covered Expenses payable will not be reduced for emergency treatment within [24 hours] after a Covered Loss which occurred outside the geographic service area of the HMO, PPO or similar arrangement.]

[Definitions For purposes of the Accident Medical Benefits provided by this Policy:

HMO Health Maintenance Organization means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider of service.]

PPO Preferred Provider Organization means an organization offering health care services through designated health care providers who agree to perform these services at rates lower than Non-Preferred Providers.

[ACCIDENT MEDICAL [AND EMERGENCY SICKNESS] BENEFITS

The Company will pay the benefits shown in the *Schedule of Benefits* for Covered Expenses incurred by [the Insured Person], subject to all applicable conditions and exclusions, for treatment of a Covered Loss.

Benefits will be paid:

- [1. when Covered Expenses incurred exceed any applicable [Policy Aggregate and individual] Deductible [within the number of days from the date of the Covered Loss [Or Emergency Sickness] specified in the *Schedule of Benefits*]; and]
- [2. as long as the first expense has been incurred within the number of days specified in the *Schedule of Benefits*; and]
- [3. until any applicable Benefit Period shown in the *Schedule of Benefits* has expired; and]
- [4. until the total of Covered Expenses paid equals any applicable Benefit Limit or Maximum Benefit shown in the *Schedule of Benefits*; and]
- [5. until Benefits paid equal the Maximum for Accident Medical Expense Benefits shown in the *Schedule of Benefits*.]

COVERED EXPENSES:

(Each of the following Covered Expenses applies on a case-by-case basis at the option of the Policyholder/Subscriber. Each may be included as shown, modified or deleted.)

[In-Patient Hospital Services

Room and Board Expenses

The Company will pay for:

1. confinement in an intensive care unit[, up to the maximum daily benefit shown in the *Schedule of Benefits*] for each day of such confinement;
2. any other confinement, [up to the maximum daily benefit shown in the *Schedule of Benefits*] for each day of the Hospital Stay.
3. [The Company will also pay Covered Expenses incurred for treatment of an Emergency Sickness.]

Miscellaneous Expenses:

The Company will pay the Miscellaneous Expenses charged by a Hospital or ambulatory surgical center for outpatient surgery. Miscellaneous Expenses include, but are not limited to, X-ray, laboratory, [in-hospital physiotherapy,] [nurse services,] [orthopedic appliances,], [pre-admission tests], and all necessary charges other than room and board, for services received during a Hospital Stay. [The Company will also pay Covered Expenses incurred for treatment of an Emergency Sickness.]] [Miscellaneous Expenses also include personal supplies and services, such as barber or beautician services and television when provided during a Hospital Stay.]]

[Ambulatory Medical Center

The Company will pay Covered Expenses incurred for medical or surgical treatment provided in a licensed facility providing ambulatory surgical or medical treatment that is not a Hospital or Physician's office.] . [The Company will also pay Covered Expenses incurred for Ambulatory Medical Center for treatment of an Emergency Sickness.]]

[Emergency Room Treatment

The Company will pay Covered Expenses incurred for outpatient emergency room treatment performed in a Hospital, up to the Maximum Benefit shown in the *Schedule of Benefits*. When emergency room treatment is immediately followed by admission to a Hospital, such treatment will be a Hospital Covered Expense. [The Company will also pay Covered Expenses incurred for emergency room treatment of an Emergency Sickness.]]

[Physician Services

The Company will pay Covered Expenses incurred for Physician Services listed below.

[Surgery –

1. Covered Expenses charged for performing a surgical procedure. Two or more surgical procedures through the same incision will be considered as

one procedure. [However, the Company will pay up to [50%-500%] of the benefit for a surgical procedure when more than one surgical procedure through different operating fields is performed during the same surgical session;] and

- [2. Covered Expenses charged by an assistant surgeon assisting a Physician performing a surgical procedure.]
- [3. Covered Expenses charged for treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including aftercare, which is given in the outpatient department of a Hospital or an ambulatory surgical center.]
- [4. Any braces, splints or other devices required after surgery to ensure proper healing.
- [5. [The Company will also pay Covered Expenses incurred for treatment of an Emergency Sickness.]]]

[Use of Physician's Surgical Facilities – Covered Expenses charged for the use of the Physician's surgical facilities.]

always included when surgical services are included

[Second Opinion or Consultation – Covered Expenses charged by a Physician for a second surgical opinion, or consultation.]

[Physician's Assistant – Covered Expenses charged by a Physician's Assistant for other than pre- or post-operative care, second opinion or consultation:

1. for in-Hospital visits; and
2. for office visits.]

[Anesthesia and its Administration – Covered Expenses charged by a Physician for anesthesia and its administration.]

[In-Hospital or Office Visits – Covered Expenses charged by a Physician for other than pre- or post-operative care, second opinion or consultation:

1. for in-Hospital visits; and
2. for office visits.]]

[Out-Patient [X-Ray, CT Scan, MRI and Laboratory Tests]

The Company will pay Covered Expenses incurred for [X-ray [, except dental X-rays,], CT Scans, MRI's, and laboratory tests] [The Company will also pay Covered Expenses incurred for treatment of an Emergency Sickness.].]

[Out-Patient Physiotherapy

The Company will pay Covered Expenses incurred for out-patient Physiotherapy. Physiotherapy means: [Any of the following may be included: (a) acupuncture; (b) microthermy; (c) chiropractic adjustment; (d) manipulation; (e) diathermy; (f) massage therapy; (g) heat treatment; and (h) ultrasonic treatment].]

[Out-Patient Nursing Services

The Company will pay Covered Expenses incurred for out-patient services rendered by a Nurse.] [The Company will also pay Covered Expenses incurred for treatment of an Emergency Sickness.].]

[Ambulance Services

The Company will pay Covered Expenses incurred for [ground or air; ground] ambulance service to transport [the Insured Person] from the place where the Covered Loss or [or Emergency Sickness]. [The Company will pay Covered Expenses incurred for [ground or air] ambulance transportation from the nearest medical facility to another appropriate medical facility, if a Physician specifies in writing that specialized care not available in the first facility to

which [the Insured Person] was transported is necessary to treat his Covered Loss.]]

[Medical Equipment Rental

The Company will pay Covered Expenses incurred for rental or, if less, purchase of:

1. a wheelchair or hospital bed; or
2. other medical equipment that has permanent or temporary therapeutic value for [the Insured Person] and that can only be used by [the Insured Person]. Permanent or temporary therapeutic value is solely determined by the Company. Examples of items that are not covered include, but are not limited to: computers, motor vehicles and modifications thereof, ramps and installation costs, [eyeglasses and hearing aids].]

[Medical Services and Supplies

The Company will pay Covered Expenses incurred for:

1. blood and blood transfusions, including processing and administration; and
2. cost and administration of oxygen and other gases.

[The Company does not pay for storage of blood for any reason.]]

[Dental Services

The Company will pay Covered Expenses incurred for dental treatment, including X-rays, for injury to a tooth:

1. with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and
2. for which pulpal tissues are healthy and intact; and
3. for which periodontal tissue shows little or no signs of active or chronic inflammation. For insurance review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth.

Covered Expenses include examinations, x-rays, restorative treatment, endodontics, oral surgery, initial braces required for treatment of a Covered Injury and treatment of gingivitis resulting from trauma.

Covered Expenses must be incurred within the Benefit Period shown in the *Schedule of Benefits*. If there is more than one way to treat a dental problem, The Company will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association.]

Will be included when Extended Dental Benefit is offered as an option under an issued policy.

[[An Insured Person] who is insured for Extended Dental Benefits under this Policy will not also be covered for dental benefits under this provision.]

[Prescription Drugs

The Company will pay the Covered Expenses incurred for drugs that: (a) can only be obtained through a Physician's written prescription; and (b) are approved for such prescription use by the Federal Drug Administration (FDA). The Company will also pay Covered Expenses incurred for drugs that meet (a) above and are prescribed by a Physician for therapeutic use not specifically approved by the FDA. [The Covered Expense for a prescription drug is limited to the cost of a generic drug unless: (1) substitution of a generic drug is prohibited by law; or (2) no generic drug is available; or (3) [the Insured Person's] Physician specifically requests that a non-generic drug be dispensed to [the Insured Person]. [The Company will also pay Covered Expenses incurred for treatment of an Emergency Sickness.]]]

[[Eyeglasses, Contact Lenses, Hearing Aids] [Artificial Dental Devices]

The Company will pay Covered Expenses incurred for eyeglasses and contact lenses [or hearing aids] [artificial dental devices] [when purchase and fitting is necessary to treat a Covered Loss and/or repair or replacement, when damaged in a Covered Loss or repair or replacement, for which [the Covered Person] has incurred other Covered Expenses]].

[[Artificial Limbs, Eyes and Larynx]

The Company will pay Covered Expenses incurred for [initial] [artificial limbs, eyes and larynx], including fitting. [The Company does not pay for repair or replacement of [artificial limbs, eyes or larynx.]]]

[Home Health Care]

The Company will pay Covered Expenses incurred for care and treatment rendered to [the Insured Person] by a Home Health Care Agency, for the maximum number of visits, as shown in the *Schedule of Benefits*, for:

1. part-time nursing care by or supervised by a registered graduate nurse;
2. part-time Home Health Aide service which consists of caring for the patient;
3. physical, speech and occupational therapies when indicated in conjunction with [the Insured Person's] discharge placement through a Rehabilitation Facility approved by the attending Physician and by the Company;
4. nutritional counseling;
5. medical social services by a qualified social worker licensed by the jurisdiction in which services are rendered.

Home Health Care services must be preceded by a Minimum Hospital Stay and must begin within the specified number of consecutive days of discharge from a Hospital or Extended Care or Rehabilitation Facility. The Minimum Hospital Stay and the number of days of confinement within which Home Health Care must begin are shown in the *Schedule of Benefits*.]

[Rehabilitation Facility]

The Company will pay Covered Expenses incurred for physical and occupational rehabilitation provided to [the Insured Person]. Treatment must be rendered by a Physician or provided at a Physician's direction, at a Rehabilitation Facility.]

[Extended Care Facility]

The Company will pay Covered Expenses incurred by [the Insured Person] for treatment of a Covered Loss in an Extended Care Facility. Confinement in such Facility must:

1. be preceded by a Minimum Hospital Stay; and
2. begin within the number of consecutive days of a Minimum Hospital Stay, as specified in the *Schedule of Benefits*; and
3. include treatment for which a Physician visits [the Covered Person] at least once every 30 days.]

[Expanded Medical Benefit of Sports Conditions]

The Company will pay Covered Expenses incurred for the treatment of the Sports Conditions shown in the *Schedule of Benefits* if they are aggravated by [the Insured Person's] participation in a [Covered Activity][Covered Hazard].

Termination of Benefit

This benefit will terminate at 12:01 A.M. Standard Time on the day after the team of which [the Insured Person] is a member has played its last game, including post-season tournament play.]

[Heart and Circulatory Conditions] The Company will pay Covered Expenses incurred for the treatment of the Heart and Circulatory Conditions shown in the *Schedule of Benefits* if they occur and are manifested during a **[Covered Activity]****[Covered Hazard]**.

[Termination of Benefits]

This benefit will terminate at 12:01 A.M. Standard Time on the day after the team of which **[the Insured Person]** is a member has played its last game, including post-season tournament play.]]

[Hemorrhoid Benefit] The Company will pay Covered Expenses incurred for the treatment of the Hernia shown in the *Schedule of Benefits* provided such Hemorrhoid is surgically repaired while the Insured Person coverage is in force under this Policy provided the Covered Loss occurs and manifested during a **[Covered Activity]****[Covered Hazard]**

[Hernia Benefit] The Company will pay Covered Expenses incurred for the treatment of the Hernia shown in the *Schedule of Benefits* provided such Hernia is surgically repaired while the Insured Person coverage is in force under this Policy provided the Covered Loss occurs and manifested during a **[Covered Activity]****[Covered Hazard]**.

[Mental and Nervous Disorders]

Hospital Expenses

The Company will pay Covered Expenses incurred for treatment of **[the Insured Person's]** mental and nervous disorder that results directly and independently of all other causes from a Covered Loss, when **[the Insured Person]** is an in-patient in the Hospital. Each out-patient treatment provided in a Hospital will count as one-half day of in-patient treatment for the purpose of determining **[the Insured Person's]** Maximum Number of Days shown in the *Schedule of Benefits*. One-half day will be subtracted from **[the Insured Person's]** Maximum Number of Days for each out-patient treatment.

Physician Expenses

The Company will pay Covered Expenses incurred for the treatment of mental and nervous disorders when treatment is rendered by a Physician. Benefits will be limited to **[one – five]** treatment**[s]** per day.]

[HMO/PPO Denial Benefit] The Company will pay Covered Expenses incurred, up to the maximum shown in the Schedule of Benefits, when benefits are denied or reduced by an HMO or PPO plan because services provided to treat an Covered Loss were:

1. rendered by an Non-Preferred Provider;
2. or received outside of the network's service area.

If benefits are reduced rather than denied by an HMO or PPO for the reasons described above, the Company will pay an amount equal to the Covered Expense incurred less the amount paid by the HMO or PPO.]

[Pre-Existing Injury Benefit] The Company will pay Covered Expenses incurred, up to the maximum shown in the Schedule of Benefits, for the treatment of an Aggravation or re-injury of a Pre-existing Injury.

[Definitions] For purposes of this Benefit:

[Emergency Sickness] means an illness or disease diagnosed by a Physician which:

1. causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in serious deterioration of [the Insured Person's] health or place his life in jeopardy; and
2. first manifests itself suddenly and unexpectedly while [the Insured Person] is participating in a [Covered Activity.][Covered Hazard]

[HMO – Health Maintenance Organization means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider of service.]

[PPO – Preferred Provider Organization means an organization offering health care services through designated health care providers who agree to perform these services at rates lower than Non-Preferred Providers.]

[Non-Preferred Provider means any Hospital, Physician, or other provider of health care services which is not a member of an HMO or PPO plan.]]

[LIMITATIONS AND] EXCLUDED EXPENSES

Each of the following Limitations and Excluded Expenses will be included, or will be deleted at the option of the Policyholder/Subscriber and numbers of the Excluded Expenses will be adjusted accordingly.

[Limitation For Motor Vehicle Accidents

Benefits will be paid for Covered Expenses incurred for treatment of Covered Injuries that result directly and independently of all other causes from a Covered Loss that occurred while [the Insured Person] was riding in or driving a Motor Vehicle. Benefits will not exceed the Benefit Limit shown in the *Schedule of Benefits*.]

[Limitation for Treatment of Spine

Benefits will be paid for Covered Expenses incurred for treatment of the spine, by manual or mechanical means, up to the Benefit Limit shown in the *Schedule of Benefits*. This limitation will not apply to surgical treatment which is performed under general anesthesia.]

[Limitation for Burn Treatment

Benefits will be paid for Covered Expenses incurred for treatment of burns, up to the Benefit Limit shown in the *Schedule of Benefits*. If [the Insured Person] suffers third degree burns in addition to second degree burns, the Benefit Limit shown for third degree burns will apply for all burns suffered in the same Covered Loss.]

(Will be included when the School also provides noncontributory student accident insurance)

[Limitation for Contributory School and/or Sports Coverage

If benefits are payable for any Covered Loss under this Policy and under another blanket accident insurance policy issued by the Company for which [the School, Policyholder, Subscriber] pays the entire premium:

1. benefits will be payable first under that policy; and
2. the total of benefits payable under both policies will not exceed the maximum benefit amount in the policy that provides the greater maximum.]]

[Pre existing condition

means an illness, disease, injury or other condition of the [Insured Person] that in the [2, 6, 12, 18, 24, 36] month period before the [Insured Persons] coverage became effective under the Policy:

1. Was treated by a Physician or treatment had been recommended by a Physician.
2. Required taking prescribed drugs or medicines, or
3. [first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinarily prudent person to seek diagnosis.]]

Excluded Expenses

The following will not be considered Covered Expenses unless coverage is specifically provided.

- [1. [Blood, blood plasma,] [or blood storage,] except expenses by a Hospital for processing or administration of blood.]
- [2. Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Loss.]
- [3. Any elective or routine treatment, surgery, health treatment, or examination[, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States].]
- [4. [Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices].]
- [5. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.]
- [6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.]
- [7. Rest cures or custodial care.]
- [8. Repair or replacement of existing [dentures, partial dentures, braces or bridgework].]
- [9. Personal services such as television and telephone or transportation.]
- [10. Orthopedic appliances used mainly to protect an Injury so that [the Covered Person] can take part in [interscholastic, intercollegiate and club sports].]
- [11. Expenses payable by any automobile insurance policy without regard to fault.]
- [12. Services or treatment provided by an infirmary operated by [the Policyholder; Subscriber].]
- [13. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.]
- [14. Treatment of HIV/AIDS, meaning Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome or AIDS Related Complex (ARC) regardless of the means by which it was acquired.]
- [15. Treatment or service provided by a private duty nurse.]
- [16. Repair or replacement of existing [artificial limbs, eyes and larynx].]
- [17. Treatment of Hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed.]
- [18. Chiropractic treatment [or Physiotherapy].]
- [19. Treatment of an injury resulting from a condition that [the Insured Person] knew existed on the date of a Covered Loss, unless the Company has received a written medical release from his Physician.]
- [20. Charges for any article of clothing intended for use more than once.]
- [21. Treatment of an injury resulting from or contributed to by [frostbite,] [fainting or seizures, or] [heatstroke or heat exhaustion].]

[Other] Exclusions [and Limitations] that apply to this Benefit are in the *Common Exclusions* Section [and *Limitations* Section].]

[In no event will the company's total payments for the [Insured Person] or [Dependent Insured] [list all benefits included in case] exceed the Maximum Benefit Amount for the Accident Medical Expense shown in the Schedule of Benefits.]

[ACCIDENTAL DENTAL CARE AND SURGICAL BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] or [Insured Dependent] suffers a Dental Injury that requires dental treatments including dental surgery.

Definitions For purposes of this benefit:

Dental Injury means an injury or damage to the teeth gingival tissue alveoli or dental prosthesis (while in the mouth of the [Insured Person] [or Insured Dependent] or loss of dental prosthesis while in the mouth of the [Insured Person][or Insured Dependent] which is caused solely by a force external to the mouth of the [Insured Person] [or Insured Dependent]

Exclusions Benefits will not be payable if the recommended safety equipment for protection against a dental injury was not worn by the [Insured Person] [or the Insured Dependent] while participating in any sport or activity in which the wearing of such safety equipment is reasonably required.

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ACCIDENTAL EYE INJURY BENEFIT

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] or [Insured Dependent] suffers an Eye Injury that requires eye treatments.

Eye Injury means an injury that has caused damage to the structures of the eye caused by a Covered Loss. The Covered Injury may involve the globe, eye surface, lids, bone or skin around the eye.

Exclusions [Benefits will not be payable if the recommended safety equipment for protection against an Eye Injury was not worn by the [Insured Person] [or the Insured Dependent] while participating in any sport or activity in which the wearing of such safety equipment is reasonably required.]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ADDITIONAL OCCUPATIONAL BENEFIT

The Company will pay the Benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while [an Insured Person] is on [the Employer's, Policyholder's, Subscriber's] premises and engaged in the course of his job [or on business travel pre-authorized by [the Employer, Subscriber]].

(Optional: if business travel coverage is included)

[Business Travel begins at the actual start of a business trip that has been pre-authorized by [the Employer, Policyholder, Subscriber]; whether the trip starts at [the Insured Person's] home, place of work, or another place. Business Travel Coverage:

1. ends when [the Insured Person] arrives at his home or place of work, whichever happens first; and
2. is not in effect during [the Insured Person's] Personal Deviation.]

Aircraft restrictions. Optional with business travel coverage.

[Business Travel includes riding in, or getting on or off of, an Aircraft, but only if:

1. [the Insured Person] is riding as a passenger only, and not as a pilot or member of the crew; and
2. the Aircraft is not being used for any of the following:
 - a. crop dusting, spraying or seeding;
 - b. fire fighting;
 - c. sky writing;
 - d. sky diving or hang gliding;
 - e. pipeline or power line inspection;
 - f. aerial photography or exploration;
 - g. racing;
 - h. endurance tests, stunt or acrobatic flying;
 - i. any operation which requires a special permit from the FAA, even if it is granted unless the

permit is required only because of the territory flown over or landed on;
j. giving or receiving flying instruction.]]

Exclusions *Optional: may be included with business travel coverage*
[Business travel coverage is not provided during:
1. normal commuting between [the Insured Person's] home and place of work; or
2. [the Insured Person's] Personal Deviation [variable; e.g., in excess of 30 days].]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[AIRCRAFT [OWNED] [LEASED] [OPERATED] [OR] [CONTROLLED] BENEFIT

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that occurs during travel or flight in, including getting in or out of, any Aircraft that is [owned,] [leased, [operated] [or controlled]by [the Policyholder, Subscriber or any of its subsidiaries or affiliates].

A record of eligible Aircraft will be maintained by [the Policyholder, Subscriber, Employer] and provided to us at our request. [An eligible Aircraft leased by [the Policyholder, Subscriber, Employer] includes one of the same types or class specified in the leasing contract between it and [insert name of leasing company].]

[An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction. [An Aircraft controlled by [the Policyholder, Subscriber, Employer] is one available for its use for [10] or more consecutive days or [15] days during any calendar year.]]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[AIRCRAFT PILOT [CREW] [AND] [PASSENGERS] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that occurs while [the Insured Person] is flying as a licensed pilot [or member of the crew] of an Aircraft and meets all of the following requirements:

- [1. Has submitted a completed Pilot Data History form and been accepted for Pilot Coverage by the Company;]
- [2. Maintains the same level of qualification stated on the Pilot Data History form submitted to and approved by the Company;]
- [3. Completes and maintains a combined minimum of [200-400 Scheduled hours] of military, private or professional logged flight hours;]
- [4. Is flying as a pilot [or member of the crew] of an Aircraft traveling on or transacting business for [the Policyholder or Subscriber]. All trips must have been authorized in advance by [the Policyholder, Subscriber];]
- [5. Is flying as a pilot [or member of the crew] of an Aircraft [described below] or [on a list of eligible Aircraft maintained by [the Policyholder, Subscriber];]
- [6. Is flying as a pilot [or member of the crew] of an Aircraft that is [not] [owned,] [leased,] [operated] or [controlled] by [the Policyholder, Subscriber];]
- [7. Is not giving or receiving flight instruction.]

[Description of Aircraft Covered

[[Variable; e.g., will list type of Aircraft, license number and passenger and crew seating capacity: Boeing 727, License # PA12345, passenger seating capacity: 45]]; or

[A record of eligible Aircraft will be maintained by [the Policyholder, Subscriber, and Employer] and provided to us at our request. An eligible Aircraft leased by [the Policyholder, Subscriber, and Employer] includes one of the same types or class specified in the leasing contract between it and [insert name of leasing company].]

An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown,

repair, servicing, loss or destruction. An Aircraft controlled by [the Policyholder, Subscriber, and Employer] is one available for its use for [10] or more consecutive days or [15] days during any calendar year.]]

[Replacement Aircraft Coverage

If any Designated Aircraft in the Policy Condition of Coverage(s) that designate which aircraft are covered]] is replaced with a newly acquired aircraft, the replacement aircraft may also be considered a Designated Aircraft for the purposes of such Condition of Coverage (s) only if the replacement aircraft[: 1)] has a current, valid Airworthiness Certificate in the same class as the replaced aircraft[: and 2) has the same or lesser passenger and crew member seat capacity as the replaced aircraft.]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[ALTERNATIVE COMMUTING BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the [Insured Person] suffers a Covered Loss:

1. while he is using an alternate means of transportation for commuting directly between his home and [the Policyholder's; Subscriber's] premises where he normally works; and
2. when such use is necessitated by discontinuance of service, strike, or major breakdown of one or more public conveyance transportation systems which [the Insured Person] regularly uses in commuting.

Exclusions Benefits will not be payable for Covered Loss that occurs more than [two hours] after [the Insured Person] leaves his home or place of employment, unless it can be conclusively established that:

1. the delay was caused by conditions beyond the [Insured Person's] control; or
2. more time was needed for normal direct commuting.]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[AMBULANCE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] requires ambulance services due to a Covered Loss [or Emergency Sickness].

