

SERFF Tracking Number: WESA-126154316 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: 42398
Company Tracking Number: 05 GA0003 04 02 09
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Arch Group Accident Arkansas
Project Name/Number: 05 GA003 04 02 09/05 GA003 04 02 09

Filing at a Glance

Company: Arch Insurance Company

Product Name: Arch Group Accident Arkansas SERFF Tr Num: WESA-126154316 State: ArkansasLH
TOI: H02G Group Health - Accident Only SERFF Status: Closed State Tr Num: 42398
Sub-TOI: H02G.000 Health - Accident Only Co Tr Num: 05 GA0003 04 02 09 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Darcy Lebau Disposition Date: 05/28/2009
Date Submitted: 05/18/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 05 GA003 04 02 09
Project Number: 05 GA003 04 02 09
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 05/13/2009
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer, Association, Trust
Explanation for Other Group Market Type:
State Status Changed: 05/28/2009
Corresponding Filing Tracking Number: 05 GA003 04 02 09

Filing Status Changed: 05/28/2009

Deemer Date:

Filing Description:

May 18, 2009 via SERFF

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department

SERFF Tracking Number: WESA-126154316 State: Arkansas
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1200 West Third Street
Little Rock, AR 72201

Re: Arch Insurance Company
FEIN#: 43-0990710
NAIC#: 1279 11150
Arch Filing Designation # ARCH-09-025

Group Accident Insurance Policy – Form #05 GA0003 04 02 09
Group Accident Insurance Certificate – Form #05 GA0004 04 02 09
Group Accident Insurance Application – Form # 05 GA0001 04 02 09
Group Accident Beneficiary Designation – Form # 05 GA0002 00 02 09
Group Accident Insurance Amendment – Form # 05 GA0005 00 02 09
Honorable Commissioner Bowman :

I respectfully submit the form filing referenced above on behalf of Arch Insurance Company (“Arch”) for your review and approval prior to use in your state. Westmont Associates, Inc. has been requested to file these forms on behalf of Arch. Please see the enclosed authorization letter.

Group Accident Insurance Policy, Form #05 GA0003 04 02 09, covers a broad class of persons for specific losses related to specific activities. The subject forms are new and are not intended to replace any other forms currently in use. Group Accident Insurance Policy, Form #05 GA0003 04 02 09, provides accident benefits on a Group basis to groups recognized as eligible groups under the laws of your state. Arch files these forms as variable, offering accidental death and dismemberment benefits, accident medical benefits and additional accident benefits either separately or in combination on a non-contributory or voluntary basis. The form as filed is more inclusive than the forms as they will be issued on a specific case or program. Variable data is bracketed and italicized and may vary on a case or program basis. Please see the enclosed Statement of Variability for Arch’s explanation of how these forms may vary to accommodate different product offerings.

The Certificate of Insurance, Form #05 GA0004 04 02 09, will be issued 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. Application, Form #05 GA0001 04 02 09, will detail the benefits applicable to the organization and will be signed by the policyholder. Policy/Certificate Amendment, Form #

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05 GA0005 00 02 09, 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 Group Accident Insurance product will be marketed by licensed agents, brokers, and third party administrators to eligible groups.

In accordance with Arkansas's filing requirements, enclosed please find:

- Flesch Certification
- Certificate of Compliance with Rule 19
- Arkansas Life & Health Guaranty Notice
- Consumer Information Notice
- Letter of Authorization
- Forms
- Statement of Variables

I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 856-216-0220, x 221 or at Darcy@Westmontlaw.com if you have any questions or require additional information.

Respectfully,
Darcy Lebau
Darcy Lebau

Company and Contact

Filing Contact Information

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

Darcy LeBau, darcy@westmontlaw.com
25 Chestnut Street, Suite 105 (856) 216-0220 [Phone]
Haddonfield, NJ 08033

Filing Company Information

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri
300 First Stamford Place Group Code: 1279 Company Type: Property and
Casualty

5th Floor East
Stamford, CT 06902 Group Name: State ID Number:
(203) 388-3220 ext. [Phone] FEIN Number: 43-0990710

SERFF Tracking Number: *WESA-126154316* *State:* *Arkansas*
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation:

Missouri, Arch Insurance Company's state of domicile, charges \$50 per filing.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$50.00	05/18/2009	27957565

<i>SERFF Tracking Number:</i>	<i>WESA-126154316</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arch Insurance Company</i>	<i>State Tracking Number:</i>	<i>42398</i>
<i>Company Tracking Number:</i>	<i>05 GA0003 04 02 09</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>		
<i>Product Name:</i>	<i>Arch Group Accident Arkansas</i>		
<i>Project Name/Number:</i>	<i>05 GA003 04 02 09/05 GA003 04 02 09</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/28/2009	05/28/2009

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Arkansas Notice to Policyholders	Form	Darcy Lebau	05/21/2009	05/21/2009
Arkansas Consumer Information Notice	Form	Darcy Lebau	05/21/2009	05/21/2009

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Disposition

Disposition Date: 05/28/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of the Variables	Approved-Closed	Yes
Supporting Document	Letter of authorization	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	AR Group Accident Application	Approved-Closed	Yes
Form	AR Group Accident Certificate	Approved-Closed	Yes
Form	AR Group Accident Policy	Approved-Closed	Yes
Form	Group Accident Endorsement	Approved-Closed	Yes
Form	Group Accident Beneficiary Form	Approved-Closed	Yes
Form	Arkansas Notice to Policyholders	Approved-Closed	Yes
Form	Arkansas Consumer Information Notice	Approved-Closed	Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 05/21/2009

Comments:

Good afternoon.

By this Amendment, the undersigned has attached under the Form Schedule Tab revised Arkansas Notice to Policyholders, Form # 05 GA0009 04 02 09, and revised Arkansas Consumer Information Notice, Form # 05 GA0010 04 02 09.

Thank you for your time and attention to this filing.

Respectfully,

Darcy Lebau

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
05 GA0009 04 02 09	Other	Arkansas Notice to Policyholders	Initial					AR Group Accident - Rule 49 Appendix A 00GA000904 0209.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
05 GA0010 04 02 09	Other	Arkansas Consumer Information Notice	Initial					AR Group Accident Consumer Information

SERFF Tracking Number: WESA-126154316 *State:* Arkansas
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Notice
05GA001004
0209.pdf

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Form Schedule

Lead Form Number: 05 GA0003 04 02 09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	05 GA0001 04 02 09	Application/AR Group Accident Enrollment Form	AR Group Accident Application Form	Initial		52	AR Group Accident Application 05 GA0001 04 02 09 .pdf
Approved-Closed	05 GA0004 04 02 09	Certificate	AR Group Accident Certificate	Initial		45	AR Group Accident Cert 05 GA0004 04 02 09.pdf
Approved-Closed	05 GA0003 04 02 09	Policy/Contract/Fraternal Certificate	AR Group Accident Policy	Initial		45	AR Group Accident Policy 05 GA0003 04 02 09.pdf
Approved-Closed	05 GA0005 00 02 09	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Group Accident Endorsement	Initial		54	Countrywide Group Accident Endorsement 05 GA0005 00 02 09.pdf
Approved-Closed	05 GA0002 00 02 09	Other	Group Accident Beneficiary Form	Initial		46	Countrywide Group Accident Beneficiary Form 05 GA0002 00 02 09.pdf
Approved-Closed	05 GA0009 04 02 09	Other	Arkansas Notice to Policyholders	Initial			AR Group Accident -

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Approved- 05 GA0010 Other Arkansas Consumer Initial
Closed 04 02 09 Information Notice

Rule 49
Appendix A
00GA000904
0209.pdf
AR Group
Accident
Consumer
Information
Notice
05GA001004
0209.pdf



ARCH INSURANCE COMPANY
(A Missouri Corporation)

Administrative Address:
300 - Plaza Three, 3rd Fl.
Jersey City, NJ 07311
Tel: (201) 743-4000

ARKANSAS GROUP ACCIDENT INSURANCE APPLICATION

Application is hereby made for a plan of Group Accident Insurance based on the following statements and representations:

[Policy Number: {XXXXXXXX}] [Requested Policy Term: {01/01/09 to xx/xx/xx}]

Applicant (Full Legal Name): {ABC Company}

Street Address: {123 Main Street
Your Town, Any State, 00000}

[Taxpayer ID #: {XX-XXXXXXXX}]

Coverage for Subsidiaries No Yes (attach list)

Section I

A. Classes of Eligible Persons	Description	Number Eligible
{		
}		

B. Class	Description of Benefits	Principal Sum
{		
}		

C. Aggregate Limit of Liability	
[\$] per []	Description
Class	
{	
}	

Section II – Additional Benefits



A. Classes of Eligible Persons	Description	Number Eligible
{		
}		

[Age Limits: Spouse _____ Child _____]

B. Class	Description of Benefits
{	
}	

C. Additional Benefits Aggregate Limit of Liability

[\$ _____] per [_____]

Class	Description
{	
}	

[The following attachments are to be made part of the Policy as of the Policy Effective Date. Amendment; Rider; or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by that form.]

Form # Description
 {xxx ABC Rider}

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 Arch 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.



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

Printed Name and Title

[Premium Amount: \$xxxxxxx]

Signed by Licensed Broker/ Agent
(where required by law)

License Number



ARCH INSURANCE COMPANY
(A Missouri Corporation)

Home Office Address:
3100 Broadway, Suite 511
Kansas City, MO 64111

Administrative Address:
300 - Plaza Three, 3rd Fl.
Jersey City, NJ 07311
Tel: (201) 743-4000

ARKANSAS GROUP ACCIDENT CERTIFICATE OF INSURANCE

POLICYHOLDER	{ABC COMPANY }		
POLICY NUMBER	{123-45-6678899}	POLICY EFFECTIVE DATE	{JANUARY 1, 2009}
POLICYHOLDER ADDRESS	{123 MAIN STREET}	POLICY ANNIVERSARY DATE	{JANUARY 1}
POLICY TERM	{JANUARY 1, 2009 TO DECEMBER 31, 2009}		

This Certificate of Insurance is issued under the terms of the Policy issued to the Policyholder. Coverage is only described in the Certificate of Insurance. It is not the insurance contract. The Policy is the only contract under which benefits are paid. The Policy may be examined, upon request, at the office of the Policyholder.

We insure each person in one of the Classes of Eligible persons provided the required premium is paid when due. We will pay the benefits described in the Policy for certain losses resulting directly, and independently of all other causes, from an accident or accidental bodily injuries that: occur while the Policy is in force and Your coverage is in effect; and subject to all the provisions, conditions, exclusions and limitations of the Policy.

IN WITNESS WHEREOF, Arch Insurance Company has caused this certificate to be executed and attested.

Martin J. Nilsen
Secretary

Mark D. Lyons
President

**THIS IS A CERTIFICATE FOR GROUP ACCIDENT INSURANCE.
THE POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.
BENEFITS ARE NOT PAID FOR LOSSES DUE TO SICKNESS.
PLEASE READ THE CERTIFICATE CAREFULLY.**

**[THIS CERTIFICATE CONTAINS A DEDUCTIBLE PROVISION]
[THIS CERTIFICATE CONTAINS AN EXCESS PROVISION]**

IMPORTANT NOTICE TO ALL ARKANSAS POLICYHOLDERS

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

IMPORTANT NOTICE

PROBLEMS WITH YOUR INSURANCE?--If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

To obtain information or make a complaint:

You may call Arch Insurance Group's telephone number for information or to make a complaint at:

(201) 743-4000

You may also write to Arch Insurance Group at:

**Arch Insurance Group
300 - Plaza Three, 3rd Fl.
Jersey City, NJ 07311**

You may contact the Arkansas Insurance Department to obtain information on companies, coverages, rights or complaints at:

(501) 371-2600 or 1-800-282-9134

You may write the **Arkansas Insurance Department**:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the **ARCH INSURANCE COMPANY** first. If the dispute is not resolved, you may contact the **ARKANSAS INSURANCE DEPARTMENT**.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

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III ELIGIBILITY FOR INSURANCE.....	X
IV EFFECTIVE DATE OF INSURANCE.....	X
V TERMINATION DATE OF INSURANCE.....	X
Extension of Benefits	
VI DESCRIPTION OF BENEFITS	X
Accidental Death [and Dismemberment] Benefits	
Additional Accidental Death [and Dismemberment] Benefits	
Additional Benefits	
VII SCOPE OF COVERAGE	X
VIII PREMIUM	X
IX CLAIM PROVISIONS	X
X GENERAL POLICY PROVISIONS	X
XI EXCLUSIONS	X]

[SECTION I] - SCHEDULE OF BENEFITS

POLICYHOLDER {ABC Company}

POLICY NUMBER {00000000000}

POLICY EFFECTIVE DATE {1/01/09}

POLICY PERIOD {January 1, 2009 through December 31, 2009}

PREMIUM DUE DATE {Monthly; Quarterly; Annual in advance on the [1st] of each month}

(Class definitions are variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members; the employer and its employees; etc.)

CLASSES OF ELIGIBLE PERSONS

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. [Also, a person may not be insured as a Dependent and a Covered Person at the same time.]

Class [1] *[All active members of the Policyholder working a minimum of 25 hours per week.]*
Class [2] *[All full-time employees of members working a minimum of 40 hours per week.]*
Class [3] *[All part-time employees of the Policyholder working a minimum of 20 hours per week.]*
Class [4] *[All Spouses [;Dependent Children of Class [1].]*

PARTICIPATION REQUIREMENTS *{The greater of 25% of all Eligible Persons or 2 insured lives.}*

PREMIUMS

(Determined on the basis of the plan design selected by the Policyholder.)

{\$123 per month/year/trip}

(The Aggregate Limit is optional and applies on the case level.)

[AGGREGATE LIMIT OF LIABILITY

Benefit Maximum	<i>{Variable, e.g. any amount from \$25,000 to \$50,000,000}</i>
Applies During	<i>{Variable, e.g. Policy Term; per occurrence; # of years; per Covered Accident.}</i>
Applies To	<i>{Variable e.g. All benefits; Accidental Death & Dismemberment benefits only; Indemnity benefits only}</i>

(If there is more than one class eligible under the Policy, a Schedule of Benefits may be presented for each class of benefits applicable, amounts and duration differ by class or it may be presented together as shown below.)

[ELIGIBILITY WAITING PERIOD *{None to (90) days}]*

[CONTINUATION OPTIONS

For Death of Covered Person	
Maximum Benefit Period:	<i>{Variable, e.g., Any period from: 365 days to 730 days}</i>
For Layoff	
Maximum Benefit Period:	<i>{Variable, e.g., Any period from: 365 days to 730 days; Variable, e.g., Any period from: 6 months to 24 months}</i>
For Leave of Absence	
Maximum Benefit Period:	<i>{Variable, e.g., Any period from: 1 month to 6 months}</i>
For Family Medical Leave	
Maximum Benefit Period:	<i>{Variable, e.g., Any period from: 12 weeks to 52 weeks}</i>
For Active Duty	
Maximum Benefit Period:	<i>{Variable, e.g., Any period from: 12 months to 24 months}</i>

For Portability

Maximum Benefit Period: *{Variable, e.g., any period from: 12 months to 24 months}*

[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFITS

Class [1] Principal Sum: *{Variable, e.g. any amount from \$5000 to \$10,000,000}*

[Spouse [or Domestic Partner] Principal Sum: *{Variable, e.g. any amount from \$5,000 to \$500,000}*

[Child[ren] Principal Sum: *{Variable, e.g. any amount from \$2,500 to \$50,000}*

[Time Period for Loss: *{Variable, e.g. any period from 30 days to 365 days}*

[Age-based Reductions: *{Variable, e.g. 20%-75% at age 50-80 and over}*

[ADDITIONAL ACCIDENTAL DEATH [AND DISMEMBERMENT] COVERAGES [Accidental Death [and Dismemberment]] benefits are provided under the following coverages. Any benefits payable under them are as shown in the Schedule of Covered Losses. Generally, benefits for these coverages would otherwise be excluded on a case or class basis.]

- [Armed Forces Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [Exposure and Disappearance Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [Hijacking and Air Piracy Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [National Guard and Armed Forces Reserve Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [Owned, Leased, Controlled, Chartered Aircraft [Business Travel (Only)]** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [Pilot [and Crew Members] Coverage [Business Travel (Only)]** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [Terrorism Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [War Risk Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]

[ACCIDENT MEDICAL [DENTAL] EXPENSE BENEFIT

[Total Benefit Maximum for all Accident Medical [Dental] Expense Benefits *{Variable, e.g. any amount from \$2,500 to \$5,000,000}*

[Combined Maximum Limit *{Variable, e.g. any amount from \$2,500 to \$5,000,000}*

[Loss Period [First Covered Expenses must be incurred within] *{Variable e.g., any time frame from: 15 days to 90 days after the Covered Accident}*

[Benefit Period *{Variable e.g. any period from 6 months to 5 years from the date of the Covered Accident}*

[Deductible *{Variable e.g. any amount from \$25 to \$100,000}*

[Deductible must be incurred within	<i>{Variable e.g. any timeframe from 30 days to 3 years from the Covered Accident.}}</i>
[Co-payment for all outpatient services	<i>{Variable e.g. any amount from \$20 to \$1000 per visit.}}</i>
[Coinsurance Factor for all Covered Expenses	<i>{Variable e.g. any percentage from 50% to 100%}}</i>
[Scope of Coverage	<i>{Primary; Primary Excess over {\$100}; Full Excess}}</i>

(Accident Medical Expense benefits may be available on an unallocated or allocated basis as shown below; that is to say there may be specific limits or coinsurance rates on certain Covered Expenses (allocated) or all Covered Expenses may be subject to the same maximum limit and coinsurance factor (unallocated).)

[Any Deductibles; Coinsurance; Co-payments; Benefit Periods; and Benefit Maximums apply on a per Covered Person, per Covered Accident basis.]

[Covered Expense	Benefit Amount
[Daily Hospital Room and Board	<i>{Semi-private room rate} (Variable e.g. Any amount from \$100 - \$2500) per day, subject to a (5-30) day maximum or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$2500) per day, not to exceed the daily semi-private room rate]</i>
[Daily Intensive Care Unit	<i>(Variable e.g. Any amount from \$100 - \$2500) per day, subject to a (5-30) day maximum or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$2500) per day, not to exceed the daily intensive care unit room rate]</i>
[Hospital Confinement	<i>(Variable e.g. Any amount from \$50 - \$1000) per confinement, subject to a maximum up to(\$100-\$500) [and subject to Co-Payment] or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$2500) per day, not to exceed the daily intensive care unit room rate]</i>
[Ancillary Hospital Expenses	<i>(Variable e.g. Any amount from \$100 - \$2500) per day, subject to a (5-30) day maximum or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$2500) per hospital stay.]</i>
[Physician Office Visit	<i>(Variable e.g. Any amount from \$10 - \$100) per visit (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$10 - \$100)]</i>
[Physician Surgical Expenses	<i>(Variable e.g. Any amount from \$100 - \$1000) or subject to Co-payment of (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$5000)]</i>
[Emergency Room and Supplies	<i>(Variable e.g. Any amount from \$100 - \$500) per visit subject to a (1-4) visit maximum or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$500) per visit]</i>
[Ambulance	<i>(Variable e.g. Any amount from \$25 - \$100) subject to a (\$50-\$500) maximum or (Variable e.g.</i>

	<i>Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$50 - \$500)maximum.]</i>
[Outpatient Surgery Visit	<i>(Variable e.g. Any amount from \$10 - \$100) per visit, subject to a maximum up to (\$50 - \$500) [and subject to Co-Payment] or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$10 - \$100)]</i>
[Outpatient Surgical Room and Supplies	<i>{Variable e.g. Any amount from \$100 - \$1000} or {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$100 - \$1000}}</i>
[Outpatient Laboratory Tests and X-Rays	<i>{Variable e.g. Any amount from \$10 - \$100} per visit subject to a maximum up to {\$25-\$250} or {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$50 - \$250} or {Variable e.g. Any amount from \$25 - \$500} per Covered Accident.]</i>
[Home Health Care	<i>{Variable e.g. Any amount from \$10 - \$250} per visit, subject to a {2-10} visit maximum or {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$50 - \$250} per visit]</i>
[Extended Care Facility	<i>{Variable e.g. Any amount from \$50 - \$1000} per day, subject to a {5-30} day maximum or {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$250 - \$1000} per day]</i>
[Rehabilitation Care Facility	<i>{Variable e.g. Any amount from \$50 - \$1000} {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$250 - \$1000} per day]</i>
[Physical Medicine	<i>{Variable e.g. Any amount from \$10 - \$500} per visit per day, subject to a {1-15} day maximum or {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$10 - \$500} per visit.]</i>
[Anesthesiologist Expenses	<i>{Variable e.g. any percentage from 10% to 50% (percentage of surgeon's allowance) [Optional, i.e. up to {Variable e.g. any amount from \$100 to \$3000 } per procedure]</i>
[Dental Expenses	<i>{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from \$50 to \$2000 per tooth; \$50 to \$25,000 per Covered Accident}]</i>
[Rehabilitative Braces and Appliances	<i>{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from \$25 to \$500 }]</i>
[Prescription Drugs	<i>{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from</i>

	<i>}\$50 to \$500 }]</i>
[Medical Equipment Rental	<i>{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from \$50 to \$500 }]</i>
[Medical Services and Supplies	<i>{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from \$50 to \$500 }]</i>
[Eyeglasses, Contact Lens and Hearing Aids	<i>{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from \$25 to \$500 }]</i>
[Artificial Limbs	<i>(Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to (Variable e.g. any amount from \$100 to \$1000)]</i>
[Temporomandibular Joint/Craniomandibular Disorders	<i>(Variable, e.g., Any percentage from: 80% to 100%[Optional, i.e., up to (Variable, e.g., Any amount from: \$50 to \$500)]</i>
[Heart and Circulatory Conditions	<i>(Variable, e.g., Any percentage from: 80% to 100%[Optional, i.e., up to (Variable, e.g., Any amount from: \$2000 to \$5,000)]</i>
[Mental and Nervous Disorders	
Hospital Expenses:	<i>(Variable, e.g., Any percentage from: 80% to 100%[Optional, i.e., up to (Variable, e.g., Any amount from: \$50 to \$200 per day)]</i>
Maximum Number of Days:	<i>(Variable, e.g., Any number of days from: 45 to 100)</i>
Physician Expenses:	
Maximum per Treatment:	<i>(Variable, e.g., Any amount from: \$50 to \$100</i>
Maximum Number of Treatments:	<i>(Variable, e.g., Any number of treatments from: 5 to 100)]</i>
[Expanded Medical Benefit for Sports Conditions	<i>(Variable, e.g., Any percentage from: 80% to 100% [Optional, i.e., up to (Variable, e.g., Any amount from: \$500 to \$5,000)]</i>
[Extended Treatment Expenses	<i>(Variable, e.g., Any percentage from: 80% to 100%[Optional, i.e., up to (Variable, e.g., Any amount from: \$250 to \$500)]</i>
[Pre-Existing Conditions	<i>(Variable, e.g. Any amount from \$50 to \$5000)]</i>
[Transportation Expense for Newborn Child	<i>(Variable, e.g. Any amount up to \$1000 per child)]</i>
[Skilled Nursing Facility	<i>(Variable e.g. Any amount from \$50 - \$1000) per day, subject to a (5-30) day maximum or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$250 - \$1000) per day]</i>

[ADDITIONAL] ACCIDENT BENEFITS *(Each benefit is optional and variable.)*

[Any benefits payable under these Additional Accident Benefits shown below are paid in addition to any other [Accidental Death and [Dismemberment]] benefits payable, unless specifically noted otherwise.]

(The following Additional Benefits are optional and may apply on the case or class basis at the option of the Policyholder. These benefits are payable on an indemnity basis. Benefit amounts, duration and waiting periods may vary.)

[Accidental Burn and Disfigurement Benefit	<i>75-100% Body Disfigurement (Variable e.g. 25% to 100% Of the Principal Sum) 50-74% Body Disfigurement (Variable e.g. 25% to 100% of the Principal Sum) 25-49% Body Disfigurement (Variable e.g. 25% to 100% of the Principal Sum) Burn Classification (Variable e.g. first, second, third) degree]</i>
[Additional Occupational Benefit	<i>(Variable e.g. any percentage, 2% to 20% multiplied by the portion of the Principal Sum applicable to the Covered Loss.)</i>
[Alternative Commuting Benefit	<i>(Variable e.g. any percentage, 2% to 20% multiplied by the portion of the Principal Sum applicable to the Covered Loss]</i>
[Ambulance Benefit	<i>(Variable e.g. any amount, \$100 to \$750 per calendar year.)]</i>
[Bereavement and Trauma Counseling Benefit	
Benefit Amount	<i>(Variable e.g. any amount, \$25 to \$500 per session)</i>
Maximum Number of Sessions	<i>(Variable e.g. any number of sessions, 2 to 25 sessions.)</i>
Maximum Benefit Per Covered Accident	<i>(Variable, e.g. any amount, \$50 to \$2,000)]</i>
[Bomb Scare, Bomb Search, or Bomb Explosion Benefit	<i>(Variable e.g. any percentage, 2% to 20%) of the portion of the Principal Sum applicable to the Covered Loss]</i>
[Bonus Benefit	<i>(Variable, e.g. any amount, \$500 to \$10,000 .]</i>
[Brain Damage Benefit	<i>{Variable e.g. up to {50%} of the Principal Sum [subject to a Maximum Benefit of \$100,000]}</i>
[Bulletproof Vest	<i>{Variable e.g. up to {10%} multiplied by the portion of the Principal Sum applicable to the Covered Loss, as shown in the Schedule of Covered Losses.}]</i>
[Burial and Cremation Benefit	<i>(Variable, e.g. any amount, \$500 to \$10,000 .]</i>
[Business Travel Benefit	<i>(Variable e.g. any percentage, 2% to 20%) multiplied by the portion of the Principal Sum applicable to the Covered Loss.]</i>
[Carjacking Benefit	<i>(Variable e.g. any percentage , 2% to 20%) multiplied by the portion of the Principal Sum applicable to the Covered Loss .]</i>
[Chaperone Replacement Benefit	
Benefit Maximum:	<i>{Variable, e.g. \$5,000}</i>
Co-insurance Rate:	<i>{Variable, e.g. 100%}</i>