The ambulance services provided must be for [ground or air] transportation from the scene of the Covered Loss [or, Emergency Sickness, from the place of the Covered Activity] to the nearest Hospital that is able to provide appropriate care, or for transportation to a Hospital within [48 hours] of the Covered Loss [or] [Emergency Sickness].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[AMBULATORY SURGICAL [AND HOSPITAL OUTPATIENT] CENTER BENEFIT

The Company will pay the benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] requires treatment of a Covered Loss [or Emergency Sickness] in an Ambulatory Surgical Center [or Hospital Outpatient Center].

[Definitions For purposes of this benefit:

Ambulatory Surgical Center means a facility, licensed as such, that provides Outpatient surgical services. It does not include a Hospital, Physician's or dentist's office, a clinic, or any other such location.

Hospital Outpatient Center means a facility, licensed as such, that provides Outpatient surgical services. It does not include a Hospital, Physician's or dentist's office, a clinic, or any other such location.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ASSIMILATION EXPENSE BENEFIT

The Company will pay the Benefit Amounts shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, while [the Insured Person] is receiving [Total Disability or Catastrophic Cash Benefits] and his [Total Disability or Catastrophic Loss] from a Covered Loss.

Assimilation Expense Benefits will be payable for:

1. [the Insured Person's] participation in an Assimilation Program necessitated by a Covered Loss to the spinal cord, nervous system or by a closed head injury sustained in a Accident; and
2. Travel Expenses when [the Insured Person] and Immediate Family Members, up to the number shown in the *Schedule of Benefits*, travel to and from the location at which [the Covered Person] is a participant in an Assimilation Program.

Commencement of Benefit Participation in an Assimilation Program must be prescribed by a Physician and begin within the time period specified in the *Schedule of Benefits*.

Payment of Benefits Benefits will be paid directly to:

1. the facility providing the Assimilation Program as payments are due, and after [the Insured Person's] participation has begun; and
2. the persons who incur expenses for travel, provided proof of the expense is submitted to the Company.

Termination of Benefit Payments Payment of benefits will end on the earliest of:

1. the date [the Insured Person] completes the Assimilation Program;
2. the date [the Insured Person] is no longer Totally Disabled;]
3. the date [the Insured Person] is no longer receiving [Total Disability or Catastrophic Cash] benefits;
4. the date [the Covered Person] dies; and
5. the date any maximum benefit limit shown on the *Schedule of Benefits* is reached.

Definitions For purposes of this Benefit:

Assimilation Program means a specialized, intensive rehabilitation program at an accredited medical facility specializing in research, surgery and training of persons with spinal cord, nervous system or closed head injuries.

Family Travel means travel by an Immediate Family Member's Private Passenger Automobile, regularly scheduled commercial airline, train or bus. Expenses for family travel include mileage and tolls, general coach fares, and reasonable costs of lodging, meals and car rental for [the Insured Person's] Immediate Family Members.

Exclusions Exclusions [and Limitations] that apply to this Benefit are specified in the *Common Exclusions* Section [and *Limitations* Section].]

[BEREAVEMENT COUNSELING BENEFIT [SPORT COVERAGE]

The Company will pay the Benefit Amount for counseling sessions, up to the Maximum Benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person] requires bereavement counseling because another [Insured Person's] Loss of Life [Covered Loss] that occurred during a [Covered Activity][Covered Hazard]. Such counseling must meet all of the following conditions:

1. covered bereavement counseling expenses must be incurred within [one year] from the date of the Covered Loss causing another [Insured Person's] death;
2. the expense is charged for bereavement counseling sessions for [the Insured Person];
3. [the Insured Person] is a member of the same sports team and was participating in the same [Covered Activity][Covered Hazard] and at the same time as [the Insured Person] who lost his life;
4. counseling is provided under the care, supervision or order of a Physician;
5. a charge would have been made if no insurance existed.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BEREAVEMENT AND TRAUMA COUNSELING BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits* for counseling sessions, subject to all applicable conditions and exclusions, when the [Insured Person] [and/or Immediate Family Member or Fellow Participant] requires bereavement and trauma counseling because of a Covered Death or Covered Loss under this policy. Such counseling must meet all of the following conditions:

1. covered bereavement and trauma counseling expenses must be incurred within [one year] from [the date of the Covered Loss causing the Covered Loss];
2. the expense is charged for a bereavement or trauma counseling session for the [Insured Person][and/or one or more of his Immediate Family Members or Fellow Participants];
3. counseling is provided under the care, supervision or order of a Physician;
4. a charge would have been made if no insurance existed.

[Definitions For purposes of this benefit:

Fellow Participant means [a Insured Person], other than [the Insured Person] who suffered a Covered Loss, who was present at or participating in the same Covered Activity and as a result suffered trauma requiring counseling treatment.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BLOOD/PLASMA/PLATELETS BENEFIT

The Company will pay the Benefit Amount shown *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [or Insured Dependent] suffers a Covered Loss that requires blood/plasma and/or platelets treatment .**This benefit does not pay for immunoglobulin**

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION BENEFIT

The Company will pay the Benefit Amount shown *Schedule of Benefits* if [the Insured Person] suffers a Covered Loss and all of the following conditions are met:

1. [the Insured Person] is on [the Policyholder's, Subscriber's] premises when the Covered Loss occurs;
2. the Covered Loss is caused by or results from a Bomb Scare, Search or Explosion, as defined below;
3. [the Insured Person] is an authorized participant of a team or squad engaged in a Bomb Search or related activity;
4. [the Policyholder, Subscriber] authorizes [the Insured Person's] participation and sanctions the Search.

[Definitions For purposes of this benefit:

Bomb means any real or dummy explosive device placed with intent to damage, scare, or cause injury.

Scare means any real or false report of a Bomb on the premises of [the Policyholder, Subscriber].

Search means any organized search for a reported Bomb.

Explosion means any detonation of a Bomb on [the Policyholder's, Subscriber's] premise which appears to have been intended to cause injury or unlawful property damage, whether or not the presence of the Bomb was reported before detonation. [It does not include any act of declared or undeclared war in the United States of America or Canada, or acceptance of known explosives as cargo.]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BONUS BENEFIT

The Company will pay the [additional] benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss [Optional: include for stand-alone benefit - specified in the *Schedule of Accidental Death and Dismemberment Benefits*] [and that occurs while traveling on official business for the ABC Association].

(Optional: include for stand-alone benefit)

[If the [Insured Person] sustains more than one Covered Loss as a result of the same Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable.] [If the Covered Loss results in death, benefits will only be paid under the Accidental Death life benefit provision. [Any Accidental Death benefit will be reduced by any paid or payable Accidental Dismemberment benefit.] [However, if such Accidental Dismemberment benefit equals or exceeds the Accidental Death benefit, no additional benefit will be paid.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

The Company will pay the benefits as shown in the *Schedule of Benefits*.

[BRAIN DAMAGE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [or Insured Dependent] suffers a Covered Loss that results in Brain Damage. The benefit will be payable if all of the following conditions are met:

1. Brain Damage begins within [30 to 120 days] from the date of the Covered Loss;
2. [the Insured Person] is hospitalized for treatment of Brain Damage at least [seven days] within the first [variable; e.g., any time frame from 30 to 120 days] following the Covered Loss;
3. Brain Damage continues for [12 consecutive months];
4. a Physician determines that as a result of Brain Damage, [the Insured Person][or Insured Dependent] is permanently Totally Disabled at the end of the [12 consecutive month] period.

The benefit will be paid in one lump sum at the beginning of the [13th month] following the date of the Covered Loss if Brain Damage continues longer than [12 consecutive months]. [variable; e.g., The amount payable will not exceed the Accidental Death and Dismemberment Principal Sum for the [Insured Person] whose Covered Loss is the basis of the claim.] [variable; e.g., The Brain Damage Benefit plus other benefits payable as the result of the same Covered Loss will not exceed the Accidental Death and Dismemberment Principal Sum for which [the Insured Person] was insured on the date of the Covered Loss.]

Definitions For purposes of this benefit:

Brain Damage means physical damage to the brain that results directly and independently of all other causes from a Covered Injury and causes [the Insured Person] to be permanently Totally Disabled.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BRAIN [DAMAGE] [INJURY] ACTIVITIES OF DAILY LIVING BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [Insured dependent] suffers a Covered Loss that results in Brain Damage. The benefit will be payable if all of the following conditions are met:

1. Brain Damage begins within [30 to 120 days] from the date of the Covered Loss;
2. [the Insured Person] is hospitalized for treatment of Brain Damage at least [seven days] within the first [variable; e.g., any time frame from 30 to 120 days] following the Covered Loss;
3. the insured is unable to perform [1-6] of the 6 Activities of Daily Living.

The benefit will be paid in one lump sum at the beginning following the date of the Covered Loss. [variable; e.g., The amount payable will not exceed the Accidental Death and Dismemberment Principal Sum for [the Insured Person] whose Covered Loss is the basis of the claim.] [variable; e.g., The Brain Damage Benefit plus other benefits payable as the result of the same Covered Loss will not exceed the Accidental Death and Dismemberment Principal Sum for which [the Insured Person] was insured on the date of the Covered Loss.]

Definitions For purposes of this benefit:

Brain Damage means physical damage to the brain that results directly and independently of all other causes from a Covered Injury and causes [the Insured Person] to be permanently Totally Disabled.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BRAIN DEATH BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [or Insured Dependent], is determined by a Physician to be brain dead, from a Covered Loss. [The Company will pay the additional benefit amount shown in the *Schedule of Benefits*.]

Brain Death means the irreversible unconsciousness with the total loss of brain function; and a complete absence of electrical activity of the brain, although the heart is still beating.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BULLETPROOF VEST BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [who is Age 18 or older] is on official duty for [the Policyholder, Subscriber] and is shot while wearing a Bulletproof Vest and:

1. The Bulletproof Vest fails to prevent the bullet's penetration through the vest; and
2. Such penetration results, directly and independently of all other causes, in [a Covered Loss Death, Covered Injury].

Definitions For purposes of this benefit:

Bulletproof Vest means a protective vest designated as [Threat Level II-A, Threat Level II or Threat Level III-A] [manufactured by a vendor designated by [the Policyholder, Subscriber]] and purchased not more than [five years] before the Covered Injury [Covered Loss].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BURIAL AND CREMATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, for burial or cremation of [the Insured Person] who dies from a Covered Injury and an Accidental Death Benefit is payable under this Policy.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CAMP CANCELLATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions. If the Insured Camper is Prevented From Attending Camp due to a 1) Camper's Injury, Camper's Emergency Sickness or Camper's Death or, 2) Catastrophic Injury, Emergency Sickness or Death of the Camper's Immediate Family Member; or 3) relocation of the camper's primary place of residence if:

1. relocation is due to a transfer of the Camper's parent or guardian, which is required by the employer of the Camper's parent or guardian, not known at the time of camp booking and the

- employer requiring relocation is the same employer as on the effective date of the Camper's coverage.
2. the relocation is to an area more than [50-100] miles from the Camper's current place of primary residence; and provided the Camper does not receive notice of the relocation prior to the effective date of coverage and that occurs prior to the Camp session.

The amount of the benefit will be equal to the portion of the pre paid tuition, paid by or for the Camper for the Camp Session, that is not refundable by the Camp, pursuant to the camp's written guidelines and policies. The Benefit Amount will not exceed that amount shown on the *Schedule of Benefits*.

[Definitions For purposes of this benefit:

Camp means the camp the Camper has enrolled in and is scheduled to attend or is currently attending.

Camper means a person (1) who is enrolled in Camp for a specified Camp Session provided he or she enrolls in the plan during the [30-90] day period immediately following the date of the initial deposit is paid for the Camp Session; (2) for whom premium for the insurance has been paid; and (3) while covered under the Policy.

Camp Session means the consecutive period of time for which the Camper has enrolled specified on the camp application and for which the insurance premium has been paid.

Immediate Family Member means a person who is related to the Insured Camper in any of the following ways: spouse, [Eligible Domestic Partner] brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild.)

Prevented from Attending Camp means

1. that with respect to the Injury or Emergency Sickness of the Camper, a Physician has recommended due to the severity of the Camper's condition, it is Medically Necessary that the Camper cancel participation in the Camp. The Camper must be under the direct care and attendance of a Physician.
2. with respect to an Injury or Sickness of the Campers Immediate Family Member, the severity and acuteness of the Immediate Family Members condition or the circumstances are such that the circumstances that an ordinarily prudent person would cancel the camper's participation in the Camp

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CAMP INTERRUPTION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions. If the Insured Camper must Withdraw From Camp due to a 1) Campers Injury, Emergency Sickness, or death or 2) Injury, Emergency Sickness or Death of the Camper's Immediate Family Member; or 3) relocation of the camper's primary place of residence if:

1. relocation is due to a transfer required by the employer of the Camper's parent or guardian if the employer requiring relocation is the same employer as on the effective of the Camper's coverage
2. the relocation is to an area more than [50-100] miles from the Camper's current place of primary residence; and provided the Camper does not receive notice of the relocation prior to the effective date of coverage and that occurs prior to the camp session.

The amount of the benefit will be equal to the portion of the pre paid tuition, paid by or for the Camper for the Camp Session that is not refundable by the Camp, pursuant to the camp's written guidelines and policies. The benefit amount will not exceed that amount shown on the *Schedule of Benefits*.

[Definitions] For purposes of this benefit:

Camp means the camp the Camper has enrolled on and is scheduled to attend or is currently attending.

Camper means a person (1) who is attending Camp for a specified Camp Session; (2) for whom premium for the insurance has been paid; and (3) while covered under the Policy.

Camp Session means the consecutive period of time for which the camper has enrolled specified on the camp application and for which the insurance premium has been paid.

Withdraw From Camp means that:

1. with respect to an Injury or Emergency Sickness of the Camper, a Physician has recommended due to the severity of the camper's condition, it is Medically Necessary that the Camper cancel participation in the Camp. The Camper must be under the direct care and attendance of a Physician.
2. with respect to an Injury or Sickness of the Camper's Immediate Family Member, the severity and acuteness of the Immediate Family Members condition or the circumstances are such that the circumstances that an ordinarily prudent person would cancel the Camper's participation in the Camp.

[CARJACKING BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss during a Carjacking of a Private Passenger Automobile that [the Insured Person] was operating, getting into or out of, or riding in as a passenger. Verification of the Carjacking must be made part of an official police report within [24 hours] of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within [24 hours] or as soon as reasonably possible.

Definitions For purposes of this benefit:

Carjacking means a person other than [the Insured Person] taking unlawful possession of a Private Passenger Automobile by means of force or threats against the person(s) then rightfully occupying it.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CATASTROPHIC CASH BENEFIT]

The Company will pay benefits, as shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers [Paralysis,] [Coma], [Brain Death] [the loss of [1-6] of the 6 Activities of Daily Living] [Loss of Use] [or two or more Covered Losses], as described below. [The Insured Person] to whom a Catastrophic Cash benefit is payable will be deemed Totally Disabled. [If [the Insured Person] suffers more than one of these as a result of the same Covered Loss, the largest available benefit will be payable.]

Each of the following will be included at the option of the Policyholder/Subscriber.

The first Catastrophic Cash Benefit, as shown in the *Schedule of Benefits*, becomes payable when [the Insured Person] has met each of the following [one to three conditions][Paralysis,] [Coma], [Brain Death] [the loss of [1-6] of the 6 Activities of Daily Living] [Loss of Use] [or two or more Covered Losses] and remains alive. [Each additional periodic payment becomes payable at the end of the period for which the last payment was made, as long as Paralysis continues and [the Insured Person] remains alive. The amount of each periodic payment and the period for which they are made are shown in the *Schedule of Benefits*. The Company will terminate benefits if Physician certification of Paralysis is not provided when requested.]]

[Coma

means a profound state of unconsciousness from which [the Insured Person] is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Loss, unless the state of unconsciousness results from administration of anesthesia in preparation for surgical treatment of injuries sustained in that Covered Loss.

[The Insured Person's] Coma must:

1. Begin within the period shown in the *Schedule of Benefits*; and
2. Continue for the period shown in the *Schedule of Benefits*; and
3. Be expected, as certified by a Physician, to continue for an indefinite period or end, leaving [the Insured Person] expecting, as certified by a Physician, to remain Totally Disabled for the remainder of his life.

The first Catastrophic Cash Benefit, as shown in the *Schedule of Benefits*, becomes payable when [the Insured Person] has met each of the three conditions specified above and remains alive. [Each additional periodic payment thereafter becomes payable at the end of the period for which the last payment was made, as long as [the Insured Person] remains Comatose or Totally Disabled and alive. The amount of each periodic payment and the period for which they are made are shown in the *Schedule of Benefits*. The Company will terminate benefits if Physician certification of Coma or Total Disability is not provided when requested.]]

[Brain Death

means irreversible unconsciousness with:

1. Total loss of brain function; and
2. Complete absence of electrical activity of the brain, even though the heart is still beating.

Brain Death must:

1. Occur within the period shown in the *Schedule of Benefits*; and
2. Be diagnosed by a Physician.

The first Catastrophic Cash Benefit, as shown in the *Schedule of Benefits*, becomes payable when [the Insured Person] has met both of the conditions specified above and remains alive. [Each additional periodic payment becomes payable at the end of the period for which the last payment was made, as long as Brain Death continues and [the Insured Person] remains alive. The amount of each periodic payment and the period for which they are made are shown in the *Schedule of Benefits*. The Company will terminate benefits if Physician certification of Brain Death is not provided when requested.]]

[Covered Losses:

Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

[Loss of Use of a Hand or Foot means total loss of all ability to move the hand or foot, within [30 to 180 days] of a Covered Loss, that continues for [12 months] and is expected to continue for the remainder of [the Insured Person's] lifetime.]

Loss of Sight means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound [in both ears] which is irrecoverable by natural, surgical or artificial means.

[Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand means complete severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).]

The first Catastrophic Cash Benefit, as shown in the *Schedule of Benefits*, becomes payable on the date [the Insured Person] suffers loss of two or more Covered Losses, and while [the Insured Person] remains alive. [Each additional periodic payment thereafter becomes payable at the end of the period for which the last payment was made, as specified in the *Schedule of Benefits*, as long as [the Insured Person] has not recovered[the use of sight, speech or hearing, and remains alive.] The amount of each periodic payment and the period for which they are made are shown in the *Schedule of Benefits*. The Company will terminate benefits if Physician certification of continuing Loss of Sight, Speech or Hearing Loss, or any other Covered Loss is not provided when requested.]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CATASTROPHIC TOTAL DISABILITY BENEFIT

The Company will pay the Monthly Disability Benefits, as shown in the *Schedule of Benefits*, less any Other Income Benefits, when [the Insured Person] is Totally Disabled or Partially Disabled from a Covered Loss, subject to all applicable conditions and exclusions. The Company will pay Initial Monthly Benefits during the Initial Disability Period. The Company will pay Subsequent Monthly Benefits as shown in the *Schedule of Benefits* during the [first 12 months] of the Subsequent Disability Period. During each [12-month] period after the first Subsequent Disability Period, this Benefit will increase by the Benefit Increase Percentage shown in the *Schedule of Benefits*.

Total Disability Benefits Total Disability Benefits will begin with the month the Company determines [the Insured Person] is Totally Disabled. [The Insured Person's] Total Disability must begin within the time period shown in the *Schedule of Benefits*.

Termination of Total Disability Benefits

Total Disability Benefits will end on the earliest of the date:

1. [The Insured Person] is no longer Totally Disabled;
2. Monthly Disability Benefits have been paid for the Benefit Period shown in the *Schedule of Benefits*;
3. [The Insured Person] fails to provide proof of continuing Total Disability when requested;
4. [The Insured Person] is entitled to and is receiving Partial Disability Benefits;
5. [The Insured Person] dies.

The Company will pay Partial Disability Benefits shown in the *Schedule of Benefits*, without regard to any increase in Total Disability Benefits paid during the Subsequent Benefit Period. Partial Disability Benefits will increase by the Benefit Increase Percentage at the end of each [12-month] period during which Partial Disability Benefits were paid. Partial Monthly Disability Benefits will be reduced by [one-half] of the after-tax monthly compensation [the Insured Person] earns in excess of the Monthly Earnings Maximum shown in the *Schedule of Benefits*.

[Partial Disability Benefits Partial Disability Benefits will be paid to [the Insured Person] who is Partially Disabled following a period of Total Disability for which the Company paid Total Disability Benefits, if:

1. Partial Disability results from the same Covered Loss which caused the immediately preceding period of Total Disability; and
2. [The Insured Person] was receiving benefits for Total Disability immediately prior to the period of Partial Disability.

Resumption of Partial Disability Benefits

[The Insured Person] who recovers from Partial Disability and again becomes Partially Disabled can resume receiving Partial Disability Benefits, subject to the following conditions:

1. [the Insured Person's] Average Gross Monthly Earnings must fall below the Maximum Monthly Earnings for each month in the Earnings Period shown in the *Schedule of Benefits*; and
2. the loss of Average Gross Monthly Earnings must result directly from the same Covered Loss.

Partial Disability Benefits will be payable, during the Benefit Period shown in the *Schedule of Benefits*, for the period that the Partial Disability continues.

Termination of Partial Disability Benefits

Benefits for Partial Disability will end on the earliest of the date:

1. [the Insured Person] is no longer Partially Disabled;
2. Total and Partial Monthly Disability Benefits have been paid for the Benefit Period shown in the *Schedule of Benefits*;
3. [the Insured Person's] Average Gross Monthly Earnings exceeds the Partial Disability Maximum for the Earnings Period;
4. [the Insured Person] fails to provide proof of continuing Partial Disability when requested;
5. [the Insured Person] dies.]

[Other Income Benefits

[The Insured Person] for whom Total or Partial Disability Benefits are payable under this Policy may be eligible for Other Income Benefits. If so, the Company will reduce Monthly Disability Benefits by the amounts of such Other Income Benefits.

Other Income Benefits include:

1. any amounts received or assumed to be received by [the Insured Person] under:
 - a. the Canada and Quebec Pension Plans;
 - b. the Railroad Retirement Act;
 - c. any local, state, provincial or federal government disability or retirement plan or law payable for Injury provided as a result of any employment [the Insured Person] may have;
 - d. any sick leave or salary continuation plan;
 - e. any work loss provision in mandatory No-Fault auto insurance;
 - f. any workers' compensation, occupational disease, unemployment compensation law or similar state or federal law payable for Injury arising out of work with his employer, including all permanent and temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted;
2. any Social Security disability or retirement benefits [the Insured Person] or any third party receives or is assumed to receive on his own behalf;
3. any Retirement Plan benefits funded by [the Insured Person's] employer. Retirement Plan means any defined benefit or defined contribution plan sponsored or funded by [the Insured Person's] employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan;
4. any proceeds payable under any individual, franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, the Company will pay for its pro rata share of the total claim. Pro rata share means the proportion of the total benefit that the amount payable

under one policy, without other insurance, bears to the total benefits under all such policies;

5. any amounts paid because of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.]

[Increases in Other Income Benefits

Any increase in Other Income Benefits during a period of Disability due to a cost of living adjustment will not be considered in calculating [the Insured Person's] Disability Benefits after the first reduction is made for any Other Income Benefits.]

[Assumed Receipt of Benefits

The Company will assume [the Insured Person] is receiving benefits for which he is eligible from sources listed above as Other Income Benefits. The Company will reduce [the Insured Person's] Monthly Disability Benefits by the amounts from Other Income Benefits the Company estimates are payable to [the Insured Person].

The Company will waive Assumed Receipt of Benefits if [the Insured Person]:

1. provides satisfactory proof of application for Other Income Benefits; and
2. signs a reimbursement agreement; and
3. provides satisfactory proof that all appeals for Other Income Benefits have been made unless the Company has determine that further appeals are not likely to succeed; and
4. submits satisfactory proof that Other Income Benefits were denied.

The Company will not assume receipt of any pension or retirement benefits that are actuarially reduced according to applicable law, until [the Insured Person] actually receives them.

The Company may limit the waiver of Assumed Receipt of Benefits at our discretion.]

The Company will reduce Total Disability Benefits by the amount of any Average Gross Monthly Earnings for work [the Insured Person] performs while Totally Disabled. The Company will reduce Partial Disability Benefits by [one-half] of [the Insured Person's] Average Gross Monthly Earnings that exceed the Monthly Earnings Maximum per month.

Definitions For purposes of this Benefit:

Average Gross Monthly Earnings means [the Insured Person's] rate of pay per month as reported by his employer for work performed for the employer. [It does not include commissions, overtime, bonus or additional compensation or pay for more than [the Insured Person's] regular scheduled work week.] Average Gross Monthly Earnings also include self-employment income.

Partial Disability or Partially Disabled means the inability of [the Insured Person] who was engaged in an occupation before he became Totally Disabled, to perform all of the material duties of that occupation and to earn more than the Maximum Monthly Earnings shown in the *Schedule of Benefits*.

Total Disability or Totally Disabled means [the Insured Person] has suffered permanent loss of one or more of:

1. Speech;
2. Hearing in both ears;
3. Sight in both eyes;
4. Use of both arms;
5. Use of both legs;
6. Use of one arm and one leg; or
7. motor or cognitive function resulting from brain stem or other neurological injury; and that permanent loss results in [the Insured Person's] inability to:

- a. perform [1-6] of the 6 Activities of Daily Living including eating, transferring, dressing, toileting, bathing, and continence without human supervision or assistance; or
- b.. perform each and every duty of his occupation during the Initial Benefit Period; or
- c.. perform each and every duty of any business or occupation for which he is reasonably fitted by education, training or experience, during the subsequent Benefit Period.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CHILD ABDUCTION BENEFIT

The Company will pay the Benefit Amount, as shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person][or] Dependent Child] is abducted. The Company will reimburse the [Insured Person][or] Dependent Child] for covered expenses below:

1. [up to the Child Abduction Medical Expense Benefit Amount[after the satisfaction of any deductible,]shown on the Schedule Page , if The [Insured Person's] Dependent Child requires Medical Services for an Covered Loss as a result of a Child Abduction;]
2. [up to the Child abduction Psychological Therapy Benefit Amount as a result of a Child Abduction;]
3. [up to the Child Abduction Lost Salary Benefit Amount shown in the Schedule of Benefits:]]]

[Definitions For purposes of this benefit:

Abduction means the wrongful taking, false imprisonment, or wrongful detention of the [Insured Person's] [Insured] [Dependent Child] who is under the age of [eighteen (18)] by a non-family member. The Abduction must occur while the Policy is in force and must be confirmed in writing by a police report.

[Loss of Salary means the Insured Person's regular wages that are forfeited due to the [Insured Person's] absence from work during the [10-120] days immediately following the Child Abduction. Regular wages does not include overtime or incentive payments.]

[Psychological Therapy expense means the charges incurred for a Psychological Therapy.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CHILD [REN 'S] ADDITIONAL INDEMNITY [DISMEMBERMENT] [PARALYSIS] [LOSS OF USE] BENFIT

The Company will pay Benefit Amount, as shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an Insured Dependent Child suffers an accidental dismemberment[or an accidental[paralysis][loss of use]] for which an Accidental Dismemberment benefit[or a[Paralysis][Loss of Use] benefit is payable under this policy]. The Company will pay this additional benefit to or on behalf of an Insured Dependent Child.

[It is payable with respect to the one Benefit specified above which provides the larger benefit for all Injuries suffered by the Insured Dependent Child in the same Accident.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CHILD CARE CENTER BENEFIT

The Company will pay Benefit Amount shown in the *Schedule of Benefits* for the care of each surviving Dependent Child in a Child Care Center [after school program or summer camp] if an Accidental Death Benefit [for the [the Insured Person] [Insured Spouse] is payable under this Policy] and he or she is survived by one or more Dependent Children under Age [13]; who

- [1. was enrolled in a Child Care Center on the date of the Covered Loss; or]
- [2. enrolls in a Child Care Center within [variable; e.g., 30 to 730 days] from the date of the Covered Loss].

This benefit will be payable to the Surviving Spouse if the Spouse has custody of the child. If the Surviving Spouse does not have custody of the Dependent Child, benefits will be paid to the Dependent Child's legally

appointed guardian. Payments will be made at the end of each [12 month] period that begins after the date of [the Insured Person's] death. A claim must be submitted to the Company at the end of each [12 month] period [Optional; e.g., with proof of enrollment and attendance]. A [12 month] period begins:

1. when the Dependent Child enters a Child Care Center for the first time, within the period specified in 2. above, after [the Insured Person's] death; or]
2. on the first of the month following [the Insured Person's] death, if the Dependent Child was enrolled in a Child Care Center before [the Insured Person's] death.

Each succeeding [12-month] period begins on the day immediately following the last day of the preceding period. Pro rata payments will be made for periods of enrollment in a Child Care Center of less than 12 months.

[If there is no surviving Dependent Child at the time of [the Insured Person's] Covered Death, the Default Benefit shown in the *Schedule of Benefits* will be paid to [the Insured Person's] beneficiary.]

Definitions For purposes of this benefit:

Child Care Center is a facility which:

1. is licensed and run according to laws and regulations applicable to child care facilities; and
2. provides care and supervision for children in a group setting on a regular, daily basis including After School Program and Summer Camp Programs

A Child Care Center does not include any of the following:

1. a Hospital;
2. the child's home;
3. care provided during normal school hours while a child is attending grades one through twelve.

[**Surviving Spouse** will include [the Insured Person] and Insured Spouse.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CHILD SURVIVOR BENEFIT

The Company will pay the Benet Amount shown in the *Schedule of Benefits*, subject to all applicable condition and exclusions, if an Accidental Death Benefit [for the [the Insured Person] [Employee] [Member's], [Spouse] [or had Family Coverage] is payable under this Policy] is survived by a covered Dependent Child.

If the Dependent Child was under the age of majority at the time of [the Insured Person, Employee's, Member's, Spouse's] death, a Child Survivor Benefit, plus interest, will be paid in one lump sum to each surviving covered Dependent Child when he attains the age of majority. Interest will be compounded annually at a rate equal to the arithmetic average of the 52-week U.S. Treasury notes as published by a financial authority designated by the Company. If the covered Dependent Child dies before this benefit is payable to him, this benefit will then be payable to the Dependent Child's estate.

If a surviving covered Dependent Child is the age of majority or over at the time of [the Insured Person Employee's, Member's, Spouse's] death, the benefit will be payable in one lump sum when the Company receives the claim. If there are no surviving Dependent Child at the time of [the Insured Person, Employee's, Member's, Spouse's] Accidental Death, a default benefit shown in the *Schedule of Benefits* will be paid to [the Insured Dependent, Employee's, Member's, and Spouse's] beneficiary.

Benefits will not be paid if a claim is submitted to the Company more than one year after:

1. [The Insured Person, Employee's, Member's, Spouse's] death, or if earlier;
2. The child is no longer a Dependent Child, if he was under the age of majority at the time of [the covered Employee's, Member's, Spouse's] death.

Definitions For purposes of this benefit:

[Family Coverage] means coverage in force under the Policy on an Insured's Eligible Dependents: 1) whom the Insured has elected to cover under the Policy; and (2) for whom premium has been paid.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[[COBRA] [MEDICAL] [DENTAL] [VISION] INSURANCE CONTINUATION EXPENSE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if a surviving Spouse [or surviving Eligible Domestic Partner] [or a surviving Dependent Child] elects to continue group medical [and/or dental] [and vision insurance] provided by [the Employer] of [the Insured Person] who died and benefits were payable under this Policy, subject to all applicable conditions and exclusions if each of the following conditions is satisfied:

1. [the Insured Person's] death results directly and independently of all other causes from a Covered Loss;
2. [the Insured Person] is survived by a Spouse [or surviving Eligible Domestic Partner] [or Dependent Child;]]
3. a Spouse [or surviving Eligible Domestic Partner][or Dependent Child]is also covered under a medical [or dental] [or vision] plan sponsored by [the Insured Person's Employer] at the time of his death;
4. [a Spouse [or surviving Eligible Domestic Partner] [or Dependent Child] notifies the Company of his election, within [60 days] of [the Insured Person's] death, to continue his existing coverage under group insurance plans sponsored by [the Employer, the Subscriber] as permitted by state or federal continuation law.

This benefit, payable annually, equals premiums required to continue insurance described above, as long as the total of Insurance Continuation Benefits paid for a surviving Spouse [or surviving Eligible Domestic Partner] [and Dependent Children] does not exceed the Benefit Amount shown in the *Schedule of Benefits*. The benefit will be paid at the end of each year during which medical [and/or dental][and/or Vision] insurance is continued, if the Company receives the request for reimbursement and proof of premiums paid during that year. Benefits will continue to be paid until the earliest of the following dates:

1. the date a surviving Spouse [or surviving Eligible Domestic Partner][or surviving Dependent Child]is no longer eligible to continue medical [and/or dental] insurance coverage;
2. the date Insurance Continuation Expense Benefits paid total Benefit Amount shown in the *Schedule of Benefits*; and
3. the end of the Maximum Benefit Period.

Benefits are payable to [the surviving Spouse [or surviving Eligible Domestic Partner]], or the person who actually paid the premium on [the surviving Spouse [or surviving Eligible Domestic Partner]'s] behalf, if other than [the surviving Spouse [or surviving Eligible Domestic Partner]].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[COLLEGE EDUCATION EXPENSE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, for [the Insured Person] to complete his degree or course of study at the School he was attending, or in which he was enrolled to attend, at the time of the Covered Loss that resulted in his Total Disability. [The Insured Person] must be receiving [Total Disability or Catastrophic Cash] Benefits provided by this Policy and must resume study within [1- five years] of the date of the Covered Loss and while he continues to receive Total Disability Benefits.

College Education Expenses College Education Expenses include expenses incurred for tuition, student fees, books and on-campus or off-campus room and board. If [the Covered Person] does not reside on-campus, the Company will pay an amount based on the lesser of the actual room and board cost and typical on-campus room and board rates. Tuition, student fees, books and on-campus room and board amounts will be obtained from the School's financial aid office. Benefits paid will be reduced by any scholarship or other financial aid [the Insured Person] receives.

Payment of Benefits Benefits will be paid directly to the School or other provider as payment is due.

Termination of Payments Payments will terminate on the earliest of:

1. the date [the Insured Person] completes the requirements for any degree or certificate of completion for a course of study; and
2. the end of the Benefit Period shown in the *Schedule of Benefits*; and
3. the date [the Insured Person] is no longer Totally Disabled; and
4. the date [the Insured Person] is no longer receiving Total Disability or Catastrophic Cash benefits; and
5. the date [the Insured Person] dies; and
6. the date any maximum benefit limit shown in the *Schedule of Benefits* is reached.

Exclusions

Benefits will not be payable for any cost incurred by any [Insured Person] for modification or alteration of special accommodations necessitated by the Total Disability.

[COMA BENEFIT

The Company will pay the Coma Benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [or Insured Dependent] becomes Comatose [as a result of an Emergency Sickness or if] or suffers an Covered Loss [or Emergency Sickness] that results in Coma, [within the applicable time period specified in the *Schedule of Benefits*]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[COMMON CARRIER [PUBLIC CONVEYANCE] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs while [Insured Person] is riding as a fare-paying passenger in, entering or exiting the Common Carrier.

[Benefits will be payable for a covered loss that occurs as a result of the [Insured Person] [or Insured Dependent] being struck by any [Aircraft while at the airport before or after arrival of a flight that would have been covered [[train while at a train station before or after the arrival a train that would have been covered]] a bus while at a bus depot before or after the arrival of a bus that would have been covered]]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[COMMUTING BENEFIT

The Company will pay the benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] sustains a Covered Loss while commuting directly to and from [the Insured Person's] home and the premises where he normally works.

Exclusions This benefit will not be payable for Covered Loss that happens more than [variable; e.g., two hours] after [the covered Employee, Member] leaves his home or place of work unless it can definitely be shown that:

1. The delay was caused by conditions beyond the control of [the Insured Person]; or
2. More time was needed for normal direct commuting.

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[COMMON [ACCIDENT] [DISASTER] BENEFIT

The Company will pay the benefit amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] and [his or her Insured Spouse] [Eligible Domestic Partner] both suffer accidental death in the same accident [within [30-180] days of the accident] [or from separate accidents occurring within a 24 hour period] such that an Accidental Death benefit is payable under the Policy for both persons.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

CRISIS DEATH BENEFIT

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person's] death results [within the applicable time period specified in the *Schedule of Benefits*], from another person's use of a gun or a knife to commit an act of violence while insurance under this Policy is in effect. Such an act of violence must occur

1. on School premises during Normal School Hours] [; or
2. during a Covered Activity][Covered Hazard]].or
1. while [the Insured Person] is on the Employer's premises]; [and
2. while [the Insured Person] is performing normal duties of his job during regularly-scheduled work hours].

[The Maximum Benefit Amount shown in the *Schedule of Benefits* will be divided equally among all [Insured Persons] if the benefit payable for each [Insured Person] multiplied by the number of benefits payable for any one Covered Loss would exceed that Maximum.]

[Definitions For purposes of this benefit:

[Normal School Hours means a scheduled period of instruction beginning one half hour before the first scheduled period of instruction of the day begins and ending one half hour after the last scheduled period of instruction of the day ends. If [the Insured Person] is serving a detention after Normal School Hours, the period is extended until one half hour after the end of the period of detention for that day.]

Exclusions

[Benefits will not be payable if:

1. the act of violence occurs while [the Insured Person] is traveling to and from [School, or to and from a Covered Activity] or
1. the act of violence occurs while [the Insured Person] is traveling to and from his regular place of employment]; or]
2. the act of violence is committed by as Immediate Family Member parent or sibling] [; or]
3. [the Insured Person] produces or obtains a gun or a knife during the incident and is killed, whether or not the Insured Person is acting in self defense].]

[Other] exclusions that apply to this benefit are in the *Common Exclusions Section*.]

[DEFERRED TREATMENT EXPENSE BENEFITS

The Company will pay the Benefit Amounts shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, for Covered Expenses [the Insured Person] incurs, up to the applicable Deferred Treatment Maximum shown in the *Schedule of Benefits*, for treatment of a Covered Loss.

Deferred Treatment Expenses are Covered Expenses that are:

1. incurred after the end of the Benefit Period applicable to the Covered Loss requiring treatment but before the end of any applicable Deferred Treatment Benefit Period; and
2. would have been Covered Expenses had they been incurred during the applicable Benefit Period; and
3. not in excess of the Maximum for *Accident Medical Expense Benefits* or the applicable Deferred Treatment Maximum; and
4. submitted as a claim within [30 to 180 days] of the end of the applicable Benefit Period, with a Physician's statement that treatment cannot be completed by the end of that Benefit Period, and with an estimate of cost and duration.

[Deferred Dental Expenses are Covered Expenses incurred for treatment, including X-rays, to repair injury to a tooth (1) with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and (2) for which pulpal tissues are healthy and intact; and (3) for which periodontal tissue shows little or no signs of active or chronic inflammation; or to the supporting structures of the teeth of [the Covered Person]. If there is more than one way to treat a dental problem, the Company will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association.]

[Deferred Surgical Expenses are Covered Expenses incurred for surgery to remove pins, screws or other surgically implanted devices used to repair damaged body parts or broken bones or joints.]

[Deferred Expenses for Disfigurement are Covered Expenses incurred for treatment to repair spoiled or deformed appearance that can be corrected by means of reconstructive or cosmetic surgery.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[DIAGNOSIS X RAY AND LABORTORY BENEFIT

The Company will pay the Benefit Amount shown in the Schedule of Insurance, subject to all conditions and exclusions, if an **[Insured Person]** **[or Insured Dependent]** suffers a Covered Loss **[or Emergency Sickness]** that requires him or her to visit a Physician's office or other Outpatient setting, except an emergency room, and undergo diagnostic x-ray and laboratory tests. **[No benefits are payable for routine examinations or for any diagnostic x-ray and laboratory tests for which a benefit is payable elsewhere under the Policy, or for allergy testing.]]**

The diagnostic x-ray and laboratory tests must be ordered by or performed by a Physician and be required for the care and treatment of the Covered Loss **[or Emergency Sickness]**.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[DISLOCATION] [AND FRACTURE] BENEFIT

[Dislocations Benefits: The Company will pay the Benefits Amount shown in the *Schedule of Benefits* if an **[Insured Person]** **[Insured Dependent]** suffers an Covered Loss that results in one of the Dislocations specified in the *Schedule of Benefits* and that Dislocation requires Reduction **[under anesthesia]**, **[within the applicable time period specified in the *Schedule of Benefits*.]]**

[Only one Dislocation benefit is payable for each Dislocation benefit listed in the Schedule of Benefits during an [Insured Person's] lifetime.]

[Fractures Benefits: The Company will pay the Benefit Amount shown in the Schedule If an **[Insured Person]****[Insured Dependent]** suffers a Covered Loss that results in one of the Fractures shown in the *Schedule of Benefits*.]]

[Only one Fracture benefit is payable for each Fracture listed in the Schedule of Benefits during the Insured Person's lifetime.]

[Special Conditions Relating to Osteoporosis or Pathological Fractures.

If an Insured Person's claim is payable for a Dislocation or a Fracture, and either Osteoporosis or bone disease is first diagnosed at the time of such claim or first diagnosed prior to the claim but after the **[Insured Person's]** **[Effective Date]**, the Company will pay the benefit for that claim. **[However, no further benefits will be payable for that Insured Person and coverage under the Policy will be terminated for that Insured Person.]**

[Maximum Dislocations/Fractures Benefit

The maximum Dislocations/Fractures Benefit payable for any one Accident is shown in the *Schedule of Benefits* and applies regardless of the number **[of dislocation or fractures caused by that Covered Loss]**.

[Definitions For purposes of this benefit:

[Coccyx means four fused vertebrae at the bottom of the spine.]

[Fracture means a break or rupture in the continuity of the bone or cartilage and includes, but is not limited to: complete fractures; compound fractures; compression fractures; depressed fractures; open fractures; simple fractures.]

[Hairline Fracture] means a break that appears as a narrow crack along the surface of the bone.]

[Osteoporosis] means the thinning of bone with reduction in bone mass due to depletion of calcium and bone protein.]

[Pathological Fracture] means any Fracture in an area where an earlier disease has caused weakening of the bone.]

[Reduction] means restoration to a normal position, of a dislocated bone or joint.]

Exclusions In addition to the Exclusions in the Exclusions section, the Dislocations and the Fractures benefits are not payable for:

1. an Injury resulting in a Dislocation or Fracture if Osteoporosis or Pathological Fracture was diagnosed prior to the Insured Person's Effective Date of Coverage.
2. [Hairline Fractures.]

[Other] Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[DOMESTIC ASSISTANCE BENEFIT]

The Company will pay the Benefit Amount, up to maximum number weeks ,shown in the *Schedule of Benefits*, subject to all conditions and exclusions, if an [Insured Person] [or Insured Dependent] suffers a Covered Loss that results in the [Loss of a Hand or Foot Limbs (one or more)] [or the Loss of Sight][or Total Disability], the Company will indemnify the [Insured Person] for reasonable expenses necessarily incurred in employing a bona fide domestic services company for domestic assistance provided to the[Insured Person] at their residence.]

[Definitions] For purposes of this benefit:

[Loss of a Hand or Foot] means complete severance through or above the wrist or ankle joint.

[Loss of Sight] means the total, permanent loss of sight of one eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ELDER SURVIVOR BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, If an [Insured Person] [Insured Spouse]suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay a benefit to or on behalf of any Elder Dependent of the [Insured Person][Insured Spouse] on the date of the accident causing the [Insured Person's] death and on the date of the [Insured Person's] death if such Elder Dependent survives after the date of the [Insured Person] death.

[Definitions] For purposes of this benefit:

[Elder Dependent] - means the Insured's parent, parent-in-law, grandparent, grandparent-in-law, great-grandparent or great-grandparent-in-law (whether natural, step or adoptive), if that person is primarily dependent on the Insured for support and maintenance.])

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[EMERGENCY ROOM [ACCIDENT TREATMENT] BENEFITS]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person][Insured Dependent] receives Emergency Treatment for a Covered loss in the Emergency Room or outpatient department of a Hospital, a clinic or Physician's office and such [Insured Person][Insured Dependent] is not subsequently confined as a resident patient to a Hospital

Emergency treatment must begin within [24-96 hours] of the [accident] causing the Covered Loss.

Definitions For purposes of this coverage:

[Emergency Room (Urgent Care Facility)] means a unit or part of a Hospital or other specialized health care facility designed for resolving urgent injuries and [Emergency Sickness] care needs.]

[Emergency [Injury] [Accident] Treatment] means medical care and treatment of an Covered Injury received in a Hospital emergency room or Outpatient department, a medical clinic or Physician's office.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[EMERGENCY TEAM BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefit*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a [Covered Loss] that occurs when he or she is responding to an Emergency Activity.

For this coverage to be in effect, [the Insured Person]:

1. [Must be designated [by his Employer] as a contact person assigned to respond to emergency calls as part of his specifically-assigned [job]duties [; and
2. [Must be responding to an emergency call that:
 - a. [occurs outside of his regularly-scheduled work hours; and]
 - b. [requires his skills or supervision];[and
 - c. [requires immediate response in order to prevent loss or interruption of [the Employer's] business.]]

Coverage begins when [the Insured Person] leaves the place where he was when he received notification of the emergency and ends when he returns to that place or to his residence.

Definitions For purposes of this coverage:

Emergency [Team] [Response] means a [Policyholder] [Subscriber's] designated team engaged in rescue or Emergency Activities at the direction of the [Policyholder] [Subscriber]

Emergency Activities means rescue or emergency activities such as, but not limited to:

1. Fire fighting and fire drills
2. any training exercise which simulates an emergency where active participation is required
3. apprehending criminals; protecting the public; oneself or property from imminent peril, and responding to emergency calls
4. Responding to emergency calls or alarms.

Exclusions **Emergency Activities does not include:**

1. non-emergency type of activities such as but not limited to: parades, test or trials of equipment or apparatus ; fund raising;
2. participation in athletic or recreational activities and contests, social activities or entertainment
3. usual or ordinary duties
4. patrolling for traffic control , and Inspection; maintenance, office work; classroom training or other training that does not stimulate an emergency

[Other] Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[ESCALATOR [INFLATION] BENEFIT]

The Company will pay the Benefit Amount shown of *Schedule of Benefits*, subject to all applicable conditions and exclusions, for each [Insured Person] who remains continuously insured under the Policy Benefit Amount will be increased on each anniversary of the [Insured Person's] Effective Date of Coverage under the Policy[that occurs

on or after the date this Benefit becomes effective] by a dollar amount equal to the percentage amount of the Principal Sum shown in the *Schedule of Benefit* that was in force on the [Insured Person] on [the later of: (1)] his or her Effective Date of Coverage under the Policy[; or (2) the date this [Escalator][[Inflation] Benefit becomes effective]. The increase will be a simple, not compound, increase. It will be applied for a maximum of [3 - 25] anniversaries, or until the [Insured Person] current Principal Sum has been increased by a total dollar amount equal to [10- 100]% of the Principal Sum that was in force on the [Insured Person] on [the later of: (1)] the [Insured Person] Effective Date[; (2) the date this Benefit becomes effective].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[EXPOSURE AND DISAPPEARANCE]

[If by reason of an Accident occurring while an [Insured Person's] [Insured Dependent] coverage is in force under this Policy, the [Insured Person] [Insured Dependent] is unavoidably exposed to the elements and as a result of such exposure suffers a Covered Loss for which an Accidental Death or Accidental Dismemberment benefit is otherwise payable under the Policy, the Covered Loss will be covered under the terms of this Policy.]

[If the body of an [Insured Person] has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a Conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the [Insured Person] [Insured Dependent] has suffered an Accidental Death that would have been payable under the Policy.]

[Travel or trip must have been authorized in advance by [the Policyholder, Subscriber, and Employer]].

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[COVERED EXTENDED BURN TREATMENT EXPENSES]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, for Covered Expenses incurred by [the Insured Person], for burn treatments of a Covered Loss. The Company will pay up to the Maximum Benefit Amount shown in the *Schedule of Benefits*.

[Benefits for Extended Burn Treatment Expenses will not be payable until [the Policy Aggregate Deductible and] the [Accident Medical Expense Benefit Deductible] [is, are] satisfied.]