[Child Care Center Benefit

Benefit Amount	<i>(Variable e.g. any amount , \$2000 to \$10,000 per year)</i>
Maximum Benefit Period	<i>(Variable e.g. to any age , 6 to 18 for each surviving Dependent Child.)]</i>
[Child(ren's) Additional Indemnity for Dismemberment and [Paralysis] [Loss of Use]	<i>(Variable up to 200% of the Covered Dependent child's Principal Sum payable for such loss.)</i>
[Child Survivor Benefit	
At death of Covered Person	<i>(Variable e.g. any amount, \$500 to \$5,000 per child.)</i>
At death of Covered Spouse or Domestic Partner	<i>(Variable e.g. any amount, \$500 to \$5,000 per child.)]</i>
[Coma Benefit	<i>(Variable e.g. any amount, \$500 to \$2,000 .)]</i>
[Common Accident Benefit	
Covered Spouse or Domestic Partner Benefit	<i>(Variable e.g. up to any percentage, 10% to 100% of the Covered Person's Principal Sum (applicable to the Covered Loss,) up to a Maximum of \$5,000 to \$1,000,000 .]</i>
[Common Carrier Benefit	<i>(Variable e.g. any percentage , 10% to 50% of the principal sum (up to a maximum of \$50,000))]</i>
[Common Disaster Benefit	<i>(Variable e.g. any percentage, 50% to 100% of the principal sum (up to a maximum of (\$250,000)).]</i>
[Commuting Benefit	<i>(Variable e.g. any percentage, 10% to 50% multiplied by the portion of the Principal Sum applicable to the Covered Loss .]</i>
[Continuation of Insurance Expense Benefit	
Maximum Benefit	<i>(Variable e.g. any percentage, 2% to 20% of the Covered Person's Principal Sum up to (Variable, e.g. any amount , \$5,000 to \$25,000 per year.</i>
Maximum Benefit Period	<i>(Variable, e.g. any period, 1 year to 3 years)]</i>
[Crisis Benefit	<i>(Variable e.g. any percentage, 2% to 20% multiplied by the portion of the Principal Sum applicable to the Covered Loss .]</i>
[Diagnostic X-Ray and Laboratory Benefit	<i>{Variable e.g. up to {10%} multiplied by the portion of the Principal Sum applicable to the Covered Loss, as shown in the Schedule of Covered Losses.}]</i>
[Disability Benefit - [{Permanently} Totally Disabled], [Totally Disabled], [Presumptively Disabled] or [Partially Disabled]	
[Weekly/Monthly Benefit Amount	<i>{Variable e.g. any amount , \$25 to \$1000 minus Other Income Benefits}</i>
Benefit Waiting Period	<i>{Variable e.g. any period 1 day to 7 days, 2 weeks to 52 weeks}.</i>
Maximum Benefit Period per Covered Accident	<i>{Variable e.g. any period , 26 to 156 weeks.}]</i>

[Permanent Total Disability Benefit	<i>Benefit Waiting Period {Variable e.g. any period , 1 month to 36 months.}}</i>
[Option 1 – single lump sum Lump Sum Benefit	<i>Variable e.g. any percentage , 5% to 100% of the Principal Sum.}}</i>
[Option 2 – monthly benefits Total of Monthly Benefits	<i>Variable e.g. any percentage , 5% to 100% of the Principal Sum.}</i>
Monthly Benefit Payment	<i>Variable e.g. any percentage , 1% to 10% of the Principal Sum.}}</i>
[Option 3 – single lump sum and monthly benefits Initial Lump Sum Payment	<i>Variable e.g. any percentage , 5% to 100% of the Principal Sum.}</i>
Additional Monthly Benefit Payment	<i>Variable e.g. any percentage , 1% to 10% of the Principal Sum.}}</i>
[Option 4 – monthly benefits with limited Benefit period when disability begins after Age {62} Total of Monthly Benefits	<i>Variable e.g. any percentage, 5% to 100% of the Principal Sum.}</i>
Monthly Benefit Payment	<i>Variable e.g. any percentage, 0.5% to 20% of the Principal Sum.}</i>

Benefit Period	Benefit Period (Months)
<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 and older}	12]]

[Elder Survivor Benefit

[Option 1 – Lump Sum Benefit	<i>(Variable e.g. any percentage, 2% to 20% of the Principal Sum .)}</i>
[Option 2 – lump sum with monthly benefits For fixed period Total Benefit Amount	<i>(Variable e.g. any percentage, 2% to 20% of the Principal Sum.)</i>
Lump Sum Benefit	<i>(Variable e.g. any percentage , 2% to 20% of the Principal Sum.)</i>
Benefit Period	<i>(Variable e.g. any period , 12 months to 24 months.)]</i>
[Option 3 – Monthly Benefits Total Benefit Amount	<i>(Variable e.g. any percentage , 2% to 20% of the Principal Sum.)</i>
Benefit Period	<i>(Variable e.g. any period , 12 months to 24 months)]</i>

[Emergency Disaster Team Benefit

(Variable, e.g. Any percentage , 10% to 100% of the Principal Sum)]

[Emergency Reunion Benefit

Benefit Maximum: { Variable, e.g. \$10,000}
Daily Benefit Maximum: { Variable, e.g.250}
Co-insurance Rate: { Variable, e.g. 100%}
Maximum Number of Days: { Variable, e.g.5 days}}

[Emergency Room Benefit

Benefit Amount { Variable, e.g. any amount , \$100 to \$500.)
Maximum Payable Visits per Calendar Year (Variable, e.g. any number of visits , 2 to 10)
Maximum Benefit per Covered Accident (Variable, e.g. any amount, \$1000 to \$5000.)]

[Exposure and Disappearance Benefit

(Variable, e.g. any percentage of Principal Sum or flat dollar amount)]

[Family Plan Benefit

(Variable, e.g. Maximum Benefit \$500,000 .)]

[Family Reunion Benefit

Benefit Maximum: { Variable, e.g. \$10,000}
Co-insurance Rate: { Variable, e.g. 100%}}

[Felonious Assault and Violent Crime Benefit

Accidental Death and Dismemberment Benefit (Variable, e.g. any percentage , 2% to 20% multiplied by the portion of the Principal Sum applicable to the Covered Loss .
Hospital Stay Benefit (Variable, e.g. any amount , \$75 to \$500 per day.)
Maximum Benefit Period (Variable, e.g. any period , 15 days to 730 days per Hospital Stay per Covered Accident.)]

[Group Medical/Dental Premium Reimbursement

(Variable, e.g. equal to the lesser of the actual cost of the premium charged for continued medical and/or dental Benefit per year; 2% to 10% of the principal sum; or \$500 to \$5,000.)]

[Heart or Circulatory Malfunction Benefit

(Variable, e.g. any percentage of Principal Sum)]

[Hijacking and Air Piracy Benefit

(Variable, e.g. any percentage of Principal Sum or flat dollar amount)]

[Home Country Benefit

Benefit Maximum: { Variable, e.g. \$10,000}
Deductible: { Variable, e.g. \$50}
Co-insurance Rate: { Variable, e.g. 100%}}

[Home Country Emergency Benefit

Benefit Maximum: { Variable, e.g. \$2,000}
Deductible: { Variable, e.g. \$50}
Co-insurance Rate: { Variable, e.g. 100%}}

[Home Country Extension Benefit

Benefit Maximum: { Variable, e.g. \$10,000}
Deductible: { Variable, e.g. \$50}
Co-insurance Rate: { Variable, e.g. 100%}}

[Hospital Stay Benefit

Benefit Amount (Variable, e.g. any amount , \$25 to \$200 per day.)
Maximum Benefit Period (Variable, e.g. any period , 15 days to 730 days per Hospital Stay per Covered Accident.
Benefit Waiting Period (Variable, e.g. any number of days, 1 day to 7 days.)]

[Increased Dependent Child Dismemberment Benefit	<i>(Variable, e.g., Any percentage , 2% to 20%) of the Principal Sum applicable to the Covered Loss .]</i>
[Inflation [Escalator] Benefit	
Periodic Increase	<i>(Variable, e.g. any percentage , 2% to 20% of the Principal Sum)</i>
Frequency of Increases	<i>(Variable, e.g. Semi-annually, Annually.)</i>
Maximum Total Increase	<i>(Variable, e.g. any percentage , 10% to 50% of the Principal Sum)]</i>
[In-Hospital Indemnity Benefit	<i>(Variable, e.g. retroactive to the first day of confinement equal to the lesser of (\$1,000) or (1%) of the principal sum)]</i>
[Law Enforcement Officers Benefit	<i>(Variable, e.g., Any amount, \$10,000 to \$50,000) not applicable if stand-alone benefit Any percentage, (2% to 20%) of the Principal Sum applicable to the Covered Loss]</i>
[[Loss of Use]/[/Paralysis Benefit]	
	<u>Loss of:</u> <u>Benefits (Percentage of Principal Sum):</u>
	Use of Both Arms and Both Legs 100%
	Use of Both Arms or Both Legs 50%
	Use of One Arm and One Leg 50%
	Use of Both Hands or Both Feet 50%
	Use of One Hand and One Foot 50%
	Use of One Arm or One Leg 25%
	Use of One Hand or One Foot 25%]
[Lost Baggage Benefit	
Benefit Maximum:	<i>{ Variable, e.g. \$5,000}</i>
Deductible:	<i>{ Variable, e.g. \$50}</i>
Co-insurance Rate:	<i>{ Variable, e.g. 100%}</i>
[Natural Disaster Benefit	<i>(Variable, e.g., 2% to 10%) multiplied by the portion of the Principal Sum applicable to the Covered Loss .]</i>
[Occupational HIV and Hepatitis Benefit	<i>(Variable, e.g. any percentage , 10% to 50% of the Principal Sum subject to a maximum of (variable e.g. any amount , \$10,000 to \$100,000 .)]</i>
[Outpatient Surgery Benefit	<i>(Variable, e.g., Any amount, \$100 to \$1000 per Covered Accident)]</i>
[Permanent and Total Disability Benefit	<i>(Variable, e.g. any amount up to the Covered Person's Principal sum less any Accidental Death and Dismemberment Benefits or other benefits payable under this Policy for any other losses incurred as a result of the same Covered Accident.)]</i>
[Personal Property Benefit	
[Deductible per occurrence:	<i>(Variable, e.g. \$100 to \$500)]</i>
Personal Property Benefit Maximum:	<i>(Variable, e.g. \$1,000 to \$10,000)</i>
Benefit Maximum for Any One or Set of Articles:	<i>(Variable, e.g. \$100 to \$3,000)</i>
[Co-insurance Rate:	<i>(Variable, e.g. 80% to 100%)]</i>

[Physical Therapy Benefit

Benefit Amount (Variable, e.g., Any amount ,: \$25 to \$100 per visit}
Maximum Number of Visits per Covered (Variable' e.g., Any number of visits , 5 to
Accident 20)]

[Private Passenger Benefit

(Variable, e.g., Any percentage, 10% to 50% of the
Principal Sum} (not applicable if stand-alone benefit.)]

**[Reasonable Accommodation at Worksite Expense
Benefit**

Maximum Benefit per Covered Accident {Variable e.g. up to \$5,000}}

[Return from Trip Benefit

Benefit Maximum: {Variable, e.g. \$10,000}
Deductible: {Variable, e.g. \$50}
Co-insurance Rate: {Variable, e.g. 100%}}

[Return of Minor Children Benefit

Benefit Maximum: (Variable, e.g. \$2,000}
Deductible: {Variable, e.g. \$50}
Co-insurance Rate: (Variable, e.g. 100%}}

[Safety Device Benefit

(Variable e.g. An additional benefit of any percentage,
2% to 20% of the principal sum up to a maximum of
\$500 to \$50,000.}}

[Scheduled Air [Business Travel (only)] Benefit

[(Variable, e.g., Any percentage, 10% to 50%} multiplied
by the portion of the Principal Sum applicable to
the Covered Loss.) (not applicable if stand-alone
benefit.)]

[(For stand alone benefit]

Covered Loss

- [Loss of Life
- [Loss of Two or More Hands or Feet
- [Quadriplegia
- [Hemiplegia
- [Uniplegia
- [Coma

Benefit

- {Variable, e.g., Any amount , \$1,000 to \$10,000}}
- (Variable e.g., Any amount , \$1,000 to \$10,000}}
- (Variable, e.g., Any amount , \$1,000 to \$10,000}}
- (Variable, e.g., Any amount , \$500 to \$5,000}}
- (Variable, e.g., Any amount , \$500 to \$5,000}}
- (Variable, e.g., Any amount , \$500 to \$5,000}}]

[School

{Variable e.g. Principal Sum multiplied by the
percentage applicable to the Covered Loss, as
shown in the Schedule of Covered Losses.}}

[[School] Camp or Conference

{Variable e.g. Principal Sum multiplied by the
percentage applicable to the Covered Loss, as
shown in the Schedule of Covered Losses.}}

[Seatbelt [And Airbag] Benefit

[Seatbelt Benefit (Variable, e.g., Any percentage ,: 2% to 20%} of the
Principal Sum [subject to a Maximum Benefit of
(\$10,000 to \$50,000})
[Airbag Benefit (Variable, e. g., Any percentage ,: 20% to 20%} of the
Principal Sum [subject to a Maximum Benefit of
(\$10,000 to \$50,000}}]

[Severe Burn Benefit

Severe Burn of at least: Benefit:
(Percentage of Principal Sum)
75% of the body 100%

50% of the body 50%
25% of the body 25%

[Special Education Benefit

Surviving Dependent Child Benefit { Variable e.g. up to {5%} of the Principal Sum
[subject to a Maximum Benefit of {\$7,500}]

[Surviving Spouse Benefit { Variable e.g. up to {5%} of the Principal Sum
[subject to a Maximum Benefit of {\$7,500}]

Maximum Number of Annual Payments
[For Each Surviving Dependent Child { Variable e.g. up to {4}]

[For Surviving Spouse { Variable e.g. up to {4}]

Default Benefit { Variable e.g. up to {\$1,000}}

[Specified Trip [24 Hour Coverage]

{ Variable e.g. Principal Sum multiplied by the
percentage applicable to the Covered Loss, as
shown in the Schedule of Covered Losses.}

[Sponsored Event Benefit

(Variable, e.g., Any percentage, 2% to 20% of
Principal Sum) (not applicable if stand alone).]

[(For stand-alone benefit)

[For Accidental Loss of Life (Variable, e.g., Any amount, \$5,000 to \$10,000) in
increments of (Variable, e.g., Any amount,
\$500 to \$1,000)]

[For Accidental Loss of Limb or Sight (Variable, e.g., Any amount, \$2, 500 to \$5,000) in
increments of (Variable, e.g., Any amount, \$250 to
\$500)]

[Loss of Two or more Hands or Feet (Variable , e. g. , any percentage, 25% to 100%) of the
amount elected.]

[Loss of Sight of Both Eyes (Variable, e.g., any percentage, 25% to 100%) of the
amount elected.]

[Loss of One Hand or Foot (Variable, e.g., any percentage, 25% to 100%) of the
amount elected.]

[Loss of Sight of One Eye (Variable, e.g., any percentage, 25% to 100%) of the
amount elected]]

[Sports

{ Variable e.g. Principal Sum multiplied by the
percentage applicable to the Covered Loss, as
shown in the Schedule of Covered Losses.}

[Spouse or Domestic Partner Retraining Benefit

(Variable, e.g. the actual cost charged by any
accredited college, university or other institution of
higher learning or vacation or licensed technical
school per year; or 2% to 20% of the Covered
Person's Principal Sum

Maximum amount (Variable \$5,000 to \$50,000)]

[Spouse or Domestic Partner Survivor Benefit

Total of Monthly Benefits:
At death of (Covered Person) (Variable, e.g., Any percentage, 2% to 25% of the
Principal Sum (or Covered Spouse or Domestic
Partner Principal Sum)

[At death of Covered Person Spouse or
Domestic Partner (Variable, e.g., Any percentage, 2% to 25% of the
Principal Sum [or Covered Spouse Principal
Sum])]

Benefit Period (Variable, e.g., Any period, 12 months to 24 months)]

[Supervised and Sponsored Activities]

{Variable e.g. Principal Sum multiplied by the percentage applicable to the Loss, as shown in the Schedule of Covered Losses.}

[Teacher and School Administrator Benefit]

Benefit Amount: {Variable e.g. up to \$75,000}

Funeral and Burial Expense Benefit: {Variable e.g. up to \$1,000}

[Telecommuters Benefit]

(Variable, e.g., Any percentage, 2% to 20%) multiplied by the portion of the Principal Sum applicable to the Covered Loss.]

[Total Disability Weekly Income Benefit]

Weekly Benefit Amount: {Variable e.g. up to \$500}

Benefit Waiting Period: {Variable e.g. up to 7 days}

Maximum Benefit Period Per Covered Accident: {Variable e.g. up to 26 weeks}

[Travel to and from Airport Benefit]

(Variable, e.g., Any percentage, 2% to 20%) multiplied by the portion of the Principal Sum applicable to the Covered Loss .]

[Trip Cancellation Benefit]

Benefit Maximum: (Variable, e.g. \$2,000)

Co-insurance Rate: (Variable, e.g. 100%)

[Trip Interruption Benefit]

Benefit Maximum: (Variable, e.g. \$2,000)

Co-insurance Rate: (Variable, e.g. 100%)

[Waiver of Premium Benefit]

Benefit Waiting Period (Variable, e.g. Any period,: (3 months to 12 months))

Benefit Period

Age when Total Disability Begins	Benefit Period
Less than 60	(to 65th birthday)
60 and later	(60 months)

[Wheelchair Confinement Expense Benefit]

(Variable e.g. Maximum benefit \$5,000)]

(The following Additional Benefits are optional and may apply on the case or class basis at the option of the Policyholder. These benefits are payable on an expense incurred basis. Benefit amounts, duration, deductibles, coinsurance percentages and waiting periods may vary.)

[Adjustment Benefit]

Deductible (Variable e.g., any amount from \$0 to \$500)

Loss Period (Variable e.g., any number of days from 60 to 180)

Benefit Period (Variable e.g., any number of weeks from 26 to 52)

Maximum Benefit (Variable e.g. any amount from \$1,500 to \$25,000)]

[Education Benefit]

[Surviving Dependent Child Benefit (Variable, e.g., Any percentage, 2% to 20%) of the Principal Sum [subject to a Maximum Benefit of

[Surviving Spouse or Domestic Partner Benefit	(\$5,000 to \$10,000)] { Variable, e.g., Any percentage, 2% to 20%} of the Principal Sum [subject to a Maximum Benefit of (\$5,000 to \$10,000)]
Maximum Number of Annual Payments [For Each Surviving Dependent Child [For Surviving Spouse or Domestic Partner Default Benefit	(Variable, e.g., Any number, 1 to 4)] (Variable, e.g., Any number, 1 to 4)] (Variable, e.g., Any amount, \$500 to \$5, 000)]
[Emergency Medical Benefit Maximum Benefit	(Variable, e.g. Any amount , \$100 to \$500,000 up to Total Benefit Maximum)]
[Emergency Medical Evacuation [and Repatriation] Benefit Maximum Benefit per Covered Accident	(Variable, e.g. Any amount, \$1,000 to \$1,000,000.)]
[Home Alteration and Vehicle Modification Benefit	(Variable, e.g. any percentage , 10% to 50% of the Principal sum subject to a maximum of (\$2,000 to \$25,000).]
[Rehabilitation Benefit Benefit per Covered Accident	(Variable, e.g., Any amount, 2% to 20% of the Principal sum, subject to a maximum of (Variable, e.g., \$10,000 to \$250,000)]
[Repatriation Benefit Maximum Benefit	(Variable, e.g., Any amount, \$2,500 to \$500,000)]
<i>(These benefits are optional and may be included at the option of the Policyholder.)</i>	
[Contagious and Infectious Disease Benefit	(Variable, e.g., Any amount from: \$1,000 to \$5,000)]
[Cosmetic Disfigurement from Burns Benefit	(Variable, e.g., Any amount from: \$1,000 to \$5,000)]
[Heart or Circulatory Malfunction Benefit	(Variable, e.g., Any amount from: \$1,000 to \$5,000)]
[Influenza, La Grippe and Pneumonia Benefit	(Variable, e.g., Any amount from: \$1,000 to \$5,000)]

[SECTION II] - DEFINITIONS

For the purposes of this Policy, certain words with specific meanings are capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found in the Schedule of Benefits or in this Definitions Section.

ACCIDENT means a sudden, unexpected event that results in Injury to the Covered Person.

(This definition will be included if the term is used in the Policy.)

[ACTIVELY AT WORK means the Covered Person is present at his or her usual place of employment with the Policyholder, or is at another location as assigned or directed by the Policyholder, and is mentally and physically capable of performing the regular duties of the job for which he or she is employed. On any day that is not a Covered Person's regularly scheduled work day (vacation, personal days, and weekends or holidays) the Covered Person will be considered Actively at Work on such day provided he or she is not absent due to any type of leave and was Actively at Work on his or her last regularly scheduled work day. A Covered Person who usually performs the regular duties of his or her job at their home is considered Actively at Work if they meet all the above requirements and could work at the Policyholder's usual place of employment if required to do so.]

(This definition will be included if active service requirements apply to eligibility or the effective date of insurance.)

[ACTIVE SERVICE] means a Covered Person is either 1) actively at work performing all regular duties on a full-time basis either at his or her employer's place of business or someplace the employer requires him or her to be; or 2) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.]

(This definition will be included if the term is used in the Policy)

[ANNUAL COMPENSATION] means the Covered Person's rate of pay as reported by the Policyholder for work performed for the Policyholder. It does not include commissions, overtime, bonus and additional compensation or pay for more than a Covered Person's regularly scheduled work week.]

(This definition will be included if the term is used in the Policy)

[ANNUAL RE-ENROLLMENT PERIOD] means the period agreed upon by the Policyholder and Us when a Covered Person may enroll for this Benefit.]

(This definition will be included if the term is used in the Schedule of Benefits)

[BENEFIT PERIOD] means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.]

(This definition will be included if the term is used in the Policy)

[BUSINESS TRAVEL] means travel by a Covered Person is:

1. away from such Covered Person's regular place of employment;
2. at the authorization, direction and expense of the Policyholder; [and]
3. on the Policyholder's business; [and]
4. for periods of {180 days} or less.]

[Business Travel does not include Commutation.] [Business Travel includes Personal Deviation.]]

(This definition will be included if the term is used in the Schedule of Benefits)

[COMBINED MAXIMUM LIMIT] means the maximum amount for which We are liable for a Covered Person due to any one Accident.]

(This definition will be included if the term is used in the Policy)

[CONVEYANCE] means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

COVERED ACCIDENT means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss or Injury for which benefits are payable.

(This definition will be included if coverage is available for dependents.)

[COVERED DEPENDENT] means a Dependent of the Covered Person meeting eligibility under this Policy and for whom the appropriate premium is paid when due.]

(This definition will be included if Accident Medical Expense Benefits are included in the policy when issued.)

[COVERED EXPENSES] means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by this Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Covered Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.]

COVERED LOSS or COVERED LOSSES means an accidental death, dismemberment or other Injury covered under this Policy.

COVERED PERSON means an eligible person who is within the covered class(es) listed in the Policy, [who is a U.S citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States], and for 05 GA0003 04 02 09

whom the required premium is paid when due.

(This definition will be included if Accident Medical Expense Benefits and/or other Additional Benefits are paid on an expense incurred basis are included in the policy when issued.)

[DEDUCTIBLE] means the dollar amount of Covered Expenses that must be incurred by the Covered Person as an out-of-pocket expense for each Injury, Accident, Policy Year as applicable, before Accident Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under this Policy. Only one Deductible will apply to the Covered Person and his or her Dependents if Injured in the same Covered Accident.]

(This definition will be included if Dependents' coverage is available under the policy when issued.)

[DEPENDENT] means an Insured's:

1. lawful spouse, if not legally separated or divorced, [or Domestic Partner].
2. unmarried children under age 19.
3. unmarried children at least 19 years of age but less than age {23,25} who are:
 - (a) not regularly employed on a full-time basis; and
 - (b) primarily dependent upon the Insured for support and maintenance; and
 - (c) enrolled as a full-time student at an accredited college, university or other institution of higher learning or a vocational or licensed technical school.

The age limitations will not apply to a Insured's unmarried child who is incapable of self-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 for support and maintenance.

Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

The term "child" as used herein means the Insured's natural child, adopted child (or child placed in the Insured's home for purposes of adoption), foster child, stepchild, or other child for whom the Insured has legal guardianship (proof will be required.)]

(This definition will be included if the term is used in the Policy

[DOMESTIC PARTNER] means an opposite or same sex partner who, for at least {12} consecutive months, has resided with the Insured and shared financial assets/obligations with the Insured. Both the Insured and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]

(This definition will be included if the benefits included use the term.)

[EXTENDED CARE FACILITY] means an institution operating pursuant to applicable laws, that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and registered nurses. It must have facilities for 10 or more inpatients and maintain medical records of all its patients.]

(This definition will be included if the benefits included use the term.)

[HOME COUNTRY] means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.]

[HOME HEALTH CARE] means nursing care, treatment and Daily Living Services provided in the Covered Person's home as part of an over all extended treatment plan. To qualify for Home Health Care Benefits:

- 1) the Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care;
- 2) nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified home health care agency and nursing service; and

3) Daily Living Services must be provided by the attending Physician or by the provider of the nursing care service.

Daily Living Services are cooking, feeding, bathing, dressing and personal hygiene services that are necessary to a person's care and health.]

(This definition will be included if Accident Medical Expense Benefits or other Additional Benefits using the term are included in the policy when issued.)

[HOSPITAL means an institution that:

- 1) operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons; is a duly licensed institution, operated lawfully in its area;
- 2) provides 24-hour nursing service by registered nurses on duty or call;
- 3) has a staff of one or more licensed Physicians available at all times;
- 4) provides organized facilities for diagnosis, treatment and surgery, either
 - a) on its premises; or
 - b) in facilities available to it, on a pre-arranged basis;
- 5) is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
- 6) is not a facility for the treatment of drug addiction, alcoholism, treatment of the aged.

We will not deny a claim for services rendered in a hospital having one or more of the following accreditations solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability:

- 1) the Joint commission of Accreditation of Hospitals; or
- 2) the American Osteopathic Association; or
- 3) the Commission on the Accreditation of Rehabilitative Facilities.]

(This definition will be included if Accident Medical Expense Benefits are included in the policy when issued.)

[HOSPITAL CONFINED means a stay of {24} or more consecutive hours as a registered resident bed-patient in a Hospital.]

(This definition will be included if the term is used in the Policy.)

[HOSPITAL STAY means a confinement in a Hospital, ordered by a Physician, over a period of time when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident. Separate Hospital Stays due to the same Covered Accident will be treated as one Hospital Stay unless separated by at least {variable; e.g., 90 days to 180 days}.]

(This definition will be included if any of the Additional Benefits that reference the term are included in the policy when issued.)

[IMMEDIATE FAMILY means the Insured's parent, grandparent, spouse, child(ren) (includes legally adopted or step child(ren), brother, sister, [step-child(ren), grandchild(ren), or in-laws].]

INJURY means bodily injury caused by the direct result of an accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results directly and independently of all other causes in a Covered Loss.

INSURED means an eligible person who is within the covered class(es) listed in the Policy, [who is a U.S. citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States], and for whom the required premium is paid when due. An Insured is not a Dependent covered under this Policy.

(This definition will be included if the term is used in the Policy.)

[LIFE STATUS CHANGE means an event recognized by the Policyholder and Us that qualifies the Insured to make changes in coverage at a time other than an Annual Re-Enrollment Period. The following events are considered Life Status Changes.

- 1) marriage;

- 2) divorce, annulment or legal separation;
- 3) birth or adoption of a child;
- 4) change in a Dependent child's eligibility;
- 5) death of a spouse;
- 6) a change in the benefit plan or employment status of a Insured's spouse that affects either person's eligibility for benefits.]

(This definition will be included if the benefits included in the policy when issued reference the term.)

[MEDICAL EMERGENCY means a condition caused by an Injury that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.]

(This definition will be included if Accident Medical Expense Benefits are included in the policy when issued.)

[MEDICALLY NECESSARY means a treatment, service or supply that is:

- 1) required to treat an Injury;
- 2) prescribed or ordered by a Physician or furnished by a Hospital;
- 3) performed in the least costly setting required by your condition;
- 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.]

(This definition will be included if the benefits included in the policy when issued reference the term.)