Extended Burn Treatment Expenses must be incurred within the Extended Burn Treatment Benefit Period shown in the *Schedule of Benefits*. The Extended Burn Treatment Benefit Period begins on the date of the Covered Loss in which [the Insured] suffered Severe Burns.

Covered Expenses include expenses incurred for treatment of burns that would have been Covered Expenses under this Policy had they not exceeded the Accident Medical Expense Maximum. Treatment rendered in a Hospital, whether in an Intensive or Critical Care Unit, a Burn Unit or a private or semi-private room, which exceed the Accident Medical Expense Maximum but does not exceed the Extended Burn Treatment Maximum, will be considered a Covered Expense.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[FAMILY EXTENSION BENEFIT]

If an [Insured Person] suffers a Covered Loss such that an Accidental Death Benefit is payable under the Policy, coverage for his or her [Insured Dependents] [or had Family Coverage] will continue under the Policy from the date of the Accident or the date of the Accidental Death and will be continued without premium payment.

Coverage will be continued until the earliest of:

1. the date following [3, 6, 9, 12, 18, 24] months from the date of the [Insured Person] death;
- [2. the date the Insured Spouse remarries [(in which case coverage ends for all Insured Dependents)];;
- [2.] [3.] the date the Insured Dependent otherwise ceases to be an Eligible Dependent; or
- [3.] [4.] the date the Policy ends.

[In the event an Insured Dependent, whose coverage is being extended under the Family Extension Benefit, suffers a loss for which a benefit is payable under the Policy, the Insured Dependent's Principal Sum will be determined as of the date of the Accident which caused the [Insured Person's] death.]

Definitions For purposes of this coverage:

[Family Coverage] means coverage in force under the Policy on an [Insured Person's] Eligible Dependents: 1) whom the [Insured Person] has elected to cover under the Policy; and (2) for whom premium has been paid.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[FAMILY INCOME BENEFIT

The Company will pay the Family Income Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] suffers Accidental Death such that an Accidental Death Benefit is payable under the Policy [and the Insured had Family Coverage in effect under the Policy] on the date of the Accident causing death, the Company will pay a monthly benefit for an [Insured] Dependent who [was insured under the Policy on the date of that accident and] survives after the date of the Insured's death.

The benefit will be payable [to the surviving [Insured] Spouse] [, if any, otherwise] [in equal shares to the surviving [Insured Person] Dependent Children. Only one monthly benefit will be payable regardless of the number of [Insured] Dependents.]

Definitions For purposes of this coverage:

[Family Coverage] means coverage in force under the Policy on an Insured's Persons Eligible Dependents: 1) whom the Insured has elected to cover under the Policy; and (2) for whom premium has been paid.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[FELONIOUS ASSAULT AND [VIOLENT CRIME] [ROBBERY] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [Insured Dependent] suffers a Covered Loss that occurs during a Felonious Assault or Violent Crime as described below. [A police report detailing the Felonious Assault or Violent Crime must be provided before any benefits will be paid.] [The Covered Loss must occur while [the Insured Person] is on the business or premises of [the Employer, Subscriber, Policyholder].]

Definitions For purposes of this benefit:

Felonious Assault means the any willful and unlawful use of force by an individual against the [Insured Person][Insured Dependent] in connection with the commission, or attempted commission of robbery, theft, kidnapping, hostage taking, hijacking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where the Covered Loss occurs.

Fellow Employee means a person employed by the same Employer as [the Insured Person] or by [an Employer] that is an affiliated or subsidiary corporation. It shall also include any person who was so employed, but whose employment was terminated not more than [45 days] prior to the date on which the defined felonious assault/violent crime was committed.

Member of the Same Household means a person who maintains residence at the same address as [the Insured Person].

Violent crime means violent crime involves force or threat of force and is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.

- Exclusions** Benefits will not be paid for treatment of any Covered Loss incurred during any:
1. Felonious Assault or Violent crime committed by [the Insured Person]; or
 2. Felonious Assault or Violent Crime committed upon [the Insured Person] by a Fellow Employee, Immediate Family Member, or Member of the Same Household.

Other exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[FOLLOW UP PHYSICIAN OFFICE VISITS

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if due to a Covered Loss [or Emergency Sickness] an [Insured Person] visits a Physician's office for follow up visits [other than surgery,]]**[These benefits will not be payable for any services payable under any other benefits provided by this policy.]**

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HEART AND CIRCULATORY MALFUNCTION

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] suffers a sudden heart and circulatory malfunction and the first symptoms of the malfunction are medically diagnosed while the [Insured Person] is covered under this Policy and within [24-72] hours of a [Covered Activity][Covered Hazard] [while in the Line of Duty.]

Definitions For purposes of this coverage:

[Line of Duty means performing the professional responsibilities of a qualified individual for the position the Insured Person holds as set forth by the standards of the Policyholder.]

- Exclusions** [The benefits will not be payable if in the past year, the Insured Person was medically diagnosed as having, or received treatment for:
1. a heart or circulatory malfunction ;or
 2. hypertension, angina or other heat or circulatory condition.]

Other Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HIJACKING AND AIR PIRACY BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, If [the Insured Person] [or Insured Dependent] suffers a [Covered Loss] that occurs during the Hijacking, Air Piracy, or unlawful seizure or attempted seizure of an Aircraft [Common Carrier][Public Conveyance].

Definitions For purposes of this coverage:

Hijacking and Air piracy means the unlawful seizure or wrongful exercise of control of an aircraft or Conveyance, or the crew therefore, in which the [Insured Person] is traveling as a passenger

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[[HIV] OCCUPATIONAL or ASSIGNED DUTIES [VOLUNTEER DUTIES]] ACCIDENT BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [the Insured Person] suffers a Covered Loss during the performance of [Occupational or Assigned Duties] and result in [the Insured Person] acquiring and testing positive for Human Immunodeficiency Virus (HIV) antibodies within [one year] of the Covered Loss.

In order to receive this benefit, [the Insured Person] must satisfy all of the following:

1. submit an injury report to his Employer, including any report required for purposes of any applicable Workers' Compensation Law, within [24-96 hours] of a Covered Loss that occurs during the performance of [Occupational or Assigned Duties];
2. test negative for Human Immunodeficiency Virus (HIV) antibodies within [24-96 hours] of such Covered Loss;
3. test positive for Human Immunodeficiency Virus (HIV) antibodies in a subsequent Blood Test within [one year] of the date of the Covered Loss.

Definitions For purposes of this benefit:

[Occupational Duties] means the performance of duties that are:

1. Normally performed on behalf of [the Policyholder, Subscriber]; and
2. Assisting, caring for or otherwise involved with, sick or injured persons.] or

[Assigned Duties] means performance of duties, whether for pay or on a volunteer basis, that are:

1. Assigned by [the Policyholder, Subscriber]; and
2. Assisting, caring for or otherwise involved with, sick or injured persons.]

HIV means Human Immunodeficiency Virus, a virus that infects lymphocytes and other cells bearing the CD4 marker, the initial infection of which is known as acute retro viral syndrome.

Blood Test means a positive (reactive) Enzyme-linked Immunosorbent Assay (ELISA) test, confirmed by the Western Blot Test, or other tests that may be approved by the Centers for Disease Control and Prevention and accepted by the Company.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HEPATITIS BENEFIT OCCUPATIONAL or ASSIGNED DUTIES [VOLUNTEER DUTIES]] ACCIDENT BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [the Insured Person] suffers a Covered Loss. Such Covered Loss must occur during the performance of [Occupational or Assigned Duties] and result in [the Insured Person] acquiring and testing positive for Hepatitis B, Hepatitis C, Hepatitis D within [90-365] days of the date of an Occupational [Assigned Duties] Incident. The benefit is payable if, within [24-96] hours of the Covered Loss, the [Insured Person] : 1) reports the Covered Loss to the Company and the Policyholder in writing; and 2) undergoes a Food and Drug Administration (FDA) approved preliminary screening test for Hepatitis which indicates negativity with respect to the presence of any antibodies or antigens to such disease. The Company must receive written notification of the test results, from the laboratory that performed the test, as soon as reasonably possible.

[If the [Insured Person] tests positive for HIV and Hepatitis B, C or D as a result of the same Covered Loss, only one benefit amount, the largest, will be paid.]

The Company will not pay for any expenses incurred for testing.

Definitions For purposes of this coverage:

[Occupational Duties] means the performance of duties that are:

1. Normally performed on behalf of [the Policyholder, Subscriber]; and
2. Assisting, caring for or otherwise involved with, sick or injured persons.] or

[Assigned Duties] means performance of duties, whether for pay or on a volunteer basis, that are:

1. Assigned by [the Policyholder, Subscriber]; and
2. Assisting, caring for or otherwise involved with, sick or injured persons.]

[Hepatitis] - means viral hepatitis B, C, and D and does not include Hepatitis A or Hepatitis E.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOME ALTERATION AND VEHICLE MODIFICATION][WHEELCHAIR CONFINEMENT] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [or Insured Dependent] suffers a Covered Loss [and is confined to a Wheelchair] when all of the following conditions are met:

1. before the date of the Covered Loss, [the Insured Person] [or Insured Dependent] did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. as a direct result of such Covered Loss, [the Insured Person] [or Insured Dependent] now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. [the Insured Person] requires home alteration or vehicle modification within [one year] of the date of the Covered Loss.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOME INVASION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [or Immediate Family Member] is a victim of a Home Invasion and suffers a Covered Loss.

1. up to the Home Invasion Lost Salary Benefit Amount, shown in the *Schedule of Benefits*, if the [Insured Person] suffers a Lost Salary as a result of the Home Invasion.[Subject to the Deductible Amount]
2. up to the Residential Security Expense Benefit shown in the *Schedule of Benefits*, if the [Insured Person] incurs Residential security expense as a result of the Home Invasion.[Subject to the Deductible Amount]
3. up to the Temporary Relocation Expense Benefit shown in the *Schedule of Benefits*, if the [Insured Person] incurs a temporary Relocation Expense as a result of the Home Invasion. [Subject to the Deductible amount]

Definitions For purposes of this coverage:

[Loss of Salary means the [Insured Person's] regular wages that are forfeited due to the [Insured Person's] absence from work during the [10-120] days immediately following the Home Invasion. Regular does not include overtime or incentive payments.]

[Residential Security Expense means the costs incurred for changing the locks or installing security bars, motion sensing lights or a centrally monitored home security system to the [Insured Person's] residence which are incurred within [3-12 month] after the Home Invasion.]

[Temporary Relocation Expenses means the cost for temporary lodging at a hotel or motel incurred by the [Insured Person] [or] [The Insured Person's Dependent Child or Spouse]

Exclusions [This benefit is not payable for a Home Invasion perpetrated by the [Insured Person] or any Immediate Family Members.]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOME HEALTHCARE EXPENSE BENEFITS

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [or Insured Dependent] requires Home Healthcare at home for treatment of a Covered Loss. The attending Physician must prescribed such services and must certify that if these services were not available, the [Insured Person] [or Insured Dependent] would have to be hospitalized to receive the necessary care, treatment, and services following a Hospital Stay [Confinement].

Home Healthcare means Medically Necessary services provided and billed by the Home Health Agency. Such services must be prescribed and supervised by a Physician in accordance with a medical treatment.

Home Health Agency means an entity engaged in arranging and providing nursing services, home health services or other therapeutic and related services. The entity and must be certified by a competent governmental authority in the jurisdiction where the services are rendered, as meeting requirement of Title XVIII of the Social Security Any, as amended, for home health agencies.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOME RECUPERATION INCOME BENEFIT

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [Insured Dependent] requires recuperation at home, following a Hospital Stay for treatment of a Covered Loss. The Company will pay this benefit weekly if, immediately following release from a Hospital Stay of at least the minimum number of days specified in the *Schedule of Benefits*, [the Insured Person] [Insured Dependent] is recuperating at home on the advice of a Physician.

The weekly benefit amount and the maximum number of weeks the benefit is payable are shown in the *Schedule of Benefits*. Benefits for a period of less than a week will be prorated based on a [seven, five day] week.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOSPITAL [INDEMNITY] [CONFINEMENT] [STAY] BENEFIT

The Company will pay the Benefit Amount in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] [or Insured Dependent] requires a Hospital [Stay] [Indemnity] [Confinement] due to [a Covered Loss].

The Hospital [Stay] [Indemnity] [Confinement] must meet all of the following:

1. be at the direction and under the care of a Physician;
2. begin within [30 days] of the Covered Loss;
- [3. begin while [the Insured Person's] insurance coverage is in force under this Policy.]

The benefit will be paid for each day of a continuous Hospital [Indemnity] [Confinement] [Stay] that continues after the end of the Benefit Waiting Period as shown in the *Schedule of Benefits*. [Benefits will be paid retroactively to the first day of the Hospital [Stay] [Indemnity] [Confinement.] [If benefits are calculated on a monthly basis, pro rata payments will be made for confinements of less than one month based on a 30 day month.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[INVALIDATION OF LIFE INSURANCE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if each of the following conditions is satisfied.

1. [The Insured Person's] death [or Covered Loss] resulted, directly and independently of all other causes, from a Covered Loss [or an accident that would have been a Covered Loss had it not resulted from [war]]; and
2. [The Insured Person] was insured under an individual life insurance policy that provided life insurance, with or without additional [accidental death] or [accidental death and dismemberment] benefits that were in force on the date of the accident causing his death or Covered Loss; and
3. A claim for benefits under that individual policy was denied solely because it excluded loss caused by accidents of the type that resulted in [the Insured Person's] death [or Covered Loss].

The amount of Invalidation of Life Insurance Benefit will equal the lesser of the Maximum Benefit shown in the *Schedule of Benefits* and the sum of the death benefit [, and] any accidental death benefit [and any accidental dismemberment benefits] that would have been paid under [the Insured Person's] individual life insurance policy had the claim for benefits under it not been denied. The Company will require satisfactory proof that the insurer issuing the individual life insurance policy has made a final denial of the claim before the Company will pay any Invalidation of Life Insurance Benefit.

Exclusion The Company will not pay an Invalidation of Life Insurance Benefit if [the Insured Person's] individual life insurance policy lapsed or was rescinded for any reason before the date of the Covered Loss upon which a claim for this benefit is based.

[Other] exclusions that apply to this benefit are in the *Common Exclusions* section.]

[IDENTITY THEFT EXPENSE BENEFIT

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, if the [Insured Person] [or] [the Insured Dependent] [Traveling Companion.] incurs Identity Theft Expenses as the result of an Identity Theft Occurrence.

[The deductible for the Identity Theft, shown in the *Schedule of Benefits* will be deducted from any Benefit Amount for Identity Theft Expenses payments. The deductible applies separately to the [Insured Person] [or] [the Insured Dependent] [or Traveling Companion.] and to each Identity Theft Occurrence.]

[The Company will also reimburse the [Insured Person] [or the Insured Dependent's][or Traveling Companion.] legal obligation for Credit Card Forgery and Counterfeiting, up to the amount shown on the *Schedule of Benefits* if the Credit Card Forgery and Counterfeiting is a result of an identity Theft Occurrence.]

[The Identity Theft Benefit Amount is excess over any other insurance or indemnification available to the [Insured Person.] [or Insured Dependent] [or Traveling Companion.]]

Identity Theft Expenses means the act of knowingly transferring or using, without lawful authority, the [Insured Person] [or] [Insured Dependent] [or Traveling Companion] means of identity which constitutes a violation of federal law or a crime under any applicable state or local law.

Definitions For purposes of this benefit:

Identity Theft Expenses means

1. [The cost of notarizing affidavits or similar documents for law enforcement agencies, financial institutions or similar credit grantor, and credit agencies;]
2. [the cost of sending certified mail to law enforcement agencies, financial institutions or similar credit grantor, and credit agencies;]
3. [the loan application fees for reapplying for loan(s) due to rejection of the original application because the lender received incorrect credit information;]
4. [the telephone expenses for calls to businesses, law enforcement agencies financial institutions or similar credit grantor, and credit agencies;]
5. [earning lost by the [Insured Person][or the Insured Dependent] [Traveling Companion.] as a result of days off work to complete fraud affidavits, meet with law enforcement agencies, credit agencies, merchants or legal counsel, up to a maximum of [2-10] days;]
6. [the Reasonable and Customary Charge for any attorney incurred for
 - a) [Insured Person] [or] [Insured Dependent's] [Traveling Companion.] defense against any suit by businesses or their collection agencies;]
 - b) the removal of any criminal or civil judgments wrongly entered against the [Insured Person] or [the Insured Dependent] [Traveling Companion.]; and[
 - c) any challenge to the information in the [Insured Person] [or] [the Insured Dependent] [Traveling Companion.] consumer credit reports.]]

Identity Theft Occurrence means any act or series of acts of Identity Theft by a person or group. The Identity Theft Occurrence must occur while this Policy is in force and be confirmed in writing by a police report in the jurisdiction where the occurrence occurs.

[Traveling Companion means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[INTENSIVE CARE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable condition and exclusions, if [Insured Person] [Insured Dependent] becomes confined in an Intensive Care Unit [for Medically Necessary treatment of a Covered Loss [or Emergency Sickness]. Only one Daily Intensive Care Unit Benefit is provided for any one day of Intensive Care Unit confinement, regardless of the number of [Emergency Sicknesses or] Covered Loss for which the confinement is required.]]

Definitions For purposes of this benefit:

Intensive Care Unit (ICU) means a specifically designated facility of the Hospital that [is designed to provide intensive care services on an interdisciplinary basis to critically ill inpatients.] provides the highest level of medical care and that is restricted to those patients who are critically ill or injured [and need constant medical care]. [Such care must be ordered by a physician]. [The facility must provide: room and board, registered nursing care, and special equipment and supplies on a standby basis.] Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.

Medically Necessary means a treatment, service [, or] supply [or medicine] that is: 1) required to treat an Covered Injury; 2) prescribed or ordered by a Physician or furnished by a Hospital; 3) performed in the least costly setting required by the [Insured Person's] [Insured Dependent] condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[KIDNAP AND EXTORTION CONSULTANT EXPENSE COVERAGE

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an[Insured Person] or [Insured] Dependent[or [Insured]Spouse]] is kidnapped during a[Covered Activity] [Short Trip] [Business Travel] [Leisure] trip.

Definitions For purposes of this benefit:

Consultants' Cost means the reasonable and necessary fees and expenses of the consultant's chosen by the Company [Policyholder] to investigate and negotiate the release of the [Insured Person][or [Insured] Dependent Child or Spouse] which have been incurred in response to a Kidnap or Extortion including but not limited to costs of travel accommodation qualified interpretation communication and Payments to Informants.

Extortion means a threat made directly against the [Insured Person] [or [Insured] Dependent Child or Spouse] by a person or group to kidnap or cause bodily harm to an [Insured Person] [or [Insured] Dependent Child or Spouse] for the purpose of obtaining a Kidnap or Extortion Payment.

Kidnap means the wrongful abduction and detention by a non family member of an [Insured Person] [or Insured] Dependent Child or Spouse] against their will or by deception by a person or a group for the purpose of obtaining a Kidnap or Extortion Payment as a condition of the released of the [Insured Person] [or [Insured] Dependent Child or Spouse]. A kidnap in which more than one [Insured Person] [or [Insured] Dependent Child or Spouse] is wrongfully abducted or detained shall be considered one kidnap.

Kidnap or Extortion Expenses means:

1. reasonable travel and accommodation expenses incurred by the [Insured Person] [or the [Insured] Dependent Child or Spouse]
2. [any payments to informants]
3. [reasonable fees and expenses of an independent public relations consultants incurred with the prior consent of the Company[or Policyholder]
4. [the continued payment of the remuneration that the that[Insured Person][Insured] Dependent Child or Spouse]] received as a salary from the Insured prior to being wrongfully abducted or detained for the duration that it is believed that the Insured Person] [or [Insured] Dependent Child or Spouse]] remains alive or until the release of the[Insured Person][[Insured] Dependent Child or Spouse]] subject to a maximum of [1 to 12 months]
5. [Reasonable fees for independent legal and medical advice incurred by the [Insured Person] or [Insured] Dependent Child or Spouse]] with the prior consent of the Company.]

Kidnap or Extortion Payment means a consideration paid or promised by the [Insured Person] [or [Insured] Dependent Child or Spouse]] or Consultants to a person or group believed to be responsible for Kidnap or Extortion which is necessarily incurred to terminate the Kidnap or Extortion.

Payments to Informants means reasonable and necessary payments paid or promised by the [Insured Person.] [or [Insured] Dependent Child or Spouse] or Consultants to any person providing information which leads to the arrest of the person or group responsible for the Kidnap or Extortion.]]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[LAW ENFORCEMENT BENEFIT

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] suffers a Covered Loss while serving in the Line of Duty as a Law Enforcement Officer.

Definitions For purposes of this coverage:

Law Enforcements Officer means any person, duly commissioned by a Public Agency or [Policyholder], who is serving in an official capacity with or without compensation. This includes but is not limited to such duty commissioned police, sheriffs, correction offices, probation officers, parole officer, conservation officers [security guards] [armored car drivers]

Line of Duty means any action that the Law Enforcement Officer is authorized or obligated to perform by law, rule, regulation or condition of employment or service.

Public Agency means the United States of America, any state in the United States the District of Columbia, or a unit of the local government, combination of such states or any department, agency or instrumentality of any of these.

Exclusions

Benefits will not be paid for a loss caused by or resulting from:

1. [injury resulting form the maintenance, repair or cleaning of firearms];[or
2. [Injury sustained in consequence of the illegal use of firearms by the [Insured Person]
3. [Injury not incurred in the Line of Duty.]

[Other] exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[MEDICAL EVACUATION BENEFIT

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person][or Insured Dependent] [or Traveling Companion] suffers a Covered Loss

[or an Emergency Sickness] that warrants his or her Emergency Evacuation while he or she is outside a [100 mile] radius from his or her current place of primary residence. The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred for all Emergency Evacuations due to all Covered Losses from the same Accident or [all Emergency Sicknesses] from the same or related causes]].

The Physician ordering the Emergency Evacuation must certify that the severity of the [Insured Person's][or Insured Dependent] [or Traveling Companion] Covered Loss [or Emergency Sickness] warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.] All transportation arrangements must be made and approved by [the Company.]

Definitions For purposes of this coverage:

Covered Emergency Evacuation Expense(s) - means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.]; or] [4. Usual and Customary Expenses]

[Emergency Evacuation - means, if warranted by the severity of the [Insured Person's] [or Insured Dependent] [or Traveling Companion] Covered Loss [or Emergency Sickness]: (1) the [Insured Person's] [or Insured Dependent] [or Traveling Companion] immediate transportation from the place where he or she suffers an Covered Loss [or Emergency Sickness] to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; (2) the [Insured Person's] [or Insured Dependent] [or Traveling Companion] transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Covered Loss [or Emergency Sickness]and being treated at a local Hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such transportation.]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[REPATRIATION BENEFITS

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person][or Insured Dependent] [or Traveling Companion] suffers loss of life due to Covered Loss [or Emergency Sickness] while outside a [100 mile] radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence.

Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.]; or] [4. Usual and Customary Expenses]

[The Company] must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact [The Company] in advance.]]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[MEDICAL IMAGING BENEFIT

The Company will pay the Benefit Amount, shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [Insured Dependent] incurs a charge upon the initial diagnosis or follow-up evaluation for any Covered loss for one of the following medical imaging exams: CT scan, MRI, Bone scan, Multiple Gated Acquisition (MUGA) scan, Position emission Technology (PET) scan, or Tran rectal ultrasound.

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[NATURAL DISASTER BENEFIT

The Company will pay a Benefit Amount in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the [Insured Person][or Insured Dependent] [or Traveling Companion] suffers one or more Covered Losses as a result of an Accident that occurred in the declared disaster area and for which benefits are payable under this Policy as a direct result of a Natural Disaster.

Definitions For purposes of this coverage:

Natural Disaster means a situation or event which overwhelms local capacity, necessitating a request to a national or international level for external assistance.

[Only one benefit is payable for all losses as a result of the same Natural Disaster.]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[OCCUPATIONAL DISEASE BENEFIT

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] is diagnosed with an Occupational Disease that results in Total Disability or Death.

Occupational disease means a sickness that results in disability or death, and is caused by exposure to environmental or physical hazards during the course of the Insured Occupational Activities, where:

- 1) such condition is diagnosed by a physician, and is generally accepted by the National Centers for Disease Control it be a disease caused by such hazards;
- 2) exposure to such hazards is not an accident but is caused or aggravated by the conditions under which the Insured performs Occupational Services;
- 3) the insured last day of last exposure to the environmental or physical hazard causing such condition occurs during the Policy period; and
- 4) Such exposure results directly and independently of all other cause in a Covered Loss.

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[PARALYSIS BENEFIT

The Company will pay the benefits shown on the *Schedule of Benefits* for that type of paralysis, subject to all conditions and exclusions, if an [Insured Person] suffers a Covered Loss. If the [Insured Person]][or Insured Dependent] suffers more than one type of paralysis as a result of the same Accident, only one amount, the largest, will be paid.]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[PARENT CARE BENEFIT

The Company will pay the benefits shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] or [Insured Dependent] [or your Eligible Domestic Partner] suffers a Covered Loss resulting in an Accidental Death such that an Accidental Death Benefit is payable under the Policy. The Company will pay up to the Benefit Amount up to the Benefit Maximum for Parent Care, shown in the *Schedule of Benefits* in equal shares to each of Your [Your Spouse][or Your Eligible Domestic Partner] Dependent Parent.[The Benefit Amount for Parent Care is payable in addition to any other applicable Benefit Amounts.]

Definitions For purposes of this coverage:

Dependent Parent means the Insured's parent(s) or grandparent(s) [or the parent(s) or grandparent(s) of Your Spouse or [Eligible Domestic Partner] who, at the time of a Covered Loss [Covered Hazard] is receiving support and care provided by You, [or Your Spouse[or Eligible

Domestic Partner] , as evidenced by the United States income tax returns showing such parent as a dependent.

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

[PERMANENT TOTAL DISABILITY BENEFIT [Not Applicable to the [Insured Person] [70-85] or Older on the date of the Covered Loss]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, to [the Insured Person] whose Total Disability results from a Covered Loss, and within the time period shown in the *Schedule of Benefits*. To qualify for benefits, [the Insured Person] must remain Totally Disabled during the Benefit Waiting Period shown in the *Schedule of Benefits*, and at the end of the Benefit Waiting Period, must be expected to remain so disabled, as certified by a Physician, for the rest of his life.]

Include the following three paragraphs to replace the first paragraph when no Active Service requirement applies to policy benefits other than PTD.

[[The Insured Person] who is currently employed may be insured for Permanent Total Disability Benefits effective on the date other coverages and benefits provided by this Policy become effective for him. He must be either:

1. [performing his regular duties on a [full time] basis during one of his Employer's scheduled work days, either at one of his Employer's usual places of business or at some other location to which his Employer's business requires him to travel; or
2. [on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence other than sick leave, only if he was performing his regular duties, as described in 1. above, on the preceding scheduled workday.]]

[[The Insured Person] who is not currently employed may be insured for Permanent Total Disability Benefits effective on the date other coverages and benefits provided by this Policy become effective for him. He must not be:

1. An Inpatient in a Hospital or receiving Outpatient care for chemotherapy or radiation therapy; nor
2. Confined at home under the care of a Physician for sickness or injury; nor
3. Totally Disabled.]

The Company will pay Permanent Total Disability Benefits, as shown in the *Schedule of Benefits*, to [the Insured Person] if his Total Disability results, within the time period shown in the *Schedule of Benefits* of, a Covered Loss. To qualify for benefits, [the Insured Person] must remain Totally Permanently Disabled during the Benefit Waiting Period shown in the *Schedule of Benefits* and at the end of the Benefit Waiting Period, must be expected to remain so disabled, as certified by a Physician, for the rest of his life.]

(Option 1- single lump sum)

[The Company will pay a single lump sum benefit equal to the Lump Sum Benefit shown in the *Schedule of Benefits* [less any [Accidental Dismemberment] benefit paid for the [Covered Loss] causing the Total Disability].]

(Option 2- monthly benefits)

[The Company will pay monthly benefits as shown in the *Schedule of Benefits* beginning at the end of the Benefit Waiting Period. Monthly benefit payments will be paid until the earliest of the following occurs:

1. [The Insured Person] fails to provide certification by a Physician that he is expected to remain Totally Disabled for the rest of his life; or
2. [The Insured Person] dies; or
3. The total of all Monthly Benefits equals [the Principal Sum less any Accidental Dismemberment benefits paid for [Covered Losses] sustained in the same Covered Loss] or [the total of monthly benefits specified in the *Schedule of Benefits*.]]

Optional:

[If [the Insured Person] dies before receiving the total of benefits specified in 3. above, a single payment equal to the present value of the remaining payments that would have been paid will be made to his beneficiary.]

(Option 3 - combination of Lump Sum and Monthly Benefits is elected)

[The Company will pay a single lump sum equal to the amount shown in the *Schedule of Benefits* or, if less, the Principal Sum reduced by any [Accidental Dismemberment] benefits paid for the same Covered Loss.]

[The Company will pay monthly benefits as shown in the *Schedule of Benefits* as long as the total of any [Accidental Dismemberment] benefits, the lump sum benefit and monthly benefits does not exceed the Principal Sum. Monthly benefits will be paid until the earliest of the following occurs:

1. [The Insured Person] fails to provide certification by a Physician that he is expected to remain Totally Disabled for the rest of his life; or
2. [The Insured Person] dies; or
3. The total of all Monthly Benefit Payments, the Lump Sum Benefit and any [Accidental Dismemberment] benefit paid for the same Covered Loss equals the Principal Sum.]

Optional:

[If [the Insured Person] dies before receiving the total of benefits specified in 3. above, a single payment equal to the present value of the remaining payments that would have been paid will be made to his beneficiary.]

(Option 4 - monthly benefits with limited benefit period if disability begins on/after age 62)

[The Company will pay monthly benefits as shown in the *Schedule of Benefits* beginning at the end of the Benefit Waiting Period. Monthly benefit payments will be paid until the earliest of the following occurs:

1. [the Insured Person] fails to provide certification by a Physician that he is expected to remain Totally Disabled for the rest of his life; or
2. [the Insured Person] dies; or
3. the end of the benefit period shown in the *Schedule of Benefits*; or
4. the total of all Monthly Benefits equals [the Principal Sum less any Accidental Dismemberment benefits paid for [Covered Losses] sustained in the same Covered Loss.] or [the total of monthly benefits specified in the *Schedule of Benefits*].

Optional:

[If [the Insured Person] dies before receiving the total of benefits specified in 3. above, a single payment equal to the present value of the remaining payments that would have been paid will be made to his beneficiary.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[PRIVATE PASSENGER BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if and [Insured Person][or Insured Dependent] suffers a Covered Loss while riding as a passenger in, or getting in or out of, a Private Passenger Automobile.

Include if Accidental Death and Dismemberment Benefits are not included in the issued policy.

[If [the Insured Person][or Insured Dependent] sustains more than one Covered Loss as a result of the same Covered Loss, benefits will be paid for the Covered Loss for which the largest available benefit is payable. If the Covered Loss results in death, benefits will only be paid for Accidental Death.]

Exclusions Exclusions that apply to this coverage are in the *Common Exclusions* Section.]

PRESCRIPTION DRUG BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all conditions and exclusions, if an [Insured Person] [or Insured Dependent] is required to take prescription drugs for the treatment of a Covered Loss [or the treatment of an Emergency Sickness] the Company will pay the Per-Prescription Benefit shown in the *Schedule of Benefits* each time a prescription is filled or refilled, [up to the maximum number of prescriptions.][up to the Maximum Benefit Amount].]

[Under this Benefit, prescription drugs are considered [generic], [formulary][and non-formulary]. Amounts payable will vary depending on the classification of the drug as determined by the Pharmacy Benefit Manager under contract with [the Company.]

The prescription drugs must be ordered by a Physician; dispensed by a licensed pharmacist; and be required for the care and treatment of the Loss [or Emergency Sickness].

Exclusions [The Company will not pay benefits for (a) therapeutic devices or appliances; (b) experimental drugs; (c) drugs, medicines or insulin used by or administered to a person while he is confined to a Hospital or any other medical facility; (d) immunization agents, biological sera, blood or blood plasma; or (e) contraceptive materials, devices or medications or infertility medication, except where required by law.]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[PHYSICAL] [OCCUPATIONAL] [SPEECH] THERAPY BENEFIT

The Company will pay the Benefit Amount as shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [or Insured Dependent] requires [Physical, Occupational, and/or Speech] therapy to treat a Covered Loss. The Company will pay the benefit subject the following conditions

[Physical, Occupational or Speech] therapy must:

1. be received on an outpatient basis and
2. [commence within 30 days of a Hospital Stay that was for treatment of the same Covered Loss and lasted at least five consecutive days]
3. be given by a licensed [Physical, Speech or Occupational] therapist upon the recommendation of the attending physician.

[The Company will only pay for one type of therapy per day.]

Definitions For purposes of this coverage:

Physical therapy means a branch of rehabilitative health care that uses specially designed exercises and equipment to help patients regain or improve their physical abilities.

Speech Therapy means the corrective or rehabilitative treatment of physical and/or cognitive deficits/disorders resulting in difficulty with verbal communication. This includes both speech (articulation, intonation, rate, intensity) and language (phonology, morphology, syntax, semantics, pragmatics, both receptive and expressive language, including reading and writing). Depending on the nature and severity of the disorder, common treatments may range from physical strengthening exercises, instructive or repetitive practice and drilling, to the use of audio-visual aids.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

PROSTHESIS [APPLIANCE] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [or Insured Dependent] suffers a Covered Loss that requires use of a Prosthetic[Appliance] Device, [The Company will pay the Prosthesis[Appliance] Benefit when a charge is incurred.] [This benefit is not payable for hearing aids, [wigs], or any dental aids, including false teeth.]]

Definitions For purposes of this coverage:

Prosthetic Device/Prosthesis/Appliance means a removable artificial substitute or replacement of a part of the body. It does not include:

- [dental aids, including false teeth,] [treatment or repair of caps, crowns, braces, bridges, dentures, fillings or other artificial dental devices,]
- [eyeglasses,]
- [cosmetic prosthesis such as hair wigs,]
- [other types of prosthesis devices that are permanently implanted such as artificial hip or tooth,]
- [any experimental prosthesis,]
- [any auditory prosthesis (a device that substitute for or enhances ability to hear).]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[PSYCHOLOGICAL TREATMENT BENEFIT

The Company will pay the Benefit Amount as shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, for mental health counseling to assist [the Insured Person] [or Insured Dependent] in dealing with the Covered Loss [Home Invasion] [Child Abduction] [Bomb Scare, Bomb Search, Bomb explosion] [Terrorism] [Law Enforcement Coverage] [Security Evacuations Benefits] [War risk], if the [Insured Person] [or Insured Dependent]:

1. [suffers any one of the Covered Losses shown in the [Accidental Death and Dismemberment Benefit] [*Schedule of Benefit* [; and]
2. obtains mental health counseling.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[RECONSTRUCTIVE SURGERY BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusion if the [Insured Person] [or Insured Dependent] suffers a Covered Loss and if a Physician determines Reconstructive Surgery is medically necessary for the treatment of a Covered Loss.

[The Benefit Amount for Reconstructive Surgery is payable on an excess basis]. [The Company will determine the benefit payable for reconstructive surgery by reducing the amounts already paid or payable by any Other Plan, but in no event will the Company pay more than the Benefit Amount for Reconstructive Surgery shown in the *Schedule of Benefits*.]

[The Benefit Amount for Reconstructive Surgery is payable in addition to any other applicable Benefit Amounts under the policy.]

Definitions For purposes of this coverage:

Physician means [A [United States-] licensed health care provider practicing [in the United States] within the scope of his license and rendering care and treatment to [the Insured Person] [or Insured Dependent] that is appropriate for the condition and locality, and who is not:

1. [the Insured Person];
2. Family Member of either [the Insured Person] or [the Insured Person's] spouse;
3. a person living in [the Insured Person's] household;
4. a person employed or retained by [the Policyholder; Subscriber]; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.]

Reconstructive Surgery means surgery to rebuild body part. The use of surgery to restore the appearance or use of a damaged body part

Other plan means any other insurance or payment source for medical services but not limited to health coverage.

Exclusions This benefit does not cover elective reconstructive surgeries.

[Other] Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[REHABILITATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person] [or Insured Dependent] requires Rehabilitation after sustaining a Covered Loss]

[The Insured Person] must require Rehabilitation within [30 to 730 days or one or two years] after the date of the Covered Loss.]

Definitions For purposes of this benefit:

Rehabilitation means [medical services, supplies, or treatment, or Hospital confinement (or part of a Hospital confinement)] that satisfies all of the following conditions:

1. Are essential for physical rehabilitation required due to [the Insured Person's] Covered [Loss or Injury]; and
2. Meet generally accepted standards of medical practice; and
3. Are performed under the care, supervision or order of a Physician [. and;]
4. Prepare [the Insured Person] to return to his or any other occupation.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[RELOCATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs during Relocation.

This benefit is in effect beginning when [the Insured Person] departs from his prior place of residence, or if later, his prior place of employment and begins travel to his new place of residence or employment. It ceases to be in effect [when [the Insured Person] begins his first full day of employment at his new location [. or, if later, when he arrives at his new place of residence]] [[2 -10 days] from the date this coverage began.]

Definitions For purposes of this benefit:

Relocation means a change in [the Insured Person's] assigned place of employment for [the Policyholder, Subscriber, Employer] which necessitates a change of residence, and for which [the Policyholder, Subscriber, Employer] pays travel expenses.

Exclusions [Coverage for this benefit will be in effect during [the Insured Person's] Personal Deviation only if indicated in the *Schedule of Benefits*.]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SEATBELT [AND AIRBAG] [SAFETY DEVICE] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person's] [or Insured Dependent] death results from a Covered Loss while wearing a seatbelt and operating or riding as a passenger in a Private Passenger Automobile. *[if airbag benefit or safety device is included: An additional benefit is provided if [the Insured Person] [or Insured Dependent] was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).]*

Verification of proper use of the seatbelt at the time of the Accident [and that the Supplemental Restraint System properly inflated upon impact] must be a part of an official police report of the Accident or be certified, in writing, by the investigating officer(s) and submitted with [the Insured Person's] [or Insured Dependent] claim to the Company .

[If such certification or police report is not available or it is unclear whether [the Insured Person] was wearing a seatbelt [or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System], [The Company will pay a default benefit shown in the *Schedule of Benefits* to [the Insured Person's] [or Insured Dependent] beneficiary.]

[In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Accident.]

(If airbag safety device benefit is included)

Definitions For purposes of this benefit:

Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas or a child safety device.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SPECIAL EDUCATION BENEFIT

The Company will pay the Benefit Amount, up to the Maximum Benefit shown in the *Schedule of Benefits*, for each qualifying Dependent Child [if Option III is elected: and surviving Spouse] of [the Insured Person] whose death [or Permanent Total Disability] for which an Accidental Death Benefit [or Permanent Total Disability Benefits] [is, are] payable under this Policy. This benefit is subject to the conditions and exclusions described below.

Option I:

[A qualifying Dependent Child must:

1. [Be a full-time student in an accredited school of higher learning beyond the 12th grade level on the date of [the Insured Person's] Covered Loss]; or [be at the 12th grade level on the date of [the Insured Person's] Covered Loss and then become a full-time student at an accredited school of higher learning within [365 days] from the date of the Covered Loss and continue his education as a full-time student;] and
2. Continue his education as a full-time student in such accredited school of higher learning; and
3. Incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.]

Option II:

[A qualifying Dependent Child must:

1. Begin studies as a full-time student at a school of higher learning before reaching the limiting Age shown in the Dependent Child definition below; and
2. Continue his education as a full-time student; and
3. Incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.]

Option III:

[A qualifying surviving Dependent Child must:

1. Begin studies as a full-time student at a school of higher learning before reaching the limiting age shown in the Dependent Child definition below; and
2. Continue his education as a full-time student; and
3. Incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.]

A qualifying surviving Spouse must:

1. Begin studies in any accredited school for the purpose of retraining or refreshing skills needed for employment within [one year] of the date of [the Insured Person's] Covered Loss; and
2. Continue studies in such accredited school; and
3. Incur expenses payable directly to, or approved by, such school.]

(Always include this text)

Payments will be made to each qualifying Dependent Child [or to the child's legal guardian, if the child is a minor] at the end of each year for the number of years shown in the *Schedule of Benefits*. The Company must receive proof satisfactory to the Company of the Dependent Child's enrollment and attendance within [31 days] of the end of each year. The first year for which a Special Education Benefit is payable will begin on the first of the month following the date [the Insured Person] died [or completed the Benefit Waiting Period for Permanent Total Disability benefits], if the surviving Dependent Child was a full-time student on that date in an accredited school of higher learning beyond the 12th grade; otherwise on the date he begins studies in such school. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding year.

[If no Dependent Child qualifies for Special Education Benefits within [730 days] of [the Insured Person's] death [or completion of the Benefit Waiting Period for Permanent Total Disability Benefits], the Company will pay the default benefit shown in the *Schedule of Benefits* to [him if he is Permanently Totally Disabled, or] his beneficiary.]

Include this provision if Option III is elected:

[Payments will be made to the surviving Spouse at the end of each year for the number of years shown in the *Schedule of Benefits*. The Company must receive proof satisfactory to the Company of the Spouse's attendance within [31 days] of the end of each year. The first year for which a Special Education Benefit is payable will begin on the date the surviving Spouse begins studies in an accredited school for the first time following the date [the Insured Person] died [or completed the Benefit Waiting Period for Permanent Total Disability benefits]. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding year.]

[If a surviving Spouse does not qualify for Special Education Benefits within [730 days] of [the Insured Person's] death [or completion of the Benefit Waiting Period for Permanent Total Disability Benefits], the Company will pay the default benefit shown in the *Schedule of Benefits* to [the Insured Person if he is Permanently Totally Disabled, or] his beneficiary.]

Definitions For the purposes of this benefit:

Dependent Child means [the Insured Person's] unmarried child who meets the following requirements:

1. A child from [live birth][6 months] to [19 years] old;
2. A child who is [19] or more years old but less than [30] years old, enrolled in a school [as a full-time student] and primarily supported by [the Insured Person]. Coverage will continue during any period between school terms or school years as long as the Company is provided satisfactory proof that he has enrolled for the next following school term or year.
- [3. A child who is [19] or more years old, primarily supported by [the Insured Person], and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to the Company within [31 days] after the date the child ceases to qualify as a Dependent Child for the reasons listed above. During the next two years, The Company may, from time to time, require proof of the continuation of such condition and dependence. After that, the Company may require proof no more than once a year.]

A child, for purposes of this provision, includes [the Insured Person's]:

1. Natural child;
2. Adopted child, beginning with any waiting period pending finalization of the child's adoption;
3. Stepchild [who resides with [the Insured Person]], [unless group term life insurance is provided by a non-custodial parent pursuant to a Qualified Domestic Relations Order];
4. [child for whom [the Insured Person] is legal guardian [, as long as the child resides with the Insured Person and depends on him for financial support. Financial support means that [the Insured Person] is eligible to claim the dependent for purposes of Federal and State income tax returns.]]

[If [the Insured Person] who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least [six consecutive months] and intend to reside with him for an indefinite period of time.]

Spouse means [the Insured Person's] lawful spouse [who is age [18 years but under Age 90].] [who is a United States citizen or has a permanent Alien Registration Card.] [Except for purposes of determining initial eligibility, the term includes a Spouse who is widowed by [or divorced or legally separated from] [the Insured Person].]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SPONSORED EVENT BENEFIT

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when [the Insured Person] suffers a [Covered Loss] that occurs while he is participating in or attending a Supervised and Sponsored Activities [Covered Activity] [Covered Hazard].

The Covered Loss must take place:

1. [on the premises of the [Policyholder] during normal hours of operation or during scheduled functions;]
[or]
2. [on the premises of the [Policyholder] during other periods if attending or participating in a [Covered Activity][Covered Hazard]
3. [away from the premises of the [Policyholders] while attending or participating in a [Covered Activity][Covered Hazard] at its scheduled site.]

[The covered under this benefit includes travel without delay, deviation or interruption between home and the site of the Covered Activity [Covered Hazard]

Benefits are payable while the [Insured Person] is in a vehicle:

1. [designated or furnished by the Policyholder, operated by properly licensed adult driver who is under the supervision or service of the [Policyholder];[and]
2. [travel time does not exceed [1-24 hours] each way.]

Definitions For purposes of this benefit:

Travel time means the time:

1. to or from home and premises of the Covered Loss;
2. before the appointed time, and
3. after the Covered Activity[Covered Hazard]]]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[TELECOMMUTERS BENEFITS

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [suffers a Covered Loss that occurs while working under a written policyholder approved telecommuting agreement.] The Covered Loss must occur while the [Insured Person] is engaged in his or her job during the agreed upon term of the telecommuting agreement.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[TERRORISM [SCARE] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if [the Insured Person] suffers a Covered Loss that occurs as a direct result of an act of Terrorism.

Definitions For purposes of this Benefit:

Terrorism Scare means a premeditated politically motivated hostile or violent act against noncombatants committed by persons not acting on behalf of a sovereign state, or clandestine state agents.

Exclusions [1. Benefits will not be paid for Covered Losses caused by or resulting from nuclear radiation or release of nuclear energy.]
[2. Benefits will not be paid for Covered Losses caused by or resulting from exposure to chemicals, poisons, bacteria or viruses.]
[3. Benefits will be paid for Covered Losses only if sustained [on the premises of [the Policyholder, Subscriber] and only] under the following Conditions of Coverage: [any combination of Conditions of Coverage listed in the *Schedule of Benefits*; for example: [All Coverages provided by this policy; [Business Travel Coverage] and [Relocation Coverage.]]] etc.

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[TOTAL DISABILITY [WEEKLY or MONTHLY] INCOME BENEFIT

The Company will pay [weekly or monthly] Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, to [the Insured Person] whose Total Disability results from, and within the number of days specified in the *Schedule of Benefits* of, a Covered Loss. Disability benefits will begin when a Totally Disabled [Insured Person] satisfies the Benefit Waiting Period shown in the *Schedule of Benefits* and will end on the earliest of the date he/she:

1. Dies;
2. is no longer Totally Disabled;
3. Fails to provide certification by a Physician that he remains Totally Disabled;
4. is eligible to receive [Accidental Death and Dismemberment benefits] [Permanent Total Disability benefits] for the same Covered Loss;
5. Reaches the end of the Maximum Benefit Period shown in the *Schedule of Benefits*.

[Weekly or Monthly] Total Disability Benefits are based on [a 7-day week or a 30-day month]. Any Disability Benefit payable for less than a full [week, month] will be pro-rated.

Once [the Insured Person] is eligible to receive Disability Income Benefits, separate periods of Total Disability will be considered one continuous period of Disability if:

1. They result from the same Covered Loss; and
2. They are separated by no more than [14] consecutive days.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions Section*.]

[VOCATIONAL TRAINING EXPENSE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person][or] [Dependent Insured] suffers a Covered Loss and incurs a Vocational Training Expense related to the vocational training of the [Insured Person][or] [Dependent Insured]. [In no event will the Company pay more than the Maximum Benefit Amount shown in the *Schedule of Benefits*.]

Definitions For purposes of this coverage:

Gainful Occupation means an occupation, including self employment, that is can be expected to provide and [Insured Person][or] [Insured Dependent] with an income equal to at least [60%-100%] of the [Insured Person's][or][Insured Dependent] monthly earning within twelve(12) months after the Insured Person's][or][Insured Dependent] return to work after a disability result from a Covered Injury.

Vocational Training Expense means the actual cost incurred by the [Insured Person][or][Dependent Insured] for tuition, room and board billed by a institution of higher learning for training that is intended to prepare the [Insured Person] [or] Dependent Insured] for work in a Gainful Occupation. Vocational Training Expense includes books and course supplies.