[NURSE means a licensed graduate Registered Nurse (R.N.), a licensed practical Nurse (L.P.N.) or a licensed vocational Nurse (L.V.N.) and who is not:

1. employed or retained by the Policyholder;
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.]

(This definition will be included if the term is used in the Policy)

[OCCURRENCE means all losses or damages that are attributable directly or indirectly to one cause or one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one occurrence without regard to the period of time or the area over which such losses occur.]

(This definition will be included if the term is used in the Policy)

[ON THE BUSINESS OF THE POLICYHOLDER means while the Covered Person is on assignment or at the direction of the Policyholder for up to 90 consecutive days for the purpose of furthering its business interest but shall not include any period of time during which the Covered Person is:

1. working at his or her regular place of employment;
2. commuting to and from his or her residence and regular place of employment unless traveling to or from off-shore landing sites; or
3. on an authorized leave of absence or vacation.]

(This definition may be included if disability benefits are offered are subject to offsets by other benefits.)

[OTHER INCOME BENEFITS means any amounts that the Covered Person [or Covered Dependents] receive (or are assumed to receive) under:

1. any amounts received or assumed to be received by the Covered 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 Covered 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, including all permanent as well as temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted. If paid as a lump sum, We will prorate these benefits over the period for which the sum is given. If no time is stated, the lump sum will be prorated over a five-year period. If no specific allocation of a lump sum is made, then the total sum will be an Other Income Benefit.
2. any Social Security disability or retirement benefits the Covered Person or any third party receives or is assumed to receive on his or her behalf;
3. any Retirement Plan benefits funded by the Covered Person's employer. Retirement Plan means any defined benefit or defined contribution plan sponsored or funded by the Covered 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 or stock bonus plan, individual retirement account or 401K plan;
4. any proceeds payable under any 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, We will pay for its pro rata share of the total 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.]

(This definition will be included if the term is used in the Policy.)

[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.
3. [such travel or activities must coincide with the Covered Person's business travel];
4. [Personal Deviation is limited to any consecutive {72 hour} period immediately prior to, during or following such business travel.]]

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

(This definition will be included if Accident Medical Expense Benefits are included in the policy when issued.)

[PHYSICIAN means a person who is a qualified doctor of medicine or dental practitioner. As such, he or she must be acting within the scope of his or her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his or her license or certificate. It does not include a Covered Person, an Insured's spouse, son, daughter, father, mother, brother or sister or other relative.]

(This definition will be included if the term is used in the Policy.)

[PLAN YEAR means the 12-month period defined for the Policyholder.]

(This definition will be included if referenced in the policy when issued)

[PRE-EXISTING CONDITION means an illness, disease or other condition of the Covered Person, that in the {variable e.g. 12,24,36} month period before the Covered Person's coverage became effective under this Policy,:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinary prudent person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Physician or treatment had been recommended by a Physician.]

(This definition will be included if the coverage included use the term.)

[RELOCATION TRAVEL means travel by a Covered Person:

1. between such Covered Person's old and new regular places of employment or residence as part of a Relocation; and
2. at the Policyholder's authorization, direction and expense.]

[TRIP means travel by air, land, or sea from the Covered Person's Home Country.]

(This definition will be included if Accident Medical Expense Benefits or Additional Benefits using the term are included when the Policy is issued)

[USUAL AND CUSTOMARY CHARGES 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, OUR, US means the Insurance Company underwriting this insurance or its authorized agent.

YOU, YOUR, YOURS means the Covered Person who meets the eligibility requirements of the Group Policy and whose insurance under the Group Policy is in force. This term references a Covered Person wherever used in this Certificate unless otherwise noted.

[SECTION III] - ELIGIBILITY FOR INSURANCE

If the Covered Person is in one of the classes of Eligible Persons shown on the Group Policy Schedule of Benefits, he or she is eligible to be covered on the Policy Effective Date [;or on the date he or she completes the Eligibility Waiting Period, if applicable and if later.] The Company retains the right to: investigate eligibility status; and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

[A Covered Person's Dependent(s), as applicable, is eligible on the latest of the date:

- 1) the Covered Person is eligible, if the Covered Person has Dependents on that date; or
- 2) the date the person becomes a Dependent; or
- 3) the next annual enrollment (if applicable) following the date the person becomes a Dependent.]

[If the Covered Person is in a Class of Eligible Persons and is also eligible as a Dependent, he or she may be Covered only once under this Group Policy. In no event will a Dependent be eligible if the Covered Person is not eligible.]

[SECTION IV - EFFECTIVE DATE OF INSURANCE]

Policy Effective Date. This Group Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.

Covered Person's Effective Date

(Text for Non-Contributory Plan)

[A Covered Person's coverage under this Group Policy begins on the later of:

- 1) the Policy Effective Date; or
- 2) the first day of the Plan Year];
- 3) the date such person becomes eligible, subject to any required waiting period; as described in the Schedule of Benefits.]

(Text for Voluntary or Contributory Plan)

[If the Covered Person is required to contribute to the cost of this insurance, the insurance is effective on the latest of the following dates:

- 1) the Policy Effective Date;
- 2) the date the Covered Person is first eligible;
- 3) the first date of the Plan Year;
- 4) the date We receive the completed enrollment form;
- 5) the date the required premium is paid; or
- 6) the date payroll or account deduction is authorized for this insurance.]

(Text will be included if coverage is voluntary, enrollment is limited to a fixed time period, and changes are allowed on the basis of family status and only during Annual Enrollment periods.)

[Insurance for the Covered Person [or Eligible Dependents who enroll during the enrollment period; or within 31 days after he or she becomes eligible; or within 31 days after a Life Status Change] becomes effective on the latest of the following dates:

- 1) the Policy Effective Date;
- 2) the date the Covered Person [or his or her Dependent] is first eligible;
- 3) the first date of the Plan Year;
- 4) the date We receive the completed enrollment form;
- 5) the date the required premium is paid; or
- 6) the date payroll or account deduction is authorized for this insurance.]

[Newborn Children Coverage: We will pay benefits for a newborn child of a Covered Person from the moment of birth. The Covered Person must give Us notice within 90 days of the birth of the child or before the next premium due date, whichever is later. If notice is not given within said time period, coverage for the newborn child will terminate.]

[Newborn Adopted Children Coverage: In the case of adoption of a newborn child, coverage will begin on the date of the filing of a petition for adoption if the Insured applies for coverage within sixty (60) days after the filing of a petition for adoption. The Insured must notify the Company within 60 days of the birth of the child. If proper notice is not given within 60 days or the petition for adoption is dismissed or denied, coverage for the newborn adopted child will terminate.]

[Adopted Children Coverage: Coverage for an adopted child, other than a newborn, will begin on the date of the filing of a petition for adoption if the Insured applies for coverage within sixty (60) days after the filing of a petition for adoption. A notice of placement for adoption must be submitted to Us. If notice is not given within {60} days or the petition for adoption is dismissed or denied, coverage for the adopted child will terminate.]

[Court Ordered Custody: A child placed in court-ordered custody, including a foster child will be covered on the same basis as an adopted child.]

[A Covered Person must be Actively at Work as of his or her effective date of coverage. If on the date coverage under this Policy would otherwise take effect, the Covered Person is not Actively at Work, his or her effective date of coverage will be deferred until the day the Covered Person returns to work; unless he or she was previously Covered Person under the Policyholder's prior policy which this Policy replaces in whole or in part on the day before the Policy Effective Date.]

(This text will be included if a deferred effective date applies.)

[Deferred Effective Date

If the Covered Person, or Covered Dependent if applicable, is not Actively at Work on the date coverage would otherwise be effective, Coverage will be effective on the date he or she returns to an Actively at Work status. A Covered Dependent's insurance will not be in effect prior to the date a Covered Person is insured.]

[SECTION V] - TERMINATION DATE OF INSURANCE

Policy Termination Date

Termination takes effect at 11:59 P.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

[If this Group Policy terminates due to non-payment of premium, it may be reinstated if mutually agreed upon, in writing, by the Policyholder and the Company. Written request for reinstatement must be made to the Company within 60 days of the termination date. All required premiums must be paid prior to reinstatement.]

This Group Policy terminates automatically on the earlier of:

- 1) The Policy Termination Date shown in this Policy; or
- 2) The premium due date if premiums are not paid when due; subject to the grace period provided in the section of this Policy entitled Premium.

Failure by the Policyholder to pay all required premiums due by the last day of the grace period shall be deemed notice by the Policyholder to the Company to terminate this Policy on the last day of the period for which premiums have

been paid.

[This Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date; unless such longer notice period is required pursuant to applicable insurance regulations.]

The Policyholder and the Company may terminate this Policy at any time by written mutual consent.

[If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.]

Covered Person's Termination Date

A Covered Person's coverage under this Policy ends on the earliest of:

- 1) The date this Policy terminates;
- 2) The date the Covered Person requests, in writing, that his or her coverage be terminated;
- 3) [The date the Covered Person enters full-time active duty in the armed forces of any country or international authority;]
- 4) The date the Covered Person ceases to be eligible as described in this Policy provided all required premiums are paid; or
- 5) The last day of the period for which premiums have been paid; or
- 6) The date the Covered Person is no longer Actively at Work, provided all required premiums are paid, unless otherwise provided below.

[If a Covered Person ceases to be Actively at Work due to an authorized family or medical leave, coverage may be continued for the full period of the leave not to exceed 12 months from the date the Covered Person was last Actively at Work. All required premiums must continue to be paid when due.]

[If a Covered Person ceases to be Actively at Work due to a temporary layoff or leave of absence (for other than family or medical reasons), coverage may be continued for the full period of the layoff or leave of absence, as agreed to in advance and in writing by the Policyholder; but not to exceed 3 months from the date the Covered Person was last Actively at Work. All required premiums must continue to be paid when due.]

Any continuation of coverage must be based on rules that preclude individual selection and is subject to this Policy remaining in force.

Covered Dependent's Termination Date

A Covered Dependent's coverage under this Policy ends on the earliest of:

- 1) The date this Policy terminates; or
- 2) The date the Covered Person's coverage ends; or
- 3) The date the Covered Dependent is no longer a Dependent; or
- 4) The last day of the period for which premiums have been paid.

[SECTION VI] - DESCRIPTION OF BENEFITS

The following provisions explain the benefits available under the Policy. All benefits payable are shown in the Schedule of Benefits. *(These benefits may vary on a class level.)*

[AGGREGATE LIMIT OF LIABILITY]

The maximum amount the Company will pay for all Covered Losses resulting from the same Covered Accident will not exceed the Aggregate Limit of Liability as described in the Schedule of Benefits.

If the total amount payable for all Covered Losses in any one Accident exceeds the Aggregate Limit of Liability, each Covered Person's Covered Loss will be paid at the same ratio that the Aggregate Limit of Liability has to the total amount of all Covered Losses. The Company shall not be liable for amounts in excess of the Aggregate Limit of Liability.]

(This text will be included if Accidental Death [and Dismemberment] Benefits are elected at the case level. These benefits may be offered for accidental death only or for any combination of the losses shown below. Benefits may be paid on the basis of a percentage of Principal Sum or a flat amount. These options may apply on the case or class level.)

[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Time Period for Loss as shown in Schedule of Benefits, { *Variable, e.g. any period from 30 days to 365 days* } from the date of the Covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum shown below for that loss. [The Principal Sum is shown in the Schedule of Benefits.] [If multiple losses occur, only one benefit, the largest, will be paid for all losses due to the same Covered Accident.]

<u>Loss of:</u>	<u>Benefit:</u>
(Percentage of Principal Sum/ \$X)	
Life	100%
Brain Death.....	100%
Quadriplegia	100%
Two or More Members.....	100%
One Member.....	50%
Hemiplegia.....	50%
Paraplegia	50%
Uniplegia.....	25%
Thumb and Index Finger of the Same Hand	25%
Four fingers of the Same Hand	25%

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of sight” means total and permanent loss of sight of [one or both] eye[s] that is irrecoverable, including by surgical and artificial means. “Loss of speech” means total and permanent loss of coherent audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of hearing” means permanent total deafness in both ears such that it cannot be corrected by any aid or device. “Loss of thumb and index finger of the same hand” means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body]

“Brain Death” means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, although the heart is still beating.

“Paralysis” means total loss of use.

“Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body.

“Paraplegia” means total Paralysis of both lower limbs.

“Quadriplegia” means total Paralysis of both upper and lower limbs.

“Uniplegia” means total Paralysis of one lower limb or one upper limb.]

(This text will be included if age based reductions are elected by the Policyholder. Ages and reduction amounts may vary at the request of the Policyholder. If this option applies to some classes, but not all classes covered under this Policy, this information will appear in the Schedule of Benefits for the appropriate classes.)

[Age Reduction Schedule

The Amount for a Covered Loss reduces at age {60,65,70,75} or older in accordance with the following schedule:

<u>Age on date of Accident</u>	<u>Percentage of Benefit otherwise payable</u>
[Age 60-69	65%

Age 70-74	45%
Age 75-79	30%
Age 80-84	20%
Age 85 or older	15%]

[Premium for a Covered Person age {60, 65,70,75} or older is based on the benefit amount which he or she would have been entitled prior to the attainment of age {60, 65,70,75}.]

["Age" as used above refers to the age of the Covered Person [or Dependent] on his or her most recent birthday.]]

[ADDITIONAL ACCIDENTAL DEATH [AND DISMEMBERMENT] COVERAGES

[Armed Forces Coverage

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs while he is on active duty in any Armed Forces.]

[Exposure and Disappearance Coverage

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs due to unavoidable exposure to the elements following a Covered Accident or disappearance of the Covered Person after the forced landing; stranding; sinking; or wrecking of a [vehicle][Conveyance] in which the Covered Person was traveling in during the course of a trip which would otherwise be covered under the Policy.