[[ACCOMMODATIONS] [AND] [TRAVEL TICKET] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, in the event an [Insured Person] [and/or a Traveling Companion] must remain in the locale in which the [Covered [Hazard/Activity]] [Covered Trip] occurred and are unable to use their originally purchased travel tickets due to a Covered Loss [or] [Emergency Sickness] [death in the immediate family] [of the Insured Person] [and/or Traveling Companion]. The Company will reimburse the [Insured Person] [and/or Traveling Companion] up to the amount shown in the *Schedule of Benefits* for: [(1)] the reasonable cost of additional accommodation expenses incurred for the [Insured Person] [and/or Traveling Companion] to remain in the locale where the [Insured Person] [and/or Traveling Companion] is/are receiving medical treatment due to the Covered Loss [or Emergency Sickness], subject to the daily limit and the maximum amount shown in the *Schedule of Benefits*][(and 2)] the cost of the economy travel tickets to return to the original point of departure, less any refund on the original tickets.] A Physician must certify that the [Insured Person's] [and/or Traveling Companion's] additional stay is Medically Necessary.

[The Accommodations benefit begins on the first day following the original date the [Insured Person] [and/or Traveling Companion] should have returned to his or her point of departure for the [Covered [Hazard] [Activity]

[Covered Trip]. Accommodations mean lodging and or hotel room charges. It does not include hospital stays, transportation, food or incidentals.]

Definitions For purposes of this coverage:

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least on overnight stay away from the Insured Person's primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the Insured Person's primary residence.]

[Traveling Companion] means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[BAGGAGE DELAY BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, in the event of a Baggage Delay when traveling via Common Carrier. The Company is limited to expenses incurred for the emergency purchase of essential items needed by the [Insured Person] [and/or Traveling Companion] while on a [Covered Activity] [Covered Trip] [Covered Hazard] and at a destination other than the [Insured Person's] primary residence. [The Baggage Delay Daily Benefit amount will be payable up to the maximum number of days shown in the *Schedule of Benefits*.] The [Insured Person] must provide the Company with itemized receipts evidencing the purchase of essential items.

Definitions For purposes of this coverage:

Common Carrier means any motorized land, water or sea conveyance, operated by an organization other than the Policyholder, organized and licensed for transportation of passengers for hire and operated by an employee or individual under contract. Common Carrier does not include [helicopter] travel on cruise ships [that extends beyond a [48 hour] sight seeing tour] or any other conveyance used for recreation activities.

Baggage means suitcases and the containers specifically designated for carrying personal property, and the personal property contained therein.

Baggage Delay means a delay or misdirection of the [Insured Person's] [and/or Traveling Companion's] Baggage by a Common Carrier for more than [twenty four (24) forty - eight (48) hours] from the time the [Insured Person] [and/or Traveling Companion] arrives at the destination on the [Insured Person's] ticket.

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least on overnight stay away from the [Insured Person's][and/or a Traveling Companion] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion] primary residence.]

[Traveling Companion] means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Hazard] [Covered Trip]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Essentials items not covered by Baggage Delay include but are not limited to:

- [1. Contact lenses, eyeglasses or hearing aids;]
- [2. artificial teeth, dental bridges or prosthesis devices;]

- [3. tickets, documents, money, securities, checks, travelers checks and valuable papers;]
- [4. business samples;] [and/or]
- [5. jewelry and watches; or cameras, video recorders and electronic equipment].]

[The Baggage Delay Benefit is excess over any other insurance (including homeowners) or indemnity available to the [Insured Person] (including any reimbursements by the Common Carrier). In no event will the Company pay more than the Maximum Benefit Amount Shown on the *Schedule of Benefits* in any twelve (12) consecutive month period regardless of the number of Baggage Delay claims made in the twelve (12) month period.]

[Other] exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CHECKED [LOST, STOLEN OR DAMAGED] [AND CARRY ON] BAGGAGE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, [up to the Maximum Benefit Amount,] for amounts actually paid by the [Insured Person] [and/or Traveling Companion] for the direct physical loss of, or damage to, Checked Baggage [and Carry-On Baggage] and personal property contained therein, if direct physical loss (including theft) or damage of Checked Baggage [or Carry-On Baggage] occurs during a [Covered Activity][Covered Trip] [Covered Hazard] while in the possession of the Common Carrier.

[The Checked Baggage Benefit is excess over any other insurance (including homeowners) or indemnity available to the [Insured Person] (including any reimbursements by the [Common Carrier] the Company's liability will be the actual cash value (replacement cost less depreciation) of the articles at the time of the loss.]

[With respect to jewelry and watches, and cameras, video recorders and other electronic equipment, the Company's payment is limited to the Benefit Amount shown in the *Schedule of Benefits*. In no event will the Company pay more than the Maximum Benefit Amount as shown in the *Schedule of Benefits* in any twelve (12) consecutive month period regardless of the number of Checked Baggage [or Carry-On Baggage] claims made in that twelve (12) month period.]

You must:

1. protect personal property from further loss, theft or damage;
2. report within [24] hours any loss or damage to the appropriate representative of the Common Carrier;
3. provide the Company with a copy of the initial claim report submitted to the Common Carrier;
4. provide the Company with the proof of submission of the loss to , and the results of any settlement by , the Common carrier;
5. provide the Company with proof of submission of the loss to, and the results of any settlement or denial by the insured's personal insurance carrier (s);
6. provide the Company with evidence that the personal property has actually been replaced.

Definitions For purposes of this coverage:

[Carry-On Baggage means suitcases or other containers specifically designed for carrying personal property, which are carried on board a [Common Carrier] [or Scheduled Airline] by the [Insured Person] [and/or Traveling Companion].]

[Checked Baggage means suitcase or other containers specifically designated for carrying personal property, for which a claim check has been issued to the [Insured Person] [and/or Traveling Companion] by a [Common Carrier] [or Scheduled Airline].]

[Covered Trip means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least on overnight stay away from the [Insured Person's] [and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or [a Traveling Companion's] primary residence.]

[Traveling Companion] means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

[Scheduled Airline] means an airline which is either:

1. registered and certified by the Government of the United States of America to carry passengers on a regularly schedule basis; or
2. registered and certified by other governmental authority with competent jurisdiction to carry passengers on a regularly schedule basis.]

Exclusions [The Company will not reimburse the [Insured Person] [and/or a Traveling Companion] for loss of documents or valuable papers, money, securities, tickets, checks, travelers checks or furs.]

[Other] Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[CHAPERONE] [TOUR GUIDE] REPLACEMENT BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, in the event that the official [chaperone] [tour guide] of the [Policyholder; Subscriber; Participation Organization] is prevented from continuing his or her [Covered Activity] [Covered Trip] [Covered Hazard] due to a Covered Loss or Death of an Immediate Family Member which occurs after the [Covered Activity] [Covered Trip] [Covered Hazard] begins and before the [Covered Activity] [Covered Trip] [Covered Hazard] termination date.

The Company will pay for the reimbursement of:

1. the replacement [chaperone][tour guide], up to the published rate of a round trip economy class ticket from his or her place of permanent residence to the next scheduled destination where the replacement can join the insured group; and
2. return [chaperone][tour guide], up to the published rate of the round trip economy class ticket from his or her assigned location back home.

Definitions For purposes of this coverage:

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least on overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

Immediate Family Member means a person who is related to the [chaperone] [tour guide] in any of the following ways: spouse, [Eligible Domestic Partner], brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild.)

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[EMERGENCY REUNION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, to have one of the [Insured Person's] Immediate Family Member accompany him or her to the [Insured Person's] [Home Country] [or] [Hospital where the [Insured Person] is confined] if:

1. [the Emergency Medical Evacuation Benefit for a Covered Loss [or Emergency Sickness] is payable to the [Insured Person] under the Policy]; [and]
2. [the Insured Person] is alone outside of his or her Home Country;] [and]
3. [the place of Hospital Confinement is more than [100] miles from the [Insured Person's] Home Country.]

[In addition, the Company will pay the reasonable expenses incurred for lodging and meals for a period not to exceed [1-30] days.]

This benefit will not exceed the [lesser of]:

1. the cost of one[round-trip] economy airfare ticket and other local travel related expenses [or]
2. [the reasonable expenses incurred for lodging and meals of the [Insured Person's] Immediate Family Member for a period of [1-30] days;]
3. the Emergency Reunion Benefit Maximum shown in the *Schedule of Benefits*.

Definitions For purposes of this coverage:

[Home Country means a country from which the [Insured Person] holds a passport. If the [Insured Person] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[EMPLOYMENT RECRUITMENT EXPENSE BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] sustains Covered Loss [or Emergency Sickness] that results in Death or Permanent Total Disability benefits being payable under the Policy while traveling for business. The Company will indemnify the [Policyholder] [Employer] for reasonable expenses necessarily incurred in employing a registered recruitment company to recruit a permanent employee as a direct replacement for the [Insured Person].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section

[FOREIGN TRAVEL IMMUNIZATION AND VACCINATION

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [and/or Traveling Companion] is traveling [on business][during the course of a Covered [Hazard/Activity]] to a Foreign Country and certain immunization or vaccination shots are required in order to enter the Foreign Country. The Company will indemnify the [Insured Person] [and/or Traveling Companion] the Benefit Amount for each required immunization and/or vaccination [up to the Benefit Maximum shown in the *Schedule of Benefits*.]

Definitions For purposes of this coverage:

[Covered Trip means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least one overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

Foreign Country means any state of which a [Insured Person] [and/or Traveling Companion] is not a citizen.

[Traveling Companion means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOME COUNTRY EMERGENCY BENEFIT

The Company will pay Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [and/or a Traveling Companion] obtains medical treatment for a Covered Loss

[or Emergency Sickness] in his or her Home Country during the course of a [Covered Activity] [Covered Trip] [Covered Hazard] for which a benefit is otherwise payable under the [Accident] [and Emergency Sickness] Medical Expense Benefit.

The coverage begins on the date the [Insured Person] [and/or a Traveling Companion] arrives in his or her Home Country and continues for the Maximum Duration of Coverage as shown in the *Schedule of Benefits*. Coverage ends when the [Insured Person] [and/or a Traveling Companion] leaves his or her Home Country.

Coverage with respect to the [Insured Person] [and/or a Traveling Companion] must remain continuously in force. This includes while he or she is on vacation and school breaks. [Home Country Emergency Benefit payments are subject to any applicable [Benefit Maximum,] [Deductible] [and/or] [Coinsurance] shown in the *Schedule of Benefits*.]

Definitions For purposes of this coverage:

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least on overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

[Home Country] means a country from which the [Insured Person] [and/or a Traveling Companion] holds a passport. If the [Insured Person] [and/or a Traveling Companion] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country]

[Traveling Companion] means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Hazard] [Covered Trip]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOME COUNTRY EXTENSION BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [and/or a Traveling Companion] obtains medical treatment for a Covered Loss [or Emergency Sickness] in his or her Home Country during the course of a [Covered Activity] [Covered Trip] [Covered Hazard] for which a benefit is otherwise payable under the [Accident] [and Emergency Sickness] Medical Expense Benefit.

Benefits will be paid for a period of [1-6 month] from the date [the Insured Person] [and/or a Traveling Companion] returns to his or her Home Country. [Home country Extension Benefit payments are subject to any applicable [Benefit Maximum,] [Deductible] [and/or] [Coinsurance] shown in the *Schedule of Benefits*.]

Definitions For purposes of this coverage:

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least on overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

[Home Country] means a country from which the [Insured Person] [and/or a Traveling Companion] holds a passport. If the [Insured Person] [and/or a Traveling Companion] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country]

[Traveling Companion] means an individual or individuals who have made advance arrangements with the **[Insured Person]** to travel together for all or part of the **[Covered Activity]** **[Covered Trip]** **[Covered Hazard]**. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[HOTEL/MOTEL] [BED & BREAKFAST], [HOSTEL], [CRUISE], [TRAIN SLEEPER CAR] BURGLARY BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all conditions and exclusions, if the **[Insured Person's]** **[and/or Traveling Companion's]** personal property is lost as a result of a Burglary of the **[Insured Person's]** **[and/or Traveling Companion's]** hotel or motel room. **[In no event will the Company pay more than the [Benefit Amount shown in the Schedule of Benefits in any [Calendar year] [Policy Year]] [or] [Lifetime Maximum].]**

Definitions For purposes of this coverage:

Burglary means the taking of unattended personal property belonging to the **[Insured Person]** **[and/or Traveling Companion]** from the **[Insured Person's]** **[and/or Traveling Companion's]** hotel or motel bed & breakfast], **[hostel]**, **[cruise]**, **[train sleeper car]** room by Forcible Entry. A police report must be submitted for support of the claim for this benefit.

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least on overnight stay away from the **[Insured Person's]****[and/or a Traveling Companion's]** primary residence;
3. with a destination that is more than **[seventy-five (75)]** miles from the **[Insured Person's]** **[and/or a Traveling Companion's]** primary residence.]

Forcible entry means the violent taking of an **[Insured Person's]** **[and/or traveling Companion]** personal possessions.

[Traveling Companion] means an individual or individuals who have made advance arrangements with the **[Insured Person]** to travel together for all or part of the **[Covered Activity]** **[Covered Trip]** **[Covered Hazard]**. Traveling Companion may include Spouse or Dependent Child.]

Exclusions **[Person property lost that was contained in the hotel or motel safety deposit box is excluded.]**

[Other] Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[LOSS OF TRAVEL DOCUMENTS]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the **[Insured Person]** **[and/or Traveling Companion]** sustains theft, loss or damage to Travel Documents during the course of the **[Covered Activity]****[Covered Trip]****[Covered Hazard]**. The Company will reimburse the **[Insured Person]** **[and/or Traveling Companion]** for any reasonable additional cost for travel accommodation and other associated cost incurred by the **[Insured Person]** **[and/or Traveling Companion]** to obtain the essential replacement Travel Documents.

Definitions For purposes of this coverage:

Travel document(s) mean(s) passport, visa, travel tickets, license or any essential travel documents belonging to the **[Insured Person]** **[and/or Traveling Companion]**.

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;

2. which includes at least one overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

[Traveling Companion] means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[PANDEMIC INFLUENZA [VACCINATION] [OR] [EVACUATION] BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [and/or Traveling Companion] is exposed to a Pandemic Influenza and requires a [vaccination] [or] [evacuation] from a Foreign Country due to the exposure to the Pandemic Influenza virus.

Definitions For purposes of this coverage:

Foreign Country means any state of which a [Insured Person] [and/or Traveling Companion] is not a citizen.

Influenza means a serious disease caused by viruses that infect the respiratory tract.

Pandemic means the worldwide outbreak of a disease in humans in numbers clearly in excess of normal.

Pandemic Influenza is a virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person.
(Designated as pandemic alert level 6 by the World Health Organization (WHO).)

[Traveling Companion] means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[PERSONAL PROPERTY BENEFIT

The Company will pay the Benefit Amount shown on the *Schedule of Benefits*, subject to all applicable conditions and exclusions, for personal property belonging to the [Insured Person][and/or Traveling Companion] that is lost during the course of a [Covered Activity] [Covered Trip] [Covered Hazard].

[The Personal Property Benefit is in excess over any other insurance (including homeowners) or indemnifications available to the [Insured Person] [and/or Traveling Companion] (including any reimbursements from airlines, cruise lines, railroad stations, authority occupancy providers).]

[With respect to jewelry and watches, and cameras, video recorders and other electronic equipment, The Company's payment is limited to the Benefit Amount shown in the *Schedule of Benefits*. In no event will The Company pay more than the Benefit Maximum Amount as shown in the *Schedule of Benefits* in any twelve (12) consecutive month period regardless of the number of Personal Property claims made in that twelve (12) month period.]

The Company will not reimburse the [Insured Person] [and/or Traveling Companion] for:

- [1. loss of documents or valuable papers, money, securities, tickets, checks, traveler's checks;
- [2. loss of fur;]
- [3. loss due to confiscation or detention by any customs agent or other authority governmental authority;]
- [or]
- [4. loss not reported to the police, hotel or Common carrier within forty-eight (48) hours of discovery or where no attempt has been made to recover the items.]

Definitions For purposes of this coverage:

[Common Carrier] means any motorized land, water or sea conveyance, operated by an organization other than the Policyholder, organized and licensed for transportation of passengers for hire and operated by an employee or individual under contract. Common Carrier does not include [helicopter] travel on cruise ships [that extends beyond a [48 hour] sight seeing tour] or any other conveyance used for recreation activities.]

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least on overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

[Traveling Companion] means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[RETURN HOME COUNTRY TRIP BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [and/or Traveling Companion] returns to his or her Home Country or country of principal residence for an incidental visit up to a maximum of a [2-26 week] period, provided:

1. the period of coverage is for a period of at least [10-60 days];
2. the primary reason for the [Insured Person] [and/or Traveling Companion] return to the Home Country or country of residence is not to obtain medical treatment for a Covered Loss that occurred while traveling.

[Return Trip Benefit payments are subject to any applicable [Benefit Maximum,] [Deductible] [and/or Coinsurance] shown in the *Schedule of Benefits*.]

[Extended Benefit: If the Return Home Country Benefit is payable, benefits will be extended for an additional month provided Insured Person [or insured dependent] has enrolled for coverage under the Policy for at least [6-12] consecutive months. Extended benefits are subject to the Benefit Maximum shown in the *Schedule of Benefits*.]

Definitions For purposes of this coverage:

[Home Country] means a country from which the [Insured Person] [and/or Traveling Companion] holds a passport. If the [Insured Person] [and/or Traveling Companion] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country]

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least on overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

[Traveling Companion] means an individual or individuals who have made advance arrangements with the **[Insured Person]** to travel together for all or part of the **[Covered Activity]** **[Covered Trip]** **[Covered Hazard]**. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section

[RETURN MINOR CHILDREN TRAVEL BENEFIT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the **[Insured Person]**, age **[18]** or older, is the only person traveling with minor Dependent Children who are under the age of **[18]**, and such **[Insured Person]** suffers a Covered Loss **[or Emergency Sickness]** and **[must be confined in a Hospital [for at least [12-72] consecutive hours] [or] [the [Insured Person] is medically evacuated to another country] [or to his or her Home Country]]]**. The Company will reimburse the cost of a one way economy **[airfare ticket] [and/or ground transportation ticket]** to return each minor Dependent Child to his or her **[Home Country or country of principal residence]**. **[Benefit payments are subject to any applicable Benefit Maximum shown in the *Schedule of Benefits*.]** All transportation arrangements must be made by the most direct and economical route and conveyance possible and not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by or **[The Company]**, and services are rendered by **[The Company]**.

Definitions For purposes of this coverage:

[Home Country] means a country from which the Dependent Child holds a passport. If the Dependent Child holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SCHEDULED] [AIRCRAFT] [TRAIN] [BUS] [FERRY] TRAVEL BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an **[Insured Person]** **[and/or Traveling Companion]** suffers a Covered Loss for which a benefit is payable under the Accidental Death and Dismemberment Benefit shown in the *Schedule of Benefits* that occurs while the **[Insured Person]** **[and/or Traveling Companion]** is riding as a passenger in, or getting on or off of, a **[scheduled Aircraft flown by a commercial airline or chartered airline] [train] [bus] [and/or] [ferry]**.

[Benefits will be payable for a Covered Loss that occurs as a result of the [Insured Person] [and/or Traveling Companion] being struck by any [Aircraft while at the airport before or after arrival of a flight that would have been covered] [train while at a train station before or after the arrival a train that would have been covered] [a bus while at a bus depot before or after the arrival of a bus that would have been covered] [a ferry at the portstation before or after the arrival of a ferry that would have been covered].]

Definitions For purposes of this coverage:

[Aircraft] means a vehicle which:

1. has a valid certificate of airworthiness; and
2. is being flown by a pilot with a valid license to operate the Aircraft.]

[Covered Trip] means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least one overnight stay away from the **[Insured Person's]****[and/or a Traveling Companion's]** primary residence;
3. with a destination that is more than **[seventy-five (75)]** miles from the **[Insured Person's]** **[and/or a Traveling Companion's]** primary residence.]

[Traveling Companion] means an individual or individuals who have made advance arrangements with the **[Insured Person]** to travel together for all or part of the **[Covered Activity]**

[Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[SECURITY EVACUATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if an [Insured Person] [and/or Traveling Companion] requires Security Evacuation as a result of an Occurrence that takes place while the [Insured Person] [and/or Traveling Companion] is traveling outside his or her Home Country. The Company will pay to transport the [Insured Person] [and/or Traveling Companion] to the Nearest Place of Safety. The determination that a Security Evacuation is required must be made by a Designated Security Consultant and all arrangement must be made by [The Company]

Benefit will be payable for eligible expenses up to the Benefit Amount shown in the *Schedule of Benefits*. Benefits will not be payable for Security Evacuation from or to an Excluded Country. Eligible expenses are for Transportation and Related Cost to the Nearest Place of Safety necessary to ensure the [Insured Person's] [and/or Traveling Companion's] safety and well being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once per Occurrence.

[Benefits will also be payable for the Transportation and Related Cost within [5-30] days of the Security Evacuation to the following locations as chosen by the [Insured Person] [and/or Traveling Companion]:

1. [back to the Host Country if return is safe and permitted;][or]
2. [the [Insured Person's][and/or Traveling Companion's] Home Country;]
3. [the country where the educational institution that sponsored the [Insured Person's] trip is located].

If after the Security Evacuation is completed, it becomes clear that the [Insured Person] [and/or Traveling Companion] was an active participant in the events that led to an Occurrence, the Company has the right to recover all Transportation and Related Cost for the [Insured Person] [and/or Traveling Companion].

Definitions For purposes of this coverage:

Designated Security Consultant means an employee of a security firm under contract with [The Company] or an [The Company] designated service provider who is experienced in security and measures necessary to ensure the safety of the [Insured Person(s)] [or traveling Companion] in his or her care.

Excluded Country/Countries means the following countries: (*countries to be listed by name here.*) This list may be changed at any time with 30 days advance notice to the Policyholder of the Company's change in its risk exposure for the Security Evacuation Coverage. Any country subject to the administration and enforcement of U.S economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC) is a country from which Security Evacuations are not available under this benefit.

Home Country means a country from which the [Insured Person] [and/or Traveling Companion] holds a passport. If the [Insured Person] [and/or Traveling Companion] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country.

Host Country means the country, other than an Excluded Country, in which the [Insured Person] [and/or Traveling Companion] is traveling while covered under this benefit.

Nearest Place of Safety means a location determined by the Designated Security Consultant where:

1. the [Insured Person] [and/or Traveling Companion] can be presumed safe from the Occurrence that precipitated [Insured Person's] [and/or Traveling Companion's] Security Evacuation; and
2. the [Insured Person] [and/or Traveling Companion] has access to Transportation; and

3. the [Insured Person] [and/or Traveling Companion] has availability to temporary lodging, if needed.

Occurrence means any of the following situations in which an [Insured Person] [and/or Traveling Companion] finds him or her self while covered under the Policy:

1. expulsion from a Host Country or being declared persona non grata on a written authority of the recognized government of the Host Country;
2. political or military events involving a Host Country, if the appropriate authorities issue an advisory stating that citizens of the [Insured Person's] [and/or Traveling Companion's] Home Country or citizens of the Host Country should leave the Host Country;
3. verified physical attack or a verified threat of physical attack from a third party;

Related Cost means food, lodging and, if necessary, physical protection for the [Insured Person] [and/or Traveling Companion] during the Transport to the Nearest Place of Safety.

Security Evacuation means the extrication of an [Insured Person] [and/or Traveling Companion] from the Host Country due to an Occurrence which results in the [Insured Person] [and/or Traveling Companion] being placed in imminent danger.

Transport/Transportation means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized or if possible, the [Insured Person's] [and/or Traveling Companion's] common carrier ticket.