A Covered Person is presumed dead as a result of a Covered Accident if:

1. he or she is in a [vehicle][Conveyance] that disappears; sinks; or is stranded or wrecked on a trip covered by this Policy; and
2. the body is not found within {one year} of the Covered Accident.]

[Hijacking and Air Piracy Coverage

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident taking place during the:

1. hijacking of an Aircraft;
2. air piracy; or
3. unlawful seizure or attempted seizure of an Aircraft.]
- [4. takes place while the Covered Person is in [the course of the Policyholder's business;] [in the course of the Covered Person's job].]

Coverage begins with the onset of the hijacking or air piracy; and continues while the Covered Person is subject to the control of the person or persons responsible for: the skyjacking or air piracy and during travel directly to his or her home or scheduled destinations. [Coverage ends when the Covered Person returns to his or her residence or originally scheduled destination, whichever occurs first.]

"Hijacking" or "Air Piracy" means the unlawful seizure or wrongful exercise of control of an aircraft or Conveyance, or the crew thereof, in which the Covered Person is traveling solely as a passenger.

"Conveyance" means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

[National Guard and Armed Forces Reserve Coverage

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable subject to the following conditions if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs while the Covered Person is a member of the U.S. Military Reserve or National Guard.

While the Covered 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 Covered Person's initial training period;
2. if the Covered Person is called to active duty [for a domestic emergency].]

(The Exclusion with regard to National Guard and Armed Forces Reserve appearing in the General Exclusions Section does not apply to this coverage.)

[Owned, Leased, Controlled, Chartered Aircraft [Business Travel (only)]]

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident taking place while:

1. the Covered Person is riding in, or getting on or off of, a Covered Aircraft; or
2. as a result of a Covered Person being struck by a Covered Aircraft.
3. [away from the Policyholder's premises in the Insured's city of permanent assignment];
4. [on the business of the Policyholder;] and
5. [in the course of the Policyholder's business.]

The Covered Accident must take place while, if at the time of the Covered Accident, such aircraft:

1. is Owned, Leased, Controlled or Chartered by or for the Policyholder;
2. has a current unrestricted airworthiness certificate from a governmental authority with competent jurisdiction;
3. is operated with the consent of the Policyholder for the purpose of traveling On the business of the Policyholder; and
4. [is [not] engaged in aerobatics or stunt flying; racing; endurance tests; crop dusting; crop seeding; crop fertilizing or spraying; fire fighting; any exploration; pipe line patrol; power line patrol; traffic patrol; the pursuit of animals or birds; aerial photography; banner towing; skywriting; recreational sports; or test or experimental purposes;] and
5. [is piloted by {name(s) of one or more persons or a more general description}, provided that at the time of the Covered Accident, he or she has a current valid license with the appropriate ratings for the aircraft(s) described above; and has a minimum of {50} military, private or professional pilot hours (separately or combined) logged in an aircraft of the like, type and kind as described above.]

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to home;
2. the date a Covered Person returns to place of work; or
3. the date a Covered Person makes a Personal Deviation.

"Personal Deviation" means:

5. an activity that is not reasonably related to the Policyholder's business; and
6. not incidental to the purpose of the trip.
7. [such travel or activities must coincide with the Covered Person's Business Travel];
8. [Personal Deviation is limited to any consecutive {72 hour} period immediately prior to, during or following such Business Travel.]]

A record of eligible Aircraft, along with the number in the fleet, will be maintained by the Policyholder and available for review by Us at any time during normal business hours. An Aircraft substituted for an eligible Aircraft will also be eligible if it has no greater seating capacity; and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction.

{specific description(s) of one or more aircraft or a more general description}

(The following text is optional and may be included in policies covering air travel.)

{specific description(s) of one or more aircraft or a more general description}

If any aircraft listed above is withdrawn from normal use due to mechanical breakdown, servicing or an accident, a

substitute aircraft may be covered in its place; but only while the aircraft listed above is withdrawn from normal use and only if the substitute aircraft:

1. has a current and valid airworthiness certificate in the same class as the aircraft withdrawn from normal use;
2. is piloted by a person holding a current and valid license with the appropriate ratings for such aircraft; and
3. is not larger in passenger and crew member capacity than the aircraft withdrawn from normal use.]

["Aircraft, Owned" means an aircraft to which the Policyholder holds legal or equitable title. The Policyholder can use, alter, or sell the aircraft.]

["Aircraft, Leased" means an aircraft the Policyholder does not own but utilizes for the term of a written lease. Usage will be for longer than a few days or one or two trips. The Policyholder cannot alter or sell the aircraft without consent of the owner.]

["Aircraft, Controlled" means an aircraft the Policyholder does not own but is leased, rented or borrowed for more than 10 consecutive days during any 12-month period. The Policyholder cannot alter or sell the aircraft without consent of the owner.]

["Aircraft, Chartered" means an aircraft the Policyholder does not own but hires for an occasional specific trip. The time the Policyholder has it may not exceed 19 consecutive days or more than 15 days in any one 12-month period. One or more aircraft hired on a regular or frequent basis are not considered chartered.]

["On the business of the Policyholder" means while the Covered Person is on assignment or at the direction of the Policyholder for up to (*Variable e.g. 90*) consecutive days for the purpose of furthering its business interest or while being used as an air ambulance but shall not include any period of time during which the Covered Person is:

1. working at his or her regular place of employment;
2. commuting to and from his or her residence and regular place of employment unless traveling to or from off-shore landing sites; or
3. on an authorized leave of absence or vacation.]

[Pilots [and Crew Members] Coverage [Business Travel (only)]

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident taking place while a Covered Person is:

1. traveling as a licensed pilot [or member of the crew];
2. on business [for the Policyholder]; and
3. [due to any passengers who temporarily perform pilot or crew functions in a life threatening emergency; and]
4. in the course of [the Policyholder's] business];and
5. [traveling on business for the Policyholder].

[All such trips must be authorized by the Policyholder.]

The Covered Accident must take place while a Covered Person is flying as a licensed pilot [or member of the crew] of the aircraft described below.]

(This text will be based on case specific information.)

[Description of Aircraft Covered:

The Schedule of Benefits {will list type of Aircraft, license number and passenger seating capacity: Boeing 727, License # PAI2345, passenger seating capacity: 45}]

(The following text is optional and may be included in policies covering air travel.)

[Aircraft Restrictions: If the Covered Accident happens while a Covered Person is riding in, or getting on or off of, an aircraft, We will pay benefits, but only if:

- a. [he or she is riding as a passenger only, and not as a pilot or member of the crew; and]
- b. the aircraft has a current unrestricted airworthiness certificate from a governmental authority with competent jurisdiction; and
- c. the aircraft is flown by a pilot with a valid license; and
- d. the aircraft is not being used for: (i) crop dusting, spraying, or seeding; 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 which 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).

- e. [a military aircraft, other than transport aircraft flown by the U.S. Military Airlift Command (MAC), or a similar air transport service of another country]
- f. [the aircraft is [not] Owned; Controlled; Chartered; or Leased by of for the Policyholder.]]

(The Aircraft Pilot or Crew Exclusion appearing General Exclusions does not apply to this coverage.)

“Aircraft, Owned” means an aircraft to which the Policyholder holds legal or equitable title. The Policyholder can use, alter, or sell the aircraft.

“Aircraft, Leased” means an aircraft the Policyholder does not own but utilizes for the term of a written lease. Usage will be for longer than a few days or one or two trips. The Policyholder cannot alter or sell the aircraft without consent of the owner.

“Aircraft, Controlled” means an aircraft the Policyholder does not own but is leased, rented or borrowed for more than 10 consecutive days during any 12-month period. The Policyholder cannot alter or sell the aircraft without consent of the owner.

“Aircraft, Chartered” means an aircraft the Policyholder does not own but hires for an occasional specific trip. The time the Policyholder has it may not exceed 19 consecutive days or more than 15 days in any one 12-month period. One or more aircraft hired on a regular or frequent basis are not considered chartered.

“On the business of the Policyholder” means while the Covered Person is on assignment or at the direction of the Policyholder for up to 90 consecutive days for the purpose of furthering its business interest but shall not include any period of time during which the Covered Person is:

- 1) working at his or her regular place of employment;
- 2) commuting to and from his or her residence and regular place of employment unless traveling to or from off-shore landing sites; or
- 3) on an authorized leave of absence or vacation.

[Terrorism Coverage

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident taking place while the Covered 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. “Terrorism” means activities

against persons, organizations or property of any nature:

- 1. that involve the following or preparation for the following:
 - a) use or threat of force or violence; or
 - b) commission or threat of a dangerous act; or
 - c) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
- 2. when one or both of the following applies:
 - a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy ; or
 - b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious social or economic objectives or to express (or express opposition to) a philosophy or ideology.]

[War Risk Coverage

(The Exclusion with regard to declared or undeclared War appearing in the General Exclusions Section does not apply to this coverage.)

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that is due to or contributed by declared or undeclared War occurring worldwide except if:

1. the Covered Person is a resident of and traveling in his or her country of origin or citizenship; or
2. the Covered Person is traveling within the geographical limits, territorial waters or the airspace above the following designated Hazardous War Risk Countries:

(Insert listing of Hazardous War Risk Countries or states where coverage is not applicable.)

[Area(s) covered: We will pay benefits for Covered Losses resulting from War or acts of War only in the area(s) listed here:

1. *{Variable e.g. Worldwide excluding e.g. Insert list of countries};*
2. *{Variable e.g. The United States of America including any U.S. Territory} ;[and]*
3. *{Variable e.g. The Covered Person's country of residence or permanent assignment}*

As a condition to cover travel as defined in this coverage occurring in a designated Hazardous War Risk Country, the Policyholder must:

1. submit to the Company the following information on behalf of each Covered Person traveling to a Hazardous War Risk Country, prior to such travel:
 - a. The name of the Covered Person;
 - b. The specific itinerary and destination(s) within the Hazardous War Risk Country;
 - c. The beginning and end dates of the Covered Person's travel to the Hazardous War Risk Country(ies);
 - d. The Covered Person's Principal Sum; and
2. pay any additional required premium due for such travel [or for coverage to remain in effect]; and
3. submit at least annually reports of war risk exposure.

The Company may, within 10 days written notice to the Policyholder, make additions and deletions to the list of countries designated as Hazardous War Risk Countries; that in the Company's opinion, are required to accurately reflect existing war risk conditions. The Company may also, at any Policy Anniversary or with at least [31] days written notice to the Policyholder, request information regarding any or all travel by a Covered Person to countries other than the Covered Person's country of origin or country of citizenship.

Coverage may be terminated by the Policyholder at any time upon written notice to the Company. Termination will occur on the date the written notice is received by the Company or on the date specified in the written notice, if later. The Company may, with at least [(10)] days prior written notice to the Policyholder, terminate the coverage. Termination will occur on the date specified in the written notice.

Total Limit of Liability: We will not pay more than *{Variable e.g. \$100,000 to \$10,000,000}* per occurrence for the war risk benefits provided. This limit shall apply to Injuries sustained from all acts of war in any consecutive *{72 hour}* period. If, but for this provision, we would pay more than *{Variable e.g. \$100,000 to \$10,000,000}* then the benefits We will pay under this coverage to each Insured will be reduced in the same proportion so that the total amount we will pay for war risk coverage is *{Variable e.g. \$100,000 to \$10,000,00}*.

"War" means armed conflict, hostilities or warlike operations (whether war be declared or not) by order of any government or public authority including but not limited to invasion, acts of any enemy foreign to the nationality of the Covered Person or the country in (or over) which the act occurs, civil war, riot, rebellion, insurrection, revolution, overthrow of the legally constituted government, civil commotion assuming the proportions of (or amounting to) an uprising, military or usurped power, or explosion of war weapons. [War does not include Terrorism].

"Terrorism" means activities against persons, organizations or property of any nature:

- 1) that involve the following or preparation for the following:
 - a) use or threat of force or violence; or
 - b) commission or threat of a dangerous act; or
 - c) commission or threat of an act that interferes with or disrupts an electronic, communication,

- information or mechanical system; and
- 2) when one or both of the following applies:
- a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy ; or
 - b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious social or economic objectives or to express (or express opposition to) a philosophy or ideology.

[Unless otherwise stated in the Schedule of Benefits, We will pay benefits for a Covered Loss, only once, even if coverage was provided under more than one coverage.]]

(Accident Medical Expense Benefits are payable based on Usual and Customary Charges for actual expenses incurred and payable under the Policy. Any deductibles, coinsurance, copayments, limits, etc. will be shown in the Schedule of Benefits. These benefits are optional and may be included at the option of the Policyholder on either a case or class basis.)

[ACCIDENT MEDICAL [AND DENTAL] EXPENSE BENEFIT

We will pay Accident Medical [and Dental] Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles; Coinsurance Factors; Copayments; Benefit Periods; Benefit Maximums; and other terms or limits shown in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

- 1) for Usual and Customary Charges incurred after the Deductible has been met;
- 2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
- 3) for charges incurred within {30-365} days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are, in Our judgment, in excess of Usual and Customary Charges.