Traveling Companion means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions [Other than the list of Excluded Countries,] Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[TRAVEL TO AND FROM THE [AIRPORT] [TRAIN STATION] [BUS DEPOT] [CRUISE OR BOAT PORT]

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person] [and/or Traveling Companion] suffers a Covered Loss that occurs while the [Insured Person] [and/or Traveling Companion] is: riding as a passenger in, or getting on or off of, a [land or sea] vehicle licensed to carry passengers for hire, while traveling to or from the [airport; train station, cruise or boat port].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[TRIP CANCELLATION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person's] trip is cancelled; the Company will reimburse the [Insured Person] the non-refundable paid amount, subject to the following;

1. The [Insured Person] [or Traveling Companion] has been advised by a Physician that traveling on the [Common Carrier Covered Trip] [Scheduled Air, Bus, Train Boat, Cruise] is medically inadvisable. The [Insured Person] must immediately notify the appropriate Common Carrier of Trip Cancellation after receiving such medical advice. If such notification by the [Insured Person] does not occur, our payment will not exceed the cancellation penalties imposed by the Common Carrier during the [24-96] hour period immediately following the Insured Person being advised that travel was not advisable.
2. Cancellation provisions in effect at the time the travel supplier is notified of a Trip Cancellation.
3. In no event, will the Company pay more than the Trip Cancellation Benefit Amount shown in the *Schedule of Benefits*. The [Insured Person] will relinquish rights to any unused vouchers, tickets, coupons or travel privileges for which the Company has reimbursed the [Insured Person.] [In no event will the Company pay more than the Benefit Amount as shown in the *Schedule of Benefits* in any [12] consecutive month period regardless of the number of Trip Cancellation claims made in that twelve [12] month period.]

This benefit does not apply to a [Covered Loss] [Common Carrier] [Schedule Air, Train, Bus, Cruise, Boat] schedule time [Air] caused directly or indirectly from:

1. [travel arrangements canceled or changes by the Common Carrier, Tour Operator, or any travel agents unless the cancellation is the result of inclement weather or an organized strike affecting public transportation;]
2. [change in plans, financial circumstances and any business or contractual obligations of the [Insured Person], Traveling Companion, Immediate Family Member of the [Insured Person] or the Immediate Family Member of the Traveling Companion;]
3. [financial Insolvency of a travel agency, tour operator or traveler supplier;]
4. [any changes in military orders of the [Insured Person] [or the Insured Person's Spouse] which occurs prior to or within [2-21] days of when the [Covered Trip] [Covered Hazard] [Common Carrier Covered Trip][travel on the Scheduled Aircraft, Train, Bus, Cruise, Boat] begins; [or]
5. [a Pre Existing Condition.]

Definitions For purposes of this coverage:

Common Carrier means any motorized land, water or sea conveyance, operated by an organization other than the Policyholder, organized and licensed for transportation of passengers for hire and operated by an employee or individual under contract. Common Carrier does not include [helicopter] travel on cruise ships [that extends beyond a [48 hour] sight seeing tour] or any other conveyance used for recreation activities.

Common Carrier Covered Trip means travel on a Common Carrier when the full fare for such transportation [less any redeemable frequent flyer miles, coupons or certificates] has been charged [to the [Insured Person's Account] issued by the Policyholder]. [If frequent flyer miles, coupons or certificates are redeemed a charge of at least \$1.00 or the full amount due for the trip, whichever is greater, must be charged to the Account for travel to be considered a Common Carrier Covered Trip.]

[Covered Trip means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least one overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

[Pre Existing Condition means illness or disease or accidental injury of the [Insured Person], Traveling Companion, Immediate Family Member of the [Insured Person] or the Immediate Family Member of the Traveling Companion, for which medical advice, diagnosis, care or treatment was recommended within a [60-180] day period prior to a [Covered Trip] [Covered Hazard] [Common Carrier Covered Trip] [Scheduled Aircraft, Train, Bus, Cruise, Boat]. The taking of prescriptions drugs or medication for a controlled condition throughout the [60-180 day] period will not be considered treatment of illness or disease.]

[Traveling Companion means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Trip Cancellation means the cancellation of [Covered Trip] [Covered Hazard] [Common Carrier Covered Trip] [Scheduled Aircraft, Train, Bus, Cruise, Boat] travel arrangements when the [Insured Person] is prevented from traveling on a [Common Carrier] [Scheduled Aircraft, Train, Bus, Cruise, Boat] trip on or before the departure of the [Covered Trip] [Covered Hazard] [Common Carrier Covered Trip] [Scheduled Aircraft, Train, Bus, Cruise, Boat].

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[TRIP CHANGE PENALTY

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person's] has a change in business plans while on a [Covered Trip] [Covered Hazard] [Covered Activity] which causes the [Insured Person] to incur a penalty imposed by a Common Carrier or hotel, the Company will reimburse the [Insured Person] the penalties up to the maximum shown in the *Schedule of Benefits*.

[The trip Change benefit is in excess of any other insurance or any other source of reimbursements (including any reimbursements by the Common Carrier, hotel or [Insured Person's] employer) available to the [Insured Person]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[TRIP DELAY BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the [Insured Person's] [and/or Traveling Companion's] [Covered Activity] [Covered Trip] [Covered Hazard] is delayed due to an unpublished and unannounced strike, civil commotion, hijack or Natural Disaster. The Company will reimburse the [Insured Person] [and/or Traveling Companion] up to the Benefit Amount for the cost of food and temporary lodging until travel by the [Insured Person] [and/or Traveling Companion] becomes possible.

[The Trip Delay Benefits are in excess of any other insurance or indemnification available to the [Insured Person] [and/or Traveling Companion] (including reimbursements by the Common Carrier).]

Definitions For purposes of this coverage:

[Covered Trip means any prepaid tour, trip or vacation:

1. occurring while the insurance is in-force;
2. which includes at least one overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
3. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

[Traveling Companion means an individual or individuals who have made advance arrangements with the [Insured Person] to travel together for all or part of the [Covered Activity] [Covered Trip] [Covered Hazard]. Traveling Companion may include Spouse or Dependent Child.]

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[TRIP INTERRUPTION BENEFIT

The Company will pay the Benefit Amount shown in the *Schedule of Benefits*, subject to all conditions and exclusions, if an [Insured Person] [and/or Traveling Companion] has a change in [business] plans while on a [Covered Activity] [Covered Hazard] [Covered Business Trip] [Covered Trip] [Common Carrier Covered Trip] which causes the [Insured Person] [and/or Traveling Companion] to incur a penalty imposed by a Common Carrier or hotel or motel.

In the event of Trip Interruption, the Company will reimburse the [Insured Person], up to the Trip Interruption Benefit Amount for:

1. the forfeited non-refundable paid Common Carrier arrangements that were missed; [and/or]
2. additional transportation expense incurred by the [Insured Person], less any available refunds. This expense is not to exceed the cost of a economy –class Common Carrier ticket by the most direct route to:
 - a. rejoin the [Covered Activity] [Covered Trip] [Covered Hazard] [Common Carrier Covered Trip]; or
 - b. return to the place of origin.

If the [Insured Person] [and/or Traveling Companion] is forced to temporarily postpone a [Covered Activity] [Covered Trip] [Covered Hazard] [Common Carrier Covered Trip] due to a Covered Loss [or Emergency

Sickness] and a new departure date is set, the Company will pay the extra expenses incurred to purchase tickets for a new departure. The Company will only pay the difference between the original fare and the economy fare for the rescheduled trip by the most direct route. The Company will also reimburse the [Insured Person] for the unused non-refundable Common Carrier arrangements; however, in no event will the Company pay more than the Benefit Amount shown in the *Schedule of Benefits*.

This benefit does not apply to:

1. [The [Insured Person] [and/or Traveling Companion] who is:
 - a. [Traveling against the advice of a Physician;]
 - b. [Traveling while on a waiting list for a specified medical treatment;]
 - c. [Traveling for the purposes of obtaining medical treatment;]
 - d. [Traveling the third trimester (seventh month or later) of a pregnancy;][or]
 - e. [Traveling with a Pre Existing Condition.]]
2. [Common Carrier caused delay [unless said delay is a result of an organized strike that affects public transportation];]
3. [Travel arrangement cancelled or changes by a Common Carrier, tour operator or any travel agent [unless the cancellation is the result of inclement weather or organized strike affecting public transportation];]
4. [Change in plans, financial circumstances or change in any business or contractual obligation of the [Insured Person][and/or Traveling Companion] or Immediate Family Member of the [Insured Person][and/or Traveling Companion];]
5. [Financial insolvency of a travel agency, tour operator or travel supplier;][or]
6. [Any changes in military orders of the [Insured Person] or the Insured Person's Spouse which occurs prior to or within [ten (10) days] of [Covered Activity] [Covered Trip] [Covered Hazard] [Common Carrier Covered Trip] departure.]

[The Trip Change Penalty Reimbursement is excess over any other insurance or other source of reimbursement (including any reimbursements by the Common Carrier, hotel/motel or the [Insured Person's] [and/or Traveling Companion's] [Employer] [the Policyholder].]

Definitions For purposes of this coverage:

Common Carrier means any motorized land, water or sea conveyance, operated by an organization other than the Policyholder, organized and licensed for transportation of passengers for hire and operated by an employee or individual under contract. Common Carrier does not include [helicopter] travel on cruise ships [that extends beyond a [48 hour] sight seeing tour] or any other conveyance used for recreation activities.

Common Carrier Covered Trip means travel on a Common Carrier when the full fare for such transportation [less any redeemable frequent flyer miles, coupons or certificates] has been charged [to the [Insured Person's Account] issued by the Policyholder]. [If frequent flyer miles, coupons or certificates are redeemed a charge of at least \$1.00 or the full amount due for the trip, whichever is greater, must be charged to the Account for travel to be considered a Common Carrier Covered Trip.]

[Covered Trip means any prepaid tour, trip or vacation:

4. occurring while the insurance is in-force;
5. which includes at least one overnight stay away from the [Insured Person's][and/or a Traveling Companion's] primary residence;
6. with a destination that is more than [seventy-five (75)] miles from the [Insured Person's] [and/or a Traveling Companion's] primary residence.]

[Pre Existing Condition means illness or disease or accidental injury of the [Insured Person], Traveling Companion, Immediate Family Member of the [Insured Person] or the Immediate Family Member of the Traveling Companion, for which medical advice, diagnosis, care or treatment was recommended within a [60-180] day period prior to a [Covered Trip] [Covered Hazard] [Common Carrier Covered Trip]][Scheduled Aircraft, Train, Bus, Cruise, Boat]. The taking of prescription drugs or medication for a controlled condition throughout the [60-180 day] period will not be considered treatment of illness or disease.]

Trip Interruption means an interruption of the [Insured Person's] [Covered Activity] [Covered Trip] [Covered Hazard] [Common Carrier Covered Trip] either on the way to the point of departure or after departure of the [Covered Activity] [Covered Trip] [Covered Hazard] [Common Carrier Covered Trip].

Exclusions [Aside from the exclusions listed above] Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

[LOGO]

AXIS INSURANCE COMPANY
(An ILLINOIS COMPANY)
[Administrative Address]

BLANKET [ACCIDENT] [AND] [EMERGENCY SICKNESS] [BUSINESS TRAVEL] [LIESURE TRAVEL] [CREDIT CARD] [POLICYHOLDER][PARTICIPATING ORGANIZATION] MASTER INSURANCE APPLICATION

Application is hereby made for a plan of BLANKET [ACCIDENT] [AND] [EMERGENCY SICKNESS] [BUSINESS TRAVEL] [LIESURE TRAVEL] [CREDIT CARD] [POLICYHOLDER] [PARTICIPATION ORGANIZATION] INSURANCE APPLICATION based on the following statements and representations: (please attach final approved proposal)

[Policy Number: XXXXXXX] [Requested Effective Date: 01-01-10]

Policyholder (Full legal name): _____ [Taxpayer ID # XX-XXXXXXXX]

Street Address: _____

[Participating Organization name: _____]

[POLICYHOLDER] [PARTICIPATING ORGANIZATION] COVERAGE:

A. Covered Activities:

[Covered Subsidiaries] _____ Yes No

Section I

A. [Classes of Eligible Persons]	Description	Number Eligible]

[LOGO]

AXIS INSURANCE COMPANY
(An ILLINOIS COMPANY)
[Administrative Address]

B. [Classes	Description of [Hazard] [Covered Activity]

C. [Classes	Description of Benefits	Principal Sum]

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by Axis Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance.

(Fraud Warning required by state will be inserted)

[Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

Signature		Date
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Printed Name and Title

[Premium Amount: _____ \$XXXXXXXXXX]

Signed by Licensed Broker/Agent
(Where required by Law)

License number

[LOGO]

AXIS INSURANCE COMPANY
(A Stock Company)
[11680 Great Oaks Way, Ste. 500
Alpharetta, GA 30022]

**BLANKET ACCIDENT POLICY [CERTIFICATE]
AMENDMENT**

(This amendment form is being filed as variable in its entirety, but only for the purpose of amending or renewing the policy within the parameters of filed variables.)

This Amendment is attached to and made part of the Policy effective [Month Day, Year] at 12:01 AM, Standard Time. Any changes in coverage apply only with respect to covered losses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Amendment.

This Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Amendment.

The President and Secretary of AXIS Insurance Company witness this Amendment:

[

] Secretary

[

] President

SERFF Tracking Number: PERR-126309547 State: Arkansas
 Filing Company: AXIS Insurance Company State Tracking Number: 43831
 Company Tracking Number: AXIS-AH-BA-AR-09-01-F
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident
 Project Name/Number: AXIS-AH-BA-AR-09-01-F /AXIS-AH-BA-AR-09-01-F

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	11/04/2009

Comments:

The Consumer Information Notice will be issued at the appropriate time(s) (at point of sale and/or policy issuance).

Attachments:

CERTIFICATE OF READABILITY rev.pdf
 Arkansas rule 19 & 49 Certification.pdf

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	11/04/2009

Comments:

See Forms Schedule tab.

	Item Status:	Status Date:
Satisfied - Item: Variability Statement, Authorization Letter	Approved-Closed	11/04/2009

Comments:

Attachments:

Blanket Statement of Variability-FINAL.pdf
 Blanket Accident LOA.pdf

CERTIFICATE OF READABILITY

FORM NAME	FORM NUMBER	FLESCH SCORE
Blanket Accident Insurance Policy	BACC-001-0909-AR	47
Master Application	BACC-003-0909	61

The text was Flesch scored by computer.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations.

Megan K. Morehead
Assistant Vice President
AXIS Global Accident & Health

Arkansas
RULE AND REGULATION 19 CERTIFICATION
RULE AND REGULATION 49 CERTIFICATION

This is to certify that the referenced forms comply with the provisions of Rule and Regulation 19 AND 49 as well as all applicable requirements of the Arkansas Insurance Department.

For **AXIS Insurance Company**

A handwritten signature in cursive script that reads "Megan K. Morehead".

Megan K. Morehead
Assistant Vice President
October 20, 2009

AXIS Insurance Company
STATEMENT OF VARIABLE LANGUAGE
for
Blanket Accident Policy BACC-001-0909

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Provision/Title	Variable	Description of Variable
GENERAL		<p>Any bracketed material is being filed as variable. Please note, variable information will never be less favorable to an insured than the minimum statutory and regulatory requirements of the state where the policy is issued. Any numeric variables will vary to ranges shown and will comply with minimum statutory/regulatory requirements.</p> <p>Brackets around numbers or alphas in listing, and punctuation/words such as “and/or” in a listing, will be included or deleted as needed in order to make the statement or provision read correctly.</p> <p>In some instances, we have provided comment as to how the provision/language will be used, within the policy itself. Said comment is in parentheses and italics. E.g., a comment may state that the following language will only be included when an insured contributes to premium, and thus is not included when coverage is non-contributory.</p> <p>The product will be marketed to any group typically recognized as eligible for blanket insurance including but not limited to employers, independent contractors, schools, camps, participant groups, volunteer groups, association groups, affinity groups, financial institutions, discretionary groups and out-of-state groups/trusts. The description of eligible classes may vary based on the nature of the group and classes covered. References to members of the group throughout the forms will vary to reflect group-type, e.g., employee, member, student, participant, etc. Likewise, reference to Insured Person may vary to reflect group type.</p> <p>Reference to Spouse may also include a Same Sex Spouse where same sex marriage is recognized or Domestic Partner where said coverage is allowed by state law. Reference to Domestic Partner may vary to reflect the proper designation allowed by state law, e.g., Partner to a Civil Union.</p> <p>The format may vary according to plan design or policyholder preference; however the relative prominence of provisions will not change. Subject to state readability laws, the print size, style, page size and layout may be modified to reflect various formats including 8.5 x 11 pages, booklets or brochure styles.</p>
FACE PAGE	1	Logo
	2	Policy/Certificate – appropriate term will be used. In cases where state law requires the Company to issue a Certificate, this form will serve as a Policy for issue to the policyholder, and Certificate for issue to the certificateholder.
	3	Company address may change
	4	Policyholder – John Doe information
	5	Policy Number - John Doe information
	6	Policy Effective Date - John Doe information
	7	Policy Anniversary - John Doe information
	8	Policy Term – John Doe information
	9	State of Issue – will reflect state where policy is issued
	10	Secretary – signature will be inserted; name may be revised should

		corporate officer be removed/replaced
	11	President – signature will be inserted; name may be revised should corporate officer be removed/replaced
	12	Disclosures – the applicable disclosures will be included or omitted according to plan design. E.g., the deductible disclosure will only be included when the plan design requires.
TABLE OF CONTENTS		
		Page Numbers will vary.
SCHEDULE OF BENEFITS		
		The Schedule is variable in its entirety and will reflect plan design. The appropriate language will always appear but the arrangement and formatting may vary. Any language required by statute or regulation will always appear and not be excluded or limited.
	1	Subscriber – i.e., Subscriber, Company, Employer name, Policyholder, etc. Effective Date – varies by case, it can be any day of the year and is mostly determined by the Policyholder.
	2	Eligible Persons –The description of eligible classes may vary based on the nature of the group and classes covered. References to members of the group throughout the forms may vary, e.g., employee, member, student, participant, etc. There is no limit on the number of classes. If there is more than one class eligible under the Policy, a Schedule of Benefits may be presented for each class if benefits, amounts, durations, etc. differ by class.
	3	Conditions of Coverage – the conditions will be included or omitted according to plan design. E.g., a Policy issued to a Volunteer Fire Department will reference only “Volunteer Fireman’s Coverage” and any other conditions applicable to that particular plan design.
	4	Covered Activities – will be included or omitted according to plan design See listing of Covered Activities under [Business Travel] [Leisure Travel][Foreign Business Travel][Specified Trip Travel] Insurance Coverage
	5	Maximums will be included or omitted according to plan design.
	6	Principal Sum - varies by case for Employee, Member, Participant, Spouse, Dependent Child(ren). Time period within which loss must occur (between 30 to 730 days) will be included or omitted according to plan design. Benefit amounts will vary to ranges shown. Primary Insured benefit amount may be paid as a fixed sum, or a multiple of the insured’s salary. Insured Spouse/Domestic Partner and Insured Dependent Children benefit amount may be paid as a fixed sum or as a percentage of the Primary Insured’s principal sum.
	7	Age Reductions – included or omitted according to plan design; reduction percentage varies by case; age tiers vary by case, range from age 65 to 85 or over, Tiers can range from 1 to 6 tiers
	8	Aggregate Limit of Indemnity - included or omitted according to plan design. The benefits to which the Limit applies may be included or omitted according to plan design. Actual Aggregate Limit of liability ranges from \$25,000 to \$500,000,000.
➤ Accidental Death Benefit		
		Benefit may be included or omitted according to plan design. Principal Sum - varies by case for Employee, Member, Participant, Dependent Spouse, Dependent Child(ren). Time period within which loss must occur (between 30 to 730 days) will be included or omitted according to plan design.

		Benefit amounts will vary to ranges shown. Primary Insured benefit amount may be paid as a fixed sum, or a multiple of the insured's salary, subject to a maximum depending on plan design. Insured Spouse/Domestic Partner and Insured Dependent Children benefit amount may be paid as a fixed sum or as a percentage of the Primary Insured's principal sum.
➤ Accidental Death And Dismemberment Benefit		Benefit may be included or omitted according to plan design.
	1	Principal Sum - varies by case for Employee, Member, Participant, Dependent Spouse, Dependent Child(ren). Benefit amount will vary to range shown. Loss period will be included or omitted according to plan design, and will vary to range shown.
	2	Each Covered Loss listed may be included or omitted according to plan design. The benefit may be a percentage of the principal sum (ranging between 1% - 100%) or a fixed sum (ranging between \$500 and \$50,000,000.)
➤ Accidental Severe Burn Benefit		Benefit may be included or omitted according to plan design.
		Percentage of body disfigurement may be paid in one percentage or in multiple classifications of percentage. E.g. (a) if 1 0% or more is disfigured, benefit is paid; or (b) if 20% to 40%, X is paid; if 40% to 60%, Y is paid; if 60%-100%, Z is paid. The benefit may be a percentage of the principal sum or a fixed sum. Burn classification may vary to first, second, and/or third degree in order for benefit to be paid.
➤ Accident Medical [and Emergency Sickness] Benefit		Entire benefit may be included or omitted according to plan design. Further, payment of benefits for Emergency Sickness may be included or omitted according to plan design.
	1	Scope of Coverage- The benefit may be paid as primary, primary excess over a certain amount, full excess, limited primary, or limited primary excess. Dollar amounts and percentages will vary to ranges shown.
	2	Policy Aggregate Deductible will be included or omitted according to plan design. Deductible period will be included or omitted according to plan design.
	3	All benefit amounts will vary to the ranges shown. Maximums, loss period, benefit period, deductible, deductible period will be included or omitted according to plan design. When included, time periods and dollar amounts will vary to the ranges shown.
	4	Benefits will be included or omitted according to plan design. Benefits may be paid on a percentage or a lump sum basis. Any maximums within the benefit may be included or omitted according to plan design and will vary to ranges shown.
➤ Accidental Dental Care And Surgical Benefit ➤ Accidental Eye Injury Benefit ➤ Additional Occupational Benefit ➤ Aircraft [Owned] [Leased] [Operated] [or] Controlled Benefit ➤ Aircraft Pilot And Crew Benefit ➤ Alternative Commuting Benefit		One, several or all benefits may be included or omitted according to plan design. Additional Occupational Benefit will only be included when an AD&D benefit is also included. Alternative Commuting Benefit will only be included when an AD&D benefit is also included.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown.

		Benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown. Additional Occupational Benefit and Alternative Commuting Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown
➤ Ambulance Benefit		Benefit may be included or omitted according to plan design. The benefit may pay for ground ambulance only, for air ambulance only or for ground and air. The benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown. The Maximum Number of Trips may be included or omitted according to plan design. The number will vary to the range shown and may be applied on a calendar year, certificate year or policy year basis.
➤ Ambulatory Surgical [and Hospital Outpatient Center] Benefit		Benefit may be included or omitted according to plan design. Further, payment of benefits for Hospital Outpatient Center may be included or omitted according to plan design.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will vary to the range shown.
➤ Assimilation Expense Benefit		Benefit may be included or omitted according to plan design. Benefit limit will vary to the range shown. Benefit Percentage will vary to the range shown. Coverage for Immediate Family Members and time within which program must begin are included or omitted according to plan design. When included, will vary to ranges shown.
➤ Bereavement Counseling Benefit ➤ Bereavement and Trauma Counseling Benefit		Benefits may be included or omitted according to plan design. The Bereavement Counseling Benefit is specific to sport coverage, the other may be included with other plan designs and coverages.
		Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will vary to the range shown. Maximum Number of Sessions and Maximum Benefit per Covered Loss may be included or omitted according to plan design. When included, the amounts will not be more than the amount shown.
➤ Bomb Scare, Bomb Search or Bomb Explosion Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown.
➤ Blood/Plasma/Platelets Benefit		Benefit may be included or omitted according to plan design. Benefit amount will vary to the range shown. Benefit may be paid on a per Covered Loss or per year basis.
➤ Bonus Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When

		included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown.
➤ Brain Damage Benefit		Benefit may be included or omitted according to plan design. Benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown. The Maximum Benefit amount may be included or omitted and will vary to the ranges shown
➤ Brain [Damage][Injury] Benefit ➤ Brain [Damage][Injury] Activities of Daily Living Benefit ➤ Brain Death Benefit		One, several or all benefits may be included or omitted according to plan design. Where shown, benefit may cover brain damage and/or brain injury. Loss period and/or Hospitalization period will be included or omitted according to plan design. When included, periods will vary to ranges shown. Benefit amount will be paid as a percentage of the principal sum, and will vary to the range shown. The amount may be subject to a maximum depending on plan design. The maximum amount will vary to the range shown.
➤ Bullet Proof Vest Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown.
➤ Burial and Cremation Benefit		Benefit may be included or omitted according to plan design. Benefit amount will vary to range shown.
➤ Camp Cancellation Benefit ➤ Camp Interruption Benefit		Benefits may be included or omitted according to plan design. Benefit amount will vary to range shown; per Covered Camper may be included or omitted according to plan design.
➤ Carjacking Benefit		Benefit may be included or omitted according to plan design. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown.
➤ Catastrophic Cash Benefit		Benefit may be included or omitted according to plan design. Benefit amount may be paid in lump sum, annual or monthly payment. The maximum number of payments may be included or omitted according to plan design and will vary to ranges shown. The loss period for any specified condition may be included or omitted according to plan design, and will vary to ranges shown. Percentage of benefit for one covered loss may be included or omitted according to plan design, and will vary to range shown.
➤ Catastrophic Total Disability Benefit		Benefit may be included or omitted according to plan design.