[Covered Medical Expenses, from a Covered Accident, include:

- 1) [Hospital room and board expenses; the daily room rate when a Covered Person is Hospital confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.]
- 2) [Daily Intensive Care Unit or Cardiac Care Unit Expenses; the daily room rate when a Covered Person is Hospital confined in a bed in the Intensive Care Unit or Cardiac Care Unit and nursing services other than private duty nursing services.]
- 3) [Hospital Confinement; the daily room rate when a Covered Person is Hospital confined and general nursing care is provided and charged for by the Hospital; Daily room and board. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.]
- 4) [Ancillary Hospital expenses; services and supplies including operating room; laboratory tests; anesthesia and medicines (excluding take home drugs) when Hospital confined.]
- 5) [Physician Office Visit; non-surgical treatment or examination expenses (excluding medicines) including the Physician's initial visit; each necessary follow-up visit; and consultation visits when referred by the attending Physician.]
- 6) [Physician surgical expenses. If an injury requires multiple surgical procedures through the same incision, we will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, we will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.]
- 7) [Emergency Room and Supplies expense incurred within 72 hours of a Covered Accident and including the attending Physician's charges; x-rays; laboratory procedures; use of the emergency room and supplies.]
- 8) [Ambulance expenses for transportation from the emergency site to the Hospital.]
- 9) [Outpatient surgery visit; office visits connected with such treatment when prescribed by a Physician.]
- 10) [Outpatient surgical room and supply expenses for use of the surgical facility.[Second surgical opinion expense.][Assistant surgeon expense when medically Necessary.]]
- 11) [Outpatient diagnostic x-rays; laboratory procedures; and test expenses. Does not include dental x-rays. [Diagnostic imaging expenses including: magnetic resonance imaging (MRI) and CAT scans.]]

- 12) [Home Health Care; expenses incurred in a Covered Person's home including nursing care; treatment; and daily living services such as cooking; feeding; bathing; dressing and personal hygiene services, all as part of an overall extended treatment plan.]
- 13) [Extended care facility expenses for confinement if it begins within {5-10} straight days after a Covered Person is Hospital confined as a result of a Covered Accident. We will pay for treatment if a Physician visits the Covered Person at least once every {30} days and certifies the confinement is Medically Necessary.]
- 14) [Rehabilitation care facility expenses for physical and occupational rehabilitation. Treatment must be provided in a duly licensed Rehabilitation facility and be under the direction of a Physician. Rehabilitation facility means a hospital or special unit of a hospital designated as a Rehabilitation facility or a free standing facility which provides physical therapy; occupational therapy; or speech therapy pursuant to the law of the jurisdiction in which treatment is received.]
- 15) [Physical Medicine (Physiotherapy) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including: diathermy; ultrasonic; whirlpool; heat treatments; adjustments; manipulation; massage or any form of physical therapy.]
- 16) [Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.]
- 17) [Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole sound and a natural tooth at the time of the Covered Accident.][Dental expenses related to the installation of crowns; caps; bridges and dentures; oral surgery and endodontics as a result of a Covered Accident. [Repair or replacement of caps and crowns that existed prior to the Covered Accident.]]
- 18) [Rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use and generally is not useful to a person in the absence of injury. No benefits will be paid for rental charges in excess of the purchase price.]
- 19) [Prescription drug expenses prescribed by a Physician and administered on an outpatient basis.]
- 20) [Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the Covered Person. We will not cover computers; motor vehicles or modifications to a motor vehicle; ramps and installation costs; eyeglasses and hearing aids.]
- 21) [Medical services and supplies for blood and blood transfusions; oxygen and its administration.]
- 22) [Eyeglasses; contact lenses; and hearing aids when damage occurs in a Covered Accident that requires medical treatment.]
- 23) [Artificial limbs; eyes; and larynx for initial acquisition and fitting. We will not pay for repair or replacement of artificial limbs; eyes; or larynx.]
- 24) [Temporomandibular joint or craniomandibular disorder expenses for surgical and nonsurgical services including diagnostic and therapeutic procedures by a Physician or dentist for treatment of a disorder caused by a Covered Accident. We will not pay for orthodontic braces; crowns; bridges; dentures; treatment of periodontal disease; dental root form implants or root canals.]
- 25) [Heart and circulatory conditions; expenses for treatment of heat exhaustion; heart attack; stroke; burst aneurysm if the condition occurs during a Covered Accident.]
- 26) [Mental or nervous disorders; psychotherapy expenses for treatment of a disorder that result directly or independently of all other causes from a Covered Accident, while Hospital confined or on an outpatient basis. Benefits are limited to one treatment per day. Mental and nervous disorders means neurosis; psychoneurosis; psychopathic; psychosis; or mental or emotional disease or disorder of any kind.]
- 27) [Expanded medical benefit for sports conditions for treatment of bursitis; sprains; hernia; strains; muscle tears; tendonitis; and repetitive motion injuries if these conditions are aggravated by participation in a Covered Activity.]
- 28) [Extended treatment expenses for services that for medical reasons could not be performed during the Benefit Period including surgery to remove pins; screws; or other surgically implanted devices used to repair body parts or broken bones or joints or treatment to repair disfigurement. We must receive notice of the deferred treatment and the estimated cost signed by a Physician within 31 days after the Benefit Period ends for expenses to be covered.]
- 29) [Expenses due to an aggravation or re-injury of a Pre-Existing Condition.]
- 30) [Transportation expense for newborn children for transporting the newborn to and from the nearest available facility appropriately staffed and equipped to treat injuries resulting from a Covered Accident; when the transportation is certified by the attending Physician as Medically Necessary.]
- 31) [Skilled Nursing Facility: expenses for services at a valid skilled nursing facility where such location is dedicated to the care of individuals in a residential facility, usually there on a long-term basis. These facilities specialize in the 24-hour care and observation of individuals whose needs are usually critical enough where they need constant watching, but not serious enough where hospitalization is required.]]

(The following Additional Accident Benefits are optional and may be included at the option of the Policyholder on a case or class basis)

[[ADDITIONAL] ACCIDENT BENEFITS

[Accidental Burn & Disfigurement Benefit

We will pay this benefit shown in the Schedule of Benefits if the Covered Person suffers burns that leave him or her Disfigured as defined below. The burns must result directly; and independently of all other causes; from a Covered Accident. The Disfigurement must satisfy all of the conditions below:

- 1) reconstructive or cosmetic surgery is required to restore the Covered Person's physical abilities or correct Disfigurement and must commence within {180 days – 2 years} of the Covered Accident; and
- 2) If occupational coverage is provided to the Covered Person, the Covered Accident must occur while the Covered Person is on the Policyholder's premises and engaged in the course of his or her job; and
- 3) a Physician must determine that the burn involves the minimum percentage required, be classified as defined herein and results in Disfigurement or loss of physical abilities.

"Disfigurement or Disfigured", as it pertains to this benefit, means spoiled or deformed appearance caused by burns that can be corrected by means of reconstructive or cosmetic surgery.]

[Additional Occupational Benefit

We will pay the benefit shown in the Schedule of Benefits, subject to the following conditions, if the Covered Person suffers a Covered Loss that results directly; and independently of all other causes; from a Covered Accident that occurs while the Covered Person is on the Policyholder's premises and engaged in the course of his or her job or while on Business Travel pre-authorized by the Policyholder.

Business Travel begins at the actual start of a business trip that has been pre-authorized by the Policyholder, whether the trip starts at the Covered Person's home, place of work or another place. Business Travel ends when the Covered Person arrives at his or her home or place of work; whichever happens first. Coverage is not in effect during the Covered Person's Personal Deviation.

Business Travel includes riding in, or getting on or off, an Aircraft, but only if:

- 1) The Covered 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 that 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 lessons.

[Business Travel is not provided during:

- 1) normal commuting between the Covered Person's home and place of work; or
- 2) the Covered Person's personal Deviation in excess of {Variable, e.g. Any timeframe from 7-30 days}.]

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

[Alternative Commuting Benefit

We will pay this benefit shown in the Schedule of Benefits subject to the following conditions, when a Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs:

- 1) while the Covered Person is using an alternate means of transportation for commuting directly between home and the Policyholder's premises where he or she 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 that the Covered Person regularly uses in commuting.

Benefits will not be payable for Covered Accidents that occur more than {*Variable, e.g. four (4)*} hours after the Covered Person leaves his home or place of employment, unless it can be established that the delay was caused by conditions beyond the Covered Person's control or more time was needed for normal direct commuting.]

[Ambulance Benefit

We will pay this benefit shown in the Schedule of Benefits subject to the following conditions, if the Covered Person requires ambulance services due to an Injury resulting directly; and independently of all other causes; from a Covered Accident.

The ambulance services provided must be for transportation from the scene of the Covered Accident to the nearest Hospital that is able to provide appropriate care, or for transportation to a Hospital within { *Variable, e.g. 24-48*} hours of the Covered Accident.]

[Bereavement & Trauma Counseling Benefit

If a Covered Person suffers a loss for which Accidental Death and Dismemberment; Coma; Loss of Use or Paralysis; Permanent and Total Disability; or Severe Burn (if shown as a covered benefit under this Policy) benefits are payable as shown in the Schedule of Benefits under this Policy, the Company will reimburse the Covered Person or the Covered Person's: father; mother; spouse; sons; daughters; brothers or sisters for expenses incurred within one year after the date of the Covered Accident causing such loss for any individual or family counseling sessions up to a maximum shown in the Schedule of Benefits.

The counseling sessions must:

- 1) be required to assist the Covered Person and [or] the Covered Person's father; mother; spouse; sons; daughters; brothers; or sisters in coping with such loss;
- 2) be ordered and performed by a Physician; and
- 3) meet generally accepted standards of medical practice.

Only one Bereavement and Trauma Counseling Expense Benefit will be paid regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

The Company will not reimburse expenses:

- 1) for which no charge would have been made if no insurance existed;
- 2) in excess of the usual; reasonable; and customary charges for similar counseling sessions in the locality where the sessions are received; or
- 3) incurred as the result of an Injury caused by an Accident for which the Covered Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.]

[Bomb Scare, Bomb Search or Bomb Explosion Benefit

We will pay this benefit shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident and all of the following conditions are met:

- 1) The Covered Person is on the Policyholder's premises when the Covered Accident occurs;
- 2) The Covered Accident is caused by or results from a Bomb Scare, Search or Explosion as defined below;
- 3) The Covered Person is an authorized participant of a team or squad engaged in a Bomb Search or related activity; and
- 4) The Policyholder authorizes the Covered Person's participation and sanctions the Search.

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.

Search means any organized search for a reported Bomb.

Explosion means any detonation of a Bomb on the Policyholder's premises that 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 or acceptance of known explosives as cargo.]

[Bonus Benefit

We will pay the benefit shown in the Schedule of Benefits, if the Covered Person suffers a Covered Loss specified in the Schedule of Benefits resulting directly; and independently of all other causes; from a Covered Accident and that occurs while traveling on official business for the Policyholder.]

[Brain Damage Benefit

We will pay the benefit shown in the Schedule of Benefits if a Covered Person suffers a Covered Injury that results directly and independently of all other causes from a Covered Accident and results in Brain Damage. The benefit will be payable if all of the following conditions are met:

1. Brain Damage begins within {variable; e.g., any time frame from 60 to 120 days} from the date of the Covered Accident;
2. the Covered Person is hospitalized for treatment of Brain Damage at least {seven days} within the first {variable; e.g., any time frame from 60 to 120 days} following the Covered Accident;
3. Brain Damage continues for { 12 consecutive months};
4. a Physician determines that as a result of Brain Damage, the Covered Person 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 Accident if Brain Damage continues longer than {12 consecutive months}. [The amount payable will not exceed the Accidental Death and Dismemberment Principal Sum for the Covered Person whose Covered Accident is the basis of the claim.] [The Brain Damage Benefit plus other benefits payable as the result of the same Covered Accident will not exceed the Accidental Death and Dismemberment Principal Sum for which the Covered Person was insured on the date of the Covered Accident.]

Brain Damage means physical damage to the brain that results directly and independently of all other causes from a Covered Accident and causes the Covered Person to be Permanently Totally Disabled.]

[Bulletproof Vest Benefit

We will pay the benefit shown in the Schedule of Benefits if the covered Employee [who is Age 18 or older] is on official duty for [the Policyholder,] and is shot during a Covered Accident 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] [Covered Injury].

Bulletproof Vest means a protective vest designated as [Threat Level 11-A, Threat Level II or Threat Level III-A] [manufactured by a vendor designated by the Policyholder, and [purchased not more than {five years} before the Covered Accident.]]

[Burial and Cremation Benefit

We will pay this benefit shown in the Schedule of Benefits for burial or cremation of the Covered Person who dies from an injury resulting directly; and independently of all other causes; from a Covered Accident.]

[Business Travel Benefit

We will pay this benefit shown in the Schedule of Benefits subject to the following conditions, if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs during a business trip authorized in advance by the Policyholder. The Covered Loss must be sustained in the course of the Covered Person's job or business and away from the premises of the Policyholder in the Covered Person's city of permanent assignment.

This benefit will begin at: the actual start of a business trip authorized by the Policyholder. It does not matter if the trip starts at the Covered Person's home, place of work or any other place. This benefit will end when: the Covered Person arrives at home or place of work, whichever happens first.

This benefit for Business Travel is not provided during any of the following:

- 1) normal commuting between the Covered Person's home and place of work; or
- 2) travel in an aircraft Owned, Leased, Operated or Controlled by the Policyholder, unless specifically covered herein; or
- 3) travel to another location where the Covered Person is expected to be assigned for more than (*Variable, e.g. 30-120*) days by the Policyholder; or
- 4) A Covered Person's Personal Deviation in excess of (*Variable, e.g. 10, 15, 20, 30*) days.

Personal Deviation means an activity that is not reasonably related to the Policyholder's business trip and is not incidental to the Policyholder's business and occurs prior to the end of the trip or within (*Variable, e.g. 1-4*) hours before or after the trip. A Personal Deviation does not include extension of a business trip authorized in advance by the Policyholder as necessary to reduce transportation costs.]

[Carjacking Benefit

We will pay this benefit shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs during a Carjacking of an Automobile that the Covered Person was: operating, getting into to or out of, or riding as a passenger. Verification of the Carjacking must be made part of an official police report with 24 to 48 hours of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within 24 to 48 hours of the Carjacking, or as soon as reasonably possible.

Carjacking means a person other than the Covered Person taking unlawful possession of an Automobile by means of force or threats against the person(s) then rightfully occupying the Automobile.