		<p>The Benefit period will vary according to plan design.</p> <p>The Initial and Subsequent disability periods may vary but will not be more than the time period shown.</p> <p>The Monthly Disability benefit may be included or omitted according to plan design. The Subsequent benefit, Benefit Increase Percentage, Partial Benefit, Maximum and Earnings period are included or omitted according to plan design; when included will vary to ranges shown.</p>
➤ Child Abduction Benefit		<p>Benefit may be included or omitted according to plan design.</p> <p>The deductible may be included or omitted according to plan design and will vary to range shown.</p> <p>Each benefit included as covered benefits may be included or omitted according to plan design, and will vary to ranges shown.</p>
➤ Child [ren 's] Additional Indemnity [Dismemberment] [Paralysis] [Loss Of Use] Benefit		<p>Benefit may be included or omitted according to plan design. When included the benefit will cover dismemberment, paralysis, and/or loss of use.</p> <p>Loss period will be included or omitted according to plan design. When included, period will vary to range shown.</p> <p>Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule under the applicable covered benefit, subject to a maximum depending on plan design.</p>
➤ Child Care Center Benefit		<p>Benefit may be included or omitted according to plan design.</p> <p>Benefit amount may be a lump sum paid per calendar or policy year, or a percentage of the principal sum.</p> <p>The Benefit Period Maximum will be included or omitted according to plan design.</p> <p>The Default benefit will be included or omitted according to plan design. This will be a lump sum payment.</p>
➤ Child Survivor Benefit		<p>Benefit may be included or omitted according to plan design.</p> <p>Loss period will be included or omitted according to plan design. When included, period will vary to range shown.</p> <p>Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit and maximum amounts will vary to the ranges shown.</p>
➤ [COBRA] [Medical][Dental][Vision][Insurance Continuation] Expense Benefit		<p>Benefit may be included or omitted according to plan design. When included the benefit will either pay benefits related to COBRA or to medical, dental and/or vision continuation.</p> <p>Benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown. The benefit amount will be paid per calendar or policy year.</p> <p>The Maximum Number of Years will be included or omitted according to plan design, and will vary to the range shown.</p>
➤ College Education Expense Benefit		<p>Benefit may be included or omitted according to plan design.</p> <p>Benefit limit will vary to the ranges shown.</p>

		The Benefit Percentage will be included or omitted according to plan design, and will vary to the range shown. The Benefit Period will vary to the range shown.
➤ Coma Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit and maximum amounts will vary to the ranges shown.
➤ Common [Accident][Disaster] Benefit ➤ [Common Carrier][Public Conveyance] Benefit ➤ Commuting Benefit		Benefits may be included or omitted according to plan design. For Common Carrier Benefit, mode of transportation covered may vary depending on plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown.
➤ Crisis Death Benefit		Benefit may be included or omitted according to plan design. Benefit amount will be subject to a maximum depending on plan design. Benefit and maximum amounts will vary to the ranges shown.
➤ Deferred Treatment Expense Benefits		Benefit may be included or omitted according to plan design. The specific benefits listed may be included or omitted according to plan design. Maximum benefit and benefit periods will vary to range shown.
➤ Diagnostic X-Ray and Laboratory Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. The Benefit Maximum will be included or omitted according to plan design, and will vary to the range shown.
➤ [Dislocation][and][Fracture] Benefit		Benefit may be included or omitted according to plan design. Benefit may cover either dislocation or fracture, or both. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Specified types of dislocations and/or fractures will be included or omitted according to plan design, and will vary to ranges shown. The Benefit Maximum will be included or omitted according to plan design, and will vary to the range shown. The note regarding benefit amounts for spouse or dependents will be included or omitted according to plan design, and will vary to ranges shown.
➤ Domestic Assistance Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown.

		The Benefit Maximum Amount and Maximum Benefit Period will be included or omitted according to plan design, and will vary to the range shown.
➤ Elder Survivor Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit and maximum amounts will vary to the ranges shown.
➤ [Emergency Room][Accident Treatment] Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. The Maximum number of visits/treatments and the Maximum Benefit Amount will be included or omitted according to plan design, and will vary to the range shown.
➤ Emergency Team Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown.
➤ [Escalator][Inflation] Benefit		Benefit may be included or omitted according to plan design. The percentage of increase will vary to the range shown. The frequency of increase will be included or omitted and will vary to the range shown. The Maximum will be included or omitted and will vary to the range shown.
➤ Exposure and Disappearance Benefit		Benefit may be included or omitted according to plan design.
➤ Extended Burn Treatment Expense Benefit		Benefit may be included or omitted according to plan design. Maximum Benefit, Benefit Period and Benefit Percentage will vary to the ranges shown.
➤ Family Extension Benefit		Benefit may be included or omitted according to plan design. The number of months by which the Policy may be extended will vary to the ranges shown.
➤ Family Income Benefit		Benefit may be included or omitted according to plan design. Benefit amount will be paid as a fixed sum or as a percentage of the principal sum, and will vary to the ranges shown. The Maximum Benefit Period will be included or omitted and will vary to the range shown.
➤ [Felony Assault] [and] [Violent		Benefit may be included or omitted according to plan design. Type of

Crime][Robbery] Benefit		crime covered will vary according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown.
➤ Follow Up Physician Office Visits		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. The Maximum number of visits, per insured/spouse/dependent/family, will be included or omitted and will vary to the range shown.
➤ Heart and Circulatory Malfunction		Benefit may be included or omitted according to plan design. Benefit amount will be paid as a percentage of the principal sum, or as a fixed sum. Amounts will vary to the ranges shown.
➤ Hijacking and Air Piracy		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown.
➤ [HIV][HEP][Occupational/Assigned][Volunteer] Duties Accident Benefit		Benefit may be included or omitted according to plan design. Benefit may cover HIV and/or Hepatitis on an occupational and/or volunteer basis. Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit may be paid as a monthly benefit and amounts will vary to the ranges shown.
➤ [Home Alteration and Vehicle Modification][Wheelchair Confinement] Benefit		Benefit may be included or omitted according to plan design. Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Benefit may be paid as a monthly benefit and amounts will vary to the ranges shown.
➤ Home Invasion Benefit		Benefit may be included or omitted according to plan design. Deductible will be included or omitted. When included, amount will vary to range shown. The benefit amounts listed may be included or omitted according to plan design, and will vary to the ranges shown.
➤ Home Healthcare Expense Benefit		Benefit may be included or omitted according to plan design. Daily benefit amount will vary to range shown. The Maximum Benefit Period will be included or omitted and will vary to the range shown.
➤ Home Recuperation Income Benefit		Benefit may be included or omitted according to plan design. Benefit amounts will vary. The Maximum Benefit Period and Minimum Preceding Hospital Stay will

		be included or omitted and will vary to the ranges shown.
➤ Hospital [Indemnity][Confinement][Stay] Benefit		Benefit may be included or omitted according to plan design. Benefit amount will vary to range shown and will be paid on a daily, weekly, or monthly basis depending on plan design. The Maximum Benefit Period, Hospital Stay Period, and Benefit Waiting Period will be included or omitted and will vary to the ranges shown.
➤ Invalidation of Life Insurance Benefit		Benefit may be included or omitted according to plan design. Maximum Benefit amount will vary.
➤ Identity Theft Expense Benefit		Benefit may be included or omitted according to plan design. Benefit amounts will vary to ranges shown. Benefit for Credit Card and Forgery Counterfeiting may be included or omitted according to plan design. Deductible may be included or omitted according to plan design.
➤ Intensive Care Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Daily benefit amount will vary to range shown. The Maximum Benefit Period will be included or omitted and will vary to the range shown.
➤ Kidnap and Extortion Consultant Benefit		Benefit may be included or omitted according to plan design. The specified types of coverage will be included or omitted according to plan design, and will vary to ranges shown.
➤ Law Enforcement Coverage		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown.
➤ [Medical Evacuation] [Repatriation] Benefit		Benefit may be included or omitted according to plan design. Benefit may cover medical evacuation and/or repatriation. Benefit amounts will vary to ranges shown.
➤ Medical Imaging Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will vary to range shown.
➤ Natural Disaster Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, and will vary to the ranges shown.

➤ Occupational Disease Coverage		Benefit may be included or omitted according to plan design. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
➤ Paralysis Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. The types of paralysis covered may be included or omitted according to plan design. Benefit amount will be paid as a fixed sum or as a percentage of the Accidental Death Benefit shown in the Schedule, and will vary to the ranges shown. The note regarding benefit amounts for spouse or dependents will be included or omitted according to plan design, and will vary to ranges shown.
➤ Parent Care Benefit		Benefit may be included or omitted according to plan design. Benefit amounts will vary to ranges shown. Maximum may be included or omitted according to plan design.
➤ Permanent Total Disability Benefit		Benefit may be included or omitted according to plan design. Benefit Waiting Period will be included or omitted, and will vary to range shown. The benefit will be paid in accordance with the options shown. The amounts will vary to the ranges displayed. The Benefit Period associated with option 4, is variable.
➤ Private Passenger Benefit		Benefit may be included or omitted according to plan design. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
➤ Prescription Drug Benefit		Benefit may be included or omitted according to plan design. Benefit amount may be paid in a fixed sum and will vary to range shown. Co-pay may be included or omitted according to plan design, and will
➤ [Physical][Occupational][Speech] therapy Benefit		Benefit may be included or omitted according to plan design. Benefit will be paid for Physical, Occupational, and/or Speech Therapy. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will vary to range shown. The Maximum Number of Visits covered will be included or omitted and will vary to the range shown.
➤ Prosthesis[Appliance] Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will vary to range shown.

➤ Psychological Treatment Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.
➤ Reconstructive Surgery Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.
➤ Rehabilitation Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Family Training, Lost Earnings and Maximum Benefit are included or omitted according to plan design, and will vary to ranges shown.
➤ Relocation Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, subject to a maximum depending on plan design. Amounts will vary to the ranges shown. Household Member benefit will be included or omitted according to plan design. When included, benefit amount will be paid as a percentage of the principal sum, subject to a maximum depending on plan design.
➤ Seatbelt [and][Airbag][Safety Device] Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Covered benefits will be included or omitted according to plan design. Benefit amounts will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.
➤ Special Education Benefit		Benefit may be included or omitted according to plan design. Covered benefits will be included or omitted according to plan design. Benefit amounts will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum. Maximum Number of Annual Payments may be included or omitted and will vary from 1-10 payments.
➤ Sponsored Event Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D

		benefit, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
➤ Telecommuters Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the AD&D benefit, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
➤ Terrorism Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of Covered Losses under the applicable covered benefit, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
➤ Total Disability [Monthly/Weekly] Benefit		Benefit may be included or omitted according to plan design. Benefits may be paid on a weekly or monthly basis according to plan design. Benefits amounts and periods will vary to ranges shown. Time within which Disability must begin and Waiting Period are included or omitted according to plan design, and will vary to range displayed.
➤ Vocational Training Expense Benefits		Benefit may be included or omitted according to plan design. Benefit amounts will be paid as a percentage of the principal sum, subject to a maximum depending on plan design, or as a fixed sum.
➤ [Accommodations][and][Travel Ticket] Benefit		Benefit may be included or omitted according to plan design. Loss period will be included or omitted according to plan design. When included, period will vary to range shown. Benefit amounts will vary to ranges shown. The Accommodations benefit will be included or omitted according to plan design
➤ Baggage Delay		Benefit may be included or omitted according to plan design. Delay period, Benefit Amount, Maximum Number of days, and Maximum Amount are included or omitted according to plan design, and will vary to ranges shown.
➤ [Checked][Lost, Stolen or Damaged] [and Carry-On] Baggage Benefit		Benefit may be included or omitted according to plan design. Benefit amounts will vary to ranges shown. Deductible, Co-insurance, Maximum benefit will be included or omitted according to plan design. Jewelry and Camera/Electronic benefits will be included or omitted according to plan design.
➤ [Chaperone][Tour Guide] Replacement Benefit		Benefit may be included or omitted according to plan design. Benefit amounts will vary to ranges shown. Co-insurance will be included or omitted according to plan design.

➤ Emergency Reunion Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Benefit Maximum will be included or omitted according to plan design.
➤ Employment Recruitment Expense		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to range shown.
➤ Foreign Travel Immunization and Vaccination		Benefit may be included or omitted according to plan design. May be paid for either leisure and/or business travel.
		Benefit amounts will vary to ranges shown. Benefit Maximum will be included or omitted according to plan design.
➤ Home Country Emergency Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Deductible, Co-insurance, Maximum Duration will be included or omitted according to plan design.
➤ Home Country Extension Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Deductible, Co-insurance, Maximum Duration will be included or omitted according to plan design.
➤ [Hotel/Motel][Bed & Breakfast][Hostel][Cruise][and][Train Sleeper Car] Burglary Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to range shown. Lifetime Maximum will be included or omitted according to plan design.
➤ Loss of Travel Documents		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown.
➤ Pandemic Influenza [Vaccination][Evacuation] Benefit		Benefit may be included or omitted according to plan design. The benefit may cover vaccination and/or evacuation.
		Benefit amounts will vary to ranges shown. Either benefit will be included or omitted according to plan design.
➤ Personal Property Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Jewelry and Camera/Electronic benefits will be included or omitted according to plan design.
➤ Return Home Country Trip Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Deductible, Co-insurance, Benefit Maximum will be included or omitted according to plan design.
➤ Return Minor Child(ren) Travel Benefit		Benefit may be included or omitted according to plan design.
		Benefit amounts will vary to ranges shown. Deductible, Co-insurance will be included or omitted according to plan design.
➤ Scheduled [Aircraft][Train][Bus][Ferry] Travel Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will be paid as a fixed sum or as a percentage of the Covered Loss shown in the Schedule of AD&D benefits, subject to a maximum depending on plan design. Amounts will vary to the ranges shown.
➤ Security Evacuation Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will vary to range shown.

➤ Travel to and from the [Airport][Train Station][Bus Depot][Cruise or Boat Port]		Benefit may be included or omitted according to plan design.
		Benefit amount will vary to range shown. Co-insurance will be included or omitted according to plan design.
➤ Trip Cancellation		Benefit may be included or omitted according to plan design.
		Benefit amount will vary to range shown. Co-insurance will be included or omitted according to plan design.
➤ Trip Delay		Benefit may be included or omitted according to plan design.
		Benefit amount will vary to range shown. Co-insurance will be included or omitted according to plan design.
➤ Trip Interruption Benefit		Benefit may be included or omitted according to plan design.
		Benefit amount will vary to range shown. Co-insurance will be included or omitted according to plan design.
➤ Trip Change Penalty		Benefit may be included or omitted according to plan design.
		Benefit amount will vary to range shown, subject to a lifetime maximum depending on plan design. Maximum benefit Period will be included or omitted according to plan design.
PREMIUM [RATE] TABLE		Table will be included or omitted according to plan design.
	1	Premium modes and rates will vary based on plan design/benefits. Rates will vary by case based on plan of benefits Rates per Policyholder, Subscriber, Insured, Employee, Dependent Spouse, Dependent Child(ren) and Family Plan.
	2	Initial Premium Rate Guarantee -varies by case.
	3	Mode of Premium Payment – varies by case. Values are Monthly, Quarterly, Semi-annual, Annual & Nine months.
	4	Premium Due Dates – varies by case. Can be from January 1 to December 31 of any given year.
	5	Initial Premium will vary by case.
	6	May be excluded when coverage is non-contributory. Contributions – varies by case. Policyholder: 0% to 100%; Covered Person and/or Employee – 0% to \$100; Split-funded, Employer & Employee each fund a piece from 0% to 100%.
	7	Premiums for War Risk and Aircraft coverage may have separate premiums. These will only be included when such coverage is afforded under the Policy.
GENERAL DEFINITIONS		Each definition is included or omitted according to plan design. E.g., the Emergency Sickness definition will only be included when Emergency Sickness is covered under the benefit structure.
		When a definition includes conditions, those conditions may be included or omitted according to plan design.
ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION PROVISIONS		Provisions shown as variable will be included or omitted according to plan design/benefit structure.
COMMON EXCLUSIONS		Exclusions will be included or omitted according to plan design/benefit structure. Any exclusions provided in a policy will comply with state rules and regulations. Any language required by statute or regulation will always appear and not be excluded or limited.
CLAIM PROVISIONS		Provisions shown as variable will be included or omitted according to plan

		design/benefit structure. Any numeric ranges shown will comply with minimum state statutes or regulations. The range is provided in order to allow for a more favorable time period for the insured person.
ADMINISTRATIVE PROVISIONS		Provisions shown as variable will be included or omitted according to plan design/benefit structure.
GENERAL PROVISIONS		Provisions shown as variable will be included or omitted according to plan design/benefit structure.
CONDITIONS OF COVERAGE		<p>The conditions will be included or omitted according to plan design/benefit structure.</p> <p>Definitions pertaining to the coverage will be included or omitted according to plan design. General Definitions will also apply.</p> <p>Exclusions pertaining to the coverage will be included or omitted according to plan design. Common Exclusions will also apply.</p> <p>Where indicated, the title of the coverage will vary. E.g., the Travel coverage may be Business Travel, Leisure Travel, Foreign Business Travel, etc.</p> <p>Further, we may add a title to the coverage being provided based on Policyholder preference. E.g., “Volunteer Fireman’s Coverage”, under which we would list the benefits being provided (Emergency Response, etc.)</p> <p>When applicable to a given benefit (travel benefits), personal deviation may or may not be covered depending on plan design. When personal deviations are covered, time limits will be applied that are consistent with the type of benefit covered.</p>
➤ Aircraft [Owned][Leased][Operated][Controlled][Pilot and Crew] [and Passengers] Coverage		Substitute Pilot Coverage and Replacement Aircraft Coverage will be included or omitted according to plan design.
➤ Armed Forces Coverage		
➤ Bomb Scare, Bomb Search or Bomb Explosion Coverage		
➤ [Boy Scout] [Girl Scout] Coverage		
➤ Bullet Proof Vest Coverage		
➤ [Business Travel] [Leisure Travel][Foreign Business Travel][Specified Trip Travel] Coverage		Covered Travel Activities will be included or omitted according to plan design.
➤ Camp or Conference Coverage		
➤ Civil Unrest Coverage		
➤ [Common Carrier][Public Conveyance] Coverage		
➤ Covered Activities [Hazards] Coverage		Will show the Covered Activities specific to the benefits/coverage. E.g., under the Travel Benefit, the specific activities covered under the policy would be listed.
➤ Emergency[Team][Response] Coverage		
➤ Exposure and Disappearance Coverage		
➤ Financial Services Common Carrier Coverage		
➤ Financial Services Scheduled Train Coverage		
➤ Financial Services Scheduled Air Coverage		
➤ Financial Services Trip Cancellation		

Coverage		
➤ Felonious Assault and Violent Crime [Crisis Benefit] Coverage		
➤ Fire Drill Coverage		
➤ Hijacking and Air Piracy Coverage		
➤ Independent Contractors Coverage		
➤ Kidnap and Extortion Consultant Expense Coverage		
➤ Line of Duty [Occupational] Coverage		
➤ National Guard and Armed Forces Reserve Coverage		
➤ Non Employee Director [Trustee] Coverage		
➤ Occupational Disability Coverage		
➤ On Call Coverage		
➤ On Call Response Coverage		
➤ [Policyholder/Subscriber] Coverage		
➤ Private Passenger Coverage		
➤ Relocation Coverage		
➤ [Scheduled Airlines][Civilian Aircraft][and][Military Air Transport][common Carrier][Land, Water [or Air]][All][Public] Conveyance][Business Only] Coverage		
➤ School Coverage		
➤ Security Evacuation Coverage		
➤ [Supervised and] Sponsored Activities Coverage		
➤ Sports Coverage		
➤ Ski Lift Coverage		
➤ Telecommuting Coverage		
➤ Terrorism Coverage		
➤ Truck Passenger Coverage		
➤ [Voluntary] [24-Hour] Coverage		
➤ Volunteer Duty Coverage		
➤ Volunteer Fireman's coverage		
➤ War Risk Coverage		
DESCRIPTION OF BENEFITS		<p>As shown in the above regarding the Schedule of Benefits, each benefit may be included or omitted according to plan design.</p> <p>To the extent a benefit requires benefit-specific definitions or exclusions, they will be included or omitted as applicable to the plan design. E.g., when the AD&D benefit does not cover heart failure, the definition of heart failure will be omitted. General Definitions and Common Exclusions will also apply.</p> <p>See section above regarding Schedule of Benefits for how benefits will be paid.</p>

Blanket Accident Master Application BACC-003-0909

Master Application	Description of Variable
	<p>The Title of the Form will vary to reflect plan design and/or policyholder preference.</p> <p>Reference to policyholder may vary depending on the type of Policyholder applying for coverage- i.e., Subscriber, Company, Employer name, etc. Form may also be used for Participating Organizations affiliated with a Policyholder.</p> <p>Classes of Eligible Persons, Description of Covered Activities/Hazard, and Description of Benefits will be included or omitted dependent on plan design being offered.</p> <p>The Fraud Warning will reflect the state-specific language required by the state where the policy will be issued.</p>

Blanket Accident Enrollment Form BACC-004-0909

Enrollment Form	Variable	Description of Variable
		<p>The form may be used to enroll, for change in family status, or for increase/decrease in coverage.</p> <p>1 Reference to policyholder may vary depending on Policyholder applying for coverage- i.e., Subscriber, Company, Employer name, etc. Employee-specific requested items will only be included when employees are covered under the policy.</p> <p>2 Reference to applicant will vary depending on Policyholder – i.e., Employee, Member, Camper, Student, Athlete, etc.</p> <p>3 Reference to Dependent Coverage will be included where such coverage may be selected by the applicant. Any reference to Spouse includes same-sex spouse and/or Domestic Partner where allowed by law.</p> <p>4 Coverages for which applicant may enroll will be listed in item 4. depending on plan design being offered. May include product marketing names such as “Camp Coverage”, “Volunteer Fireman’s Coverage.” Selections will reflect plan design being offered.</p> <p>5 Beneficiary Designation will be included or omitted according to plan design. When omitted, benefits will be paid according to state law.</p> <p>6 Witness signature line will be included or omitted as required.</p>
		<p>Important Notice showing state-specific Fraud Warnings will always be included.</p>

Blanket Accident Policy/Certificate Amendment BACC-005-0909

Amendment	Description of Variable
	<p>Since the bracketed text in the policy/certificate is variable to be included, omitted or, where applicable, to vary within the numeric ranges displayed within the brackets, Amendment Form BACC-005-0909 allows us to make changes to previously issued policies/ certificates. Without this Amendment, we'd have to issue new documents each time a change is made. Note that this is <u>not</u> a "blank" amendment. We are asking your Department's approval to use this <i>solely to make changes that are within the variability of the filed forms</i> as set forth above. For example, some of our exclusions and limitations are variable to be included or omitted. With this Amendment we could add or delete such an exclusion or limitation. The Amendment could <u>not</u> be used to add an exclusion that was not part of the original filing and that had not been previously approved by your Department to be included in the policy.</p>



September 18, 2009

**Re: AXIS Insurance Company
NAIC Company Number: 37273
Blanket Accident Product Filing Submission**

To Whom It May Concern:

Perr&Knight is hereby authorized to submit rate and form filings on behalf of AXIS Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight at the following address:

State Filings Department
Perr&Knight
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Phone: (310) 230-9339
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in cursive script that reads "Megan K. Morehead".

Megan K. Morehead
Assistant Vice President
AXIS Global Accident & Health
Phone: 609-216-3342
Megan.Morehead@AXIScapital.com