Automobile means a self-propelled private passenger motor vehicle with four or more wheels, that is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan; station wagon; sport utility vehicle; pick-up; panel; van; camper or motor home. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.]

[Chaperone Replacement Benefit

In the event that the official chaperone [of the Policyholder] is prevented from continuing his or her Trip due to Injury, or death or death of an Immediate Family Member which occurs after the Trip begins and before the Trip termination date, We will pay for the reimbursement of:

1. the replacement chaperone, 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. returning chaperone, up to the published rate of a round trip economy class ticket from his or her assigned location back home.

The Benefit Maximum per incident for both chaperones is shown in the Schedule of Benefits. We will only pay one Chaperone Replacement Benefit per Trip.]

[Child Care Center Benefit

If a Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy and such Covered Person had the Family Plan in force, the Company will pay an additional benefit shown in the Schedule of Benefits on behalf of a Covered Person's Covered dependent child who, on the date of the Covered Accident:

1. was under age 13 and Covered Person under this Policy; and
2. was enrolled in a Day Care Center on the date of the Covered Person's loss of life; or
3. subsequently enrolls within 90 days of the date of the Covered Person's loss of life in a licensed day care center.

The amount shall be payable per year equal to the lesser of the actual cost charged by a licensed day care center per year or the amount shown in the Schedule of Benefits.

Child Care benefits are payable once a year for not more than four consecutive years, but only if such Covered Dependent child remains under 13 years of age and continues enrollment in a Child Day Care Center (proof of enrollment will be required).

[If, on the date of the Covered Person's loss of life, the Covered Person had no Covered Dependent child that qualified, a default benefit shown in the Schedule of Benefits will be paid to the Covered Person's designated beneficiary.]

Child means a Covered Person's child under age 13 who is a natural child; adopted child (or child placed in the Covered Person's home for purposes of adoption); foster child; stepchild; or other child for whom the Covered Person has legal guardianship (proof will be required). A child must reside with the Covered Person in a parent-child relationship and be eligible to be claimed as an exemption on the Covered Person's federal income tax return. NOTE: In the event the Covered Person shares physical custody of the child with another parent, the requirement that the child reside with the Covered Person will be waived.

"Child Care Center" means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with applicable laws and regulations of the jurisdiction. 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.]

[Child(ren)'s Additional Indemnity for Dismemberment and [Paralysis] [Loss of Use] Benefit

If a Covered Person has the Family Plan in force and his or her Covered Dependent child suffers a loss for which Accidental Dismemberment or Loss of Use or Paralysis is covered under this Policy. Benefits are payable under this Policy, the Company will pay an additional benefit shown in the Schedule of Benefits equal to the Covered Dependent child's Principal Sum payable for such loss. However, if a Covered Dependent child sustains more than one such loss as the result of any one Accident, the Company will pay the additional benefit on only the largest amount to which the Covered Dependent child is entitled.

If the Covered Dependent child dies within 90 days of the same Covered Accident, the Loss of Life benefit under the Accidental Death and Dismemberment Benefit will not be reduced by the Accidental Dismemberment benefit received under the Child(ren)'s Additional Indemnity for Dismemberment Benefit.]

[Child Survivor Benefit

We will pay this benefit shown in the Schedule of Benefits subject to the following conditions, if the Covered Person's death results directly; and independently of all other causes; from a Covered Accident and he or she is survived by a Covered Dependent child.

If the Covered Dependent Child was under the age of majority at the time of the Covered Person's death, a Child Survivor Benefit, plus interest, will be paid in one lump sum to each surviving Covered dependent child when he or she 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 Us. If the Covered Dependent child dies before this benefit is payable, this benefit will then be payable to the Covered Dependent child's estate.

If a surviving Covered Dependent Child is the age of majority or over at the time of the Covered Person's death, the benefit will be payable in one lump sum when We receive the claim. If there is no surviving Covered Dependent child at the time of the Covered Person's accidental death, a default benefit will be paid to the Covered Person's beneficiary.

Benefits will not be paid if a claim is submitted to Us more than one year after the Covered Person's death, or if earlier, the child is no long a Covered Dependent child, if he or she was under the age of majority at the time of the Covered Person's death.]

[Coma Benefit

If a Covered Person suffers an Injury caused by a Covered Accident which results in such person being in a Coma within {30 -90} days of the Accident and if the Coma continues for at least 30 consecutive days, the Company will pay a monthly benefit equal to {1}% of the Covered Person's Principal Sum as shown in the Schedule of Benefits.

No benefit is provided for the first {30} days of Coma. The benefit is paid monthly, beginning on the {31st} day of the Coma and ends on the earliest of:

- 1) the date the Coma ends, whether by death, recovery, or any other change of condition; or
- 2) after {11} continuous months of benefit payments by the Company, the date the total amount of monthly Coma

benefits paid for all Injuries caused by the same accident equals 100% of the Covered Person's Principal Sum.

If the Covered Person suffers loss of life for which benefits are payable under this Policy as a result of the same Covered Accident which caused the Coma, or if he or she remains in a Coma at the end of {11} continuous months, an additional benefit will be paid equal to the Covered Person's Principal Sum as shown on the Schedule of Benefits; less any Coma Benefits paid or other benefits payable under this Policy for any other losses incurred as a result of the same Covered Accident.

Under no circumstances will the Company pay more than the Covered Person's Principal Sum as shown on the Schedule of Benefits for all Covered Losses combined, including this Coma Benefit, which are incurred as the result of the same Covered Accident.

The Covered Person's designated beneficiary is responsible for providing the Company proof of continuing Coma. The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Covered Person is in a Coma, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

"Coma" means being in a state of profound unconsciousness which resulted directly, and independently from all other causes, from a Covered Accident, and from which the Covered 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 an Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that Covered Accident.]

[Common Accident Benefit

We will increase the Loss of Life benefit as shown in the Schedule of Benefits payable for a Covered Dependent spouse or Domestic Partner if both the Covered Person and the Covered Dependent spouse or Domestic Partner die directly; and independently of all other causes; from a Common Accident and are survived by one or more dependent children.

"Common Accident" means the same Covered Accident or separate Covered Accidents that occur within the same 24-hour period.]

[Common Carrier Benefit

If a Covered Person suffers loss of life for which the Accidental Death Benefit is payable under this Policy, and the Accident causing such loss occurs while the Covered Person is traveling as a fare paying passenger, in or on (including getting in or out, on or off) or being struck by a Common Carrier, the Company will pay an additional benefit as shown in the Schedule of Benefits.

"Common Carrier" means any motorized land, water or air Conveyance, operated by an organization other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. Common Carrier does not include any Conveyance used for sport, recreational activities or sightseeing activities.

"Conveyance" means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

[Common Disaster Benefit

If a Covered Person had the Family Plan in force and both the Covered Person and his or her Covered Dependent spouse or Domestic Partner suffer loss of life within 90 days of a Common Disaster, and are survived by one or more Dependent Children, for which the accidental death Benefit is payable under this Policy, the Covered Dependent spouse's or Domestic Partner's benefit will be increased to equal the Covered Person's Principal Sum up to the maximum shown on the Schedule of Benefits.

"Common Disaster" for purposes of this Common Disaster Benefit only, means the same unintended or unforeseeable event or occurrence which happens suddenly and violently, or separate unintended or unforeseeable events or occurrences which happen suddenly and violently within the same 24 hour period.]

[Commuting Benefit

We will pay the benefit shown in the Schedule of Benefits, subject to the following conditions and exclusions, when the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs:

- 1) while the Covered Person is using an alternate means of transportation for commuting directly between his or her home and the Policyholder's premises where he or she 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 Covered Person regularly uses in commuting.

Benefits will not be payable for Covered Accidents that occur more than {two hours} after the Covered Person leaves his or her home or place of employment, unless it can be conclusively established that:

- 1) the delay was caused by conditions beyond the Covered Person's control; or
- 2) more time was needed for normal direct commuting.]

[Continuation of Insurance Expense Benefit

We will pay this benefit as shown in the Schedule of Benefits if a surviving Covered Dependent spouse; or Domestic Partner; or a surviving Covered Dependent child elects to continue group medical and [or] dental insurance provided by the Policyholder of a Covered Person who died, subject to all of the following conditions:

1. the Covered Person's death results directly; and independently of all other causes; from a Covered Accident;
2. the Covered Person is survived by a Covered Dependent spouse or domestic partner; or Covered Dependent child who are Covered under this Policy on the date the Covered Person dies;
3. the surviving Covered Dependent spouse or domestic partner; or Covered Dependent child is also Covered under a medical and [or] dental plan sponsored by the Policyholder at the time the Covered Person dies; and
4. the surviving Covered Dependent spouse or domestic partner; or Covered Dependent child notifies Us of his or her election, within 60 days of the Covered Person's death, to continue his or her existing coverage under group insurance plans sponsored by the Policyholder, as permitted by state or federal continuation law.

This benefit, payable annually, equals the premiums required to continue the medical and/or dental insurance described herein, as long as the total amount of this benefit does not exceed the Total Benefit Maximum shown in the Schedule of Benefits. The benefit will be paid at the end of each year during which medical and [or] dental insurance is continued, if We receive a request for reimbursement and proof of the premiums paid during that year. Benefit payments will continue to the earliest of the following dates:

1. the date a surviving spouse or domestic partner or Covered Dependent child is no longer eligible to continue medical and [or] dental insurance coverage;
2. the date benefit payments equal the Total Benefit Maximum shown in the Schedule of Benefits; 3. the end of the Benefit Period.

Benefits are payable to the surviving Dependent spouse; or Domestic Partner; or the person who actually paid the premium on the surviving Dependent spouse or Domestic Partner's behalf, if other than the surviving Dependent spouse or domestic partner.]

[Crisis Benefit

We will pay this benefit as shown in the Schedule of Benefits if the Covered Person dies or is dismembered from another person's use of a gun or a knife to commit an act of violence if all of the following conditions are met.

1. The Covered Accident occurs while coverage under this Policy is in force and
2. The loss occurs directly and from no other cause from the act of violence.

This benefit will not be paid if:

1. The act of violence is committed by a member of the Covered Person's Immediate Family or
2. The Covered Person produces a gun or knife during the incident and is killed or dismembered even if he or she acts in self-defense.]

[Diagnostic X-Ray and Laboratory Benefit

We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires diagnostic x -ray and

laboratory examinations due to a Covered Injury that results directly and independently of all other causes from a Covered Accident.

[If benefit payment is made in accordance with the Diagnostic X-Ray and Laboratory Examinations Schedule, payment for a diagnostic x-ray and laboratory procedure not listed will be made on a basis determined by Us to be consistent with the amount payable for a specified examination of a comparable nature.]

[Schedule for Diagnostic X-Ray and Laboratory Examinations

X-Ray Examinations:

Abdomen (intestines, colon, rectum, kidney, etc.)	\$15
Arm or leg	\$10
Chest (heart and lungs)	
Flat Film	\$15
Stereoscopic films	\$20
Gall bladder, dye method	\$20
Stomach and Duodenum- barium	\$20
Complete Gastro-intestinal series- barium	\$40
Head (skull or sinuses)	\$15
Joints (shoulder, knee, ankle, wrist, hand, foot)	\$10
Kidney, urethra or bladder- dye method	\$30
Pelvis or spine	\$15

Laboratory Examinations:

Basal Metabolism test	\$7
Blood test-	
Hemoglobin determination, red blood cell count, white blood cell count, Differential	\$4 each
Any combination of tests per blood sample	not to exceed \$10
Electrocardiogram	\$10
Hinton, Kahn, or Kline test	\$4
Malaria smear	\$4
Sputum test	\$4
Sugar test-	
One blood sugar determination & accompanying urinary sugar determination	\$5
Sugar tolerance test involving two or more blood sugar determinations	\$15
Urinalysis	None
Wasserman test	\$7]]

[Disability Benefit - [[Permanently] Totally Disabled], [Totally Disabled], [Presumptively Disabled] or [Partially Disabled]

We will pay this benefit shown in the Schedule of Benefits if the Covered Person is [[Permanently] Totally Disabled], [Totally Disabled], [Presumptively Disabled] or [Partially Disabled] directly; and independently of all other causes; from a Covered Accident. Disability benefits will begin when:

1. the applicable benefit waiting period if any, shown in the Schedule of Benefits, for this Policy has been satisfied; and
2. the Covered Person provides satisfactory proof of the [[Permanent] Total Disability], [Total Disability], [Presumptive Disability] or [Partial Disability] to Us.

Benefit payments will end on the first of the following dates:

1. the date the Covered Person is no longer [[Permanently] Totally Disabled], [Totally Disabled], [Presumptively Disabled] or [Partially Disabled]; or
2. the date the Covered Person dies; or
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date the Covered Person fails to submit satisfactory proof of continuing [[Permanent] Total Disability], [Total Disability], [Presumptive Disability] or [Partial Disability].

5. [the date the total amount of Disability Benefits paid for all injuries caused by the same Covered Accident equals 100% of the Principal Sum in the Schedule of Benefits.]

["Total Disability or Totally Disabled" means the Covered Person, [if employed], because of a Covered Accident, is unable to perform the material and substantial duties of [his or her] [any] occupation [for which he or she was receiving remuneration at the time of the Covered Accident,] [and [any work] for which he or she is, or may become, qualified by reason of education, experience or training, [which would provide them with substantially the same earning capacity as his or her prior earning capacity prior to the start of disability.]] [If not employed, Total Disability or Totally Disabled means the Covered Person, because of a Covered Accident, is unable to perform the normal and customary activities of a healthy person of like age and sex.]]

["Presumptive Disability" means that the Covered Person is Totally Disabled if he or she suffers the complete and irrecoverable loss of sight of both eyes, speech, hearing in both ears, or of any two limbs, hands or feet, provided the loss occurs with 180 days of the Covered Accident.]

["Partial Disability or Partially Disabled" means the Covered Person is able to work after a period for which Total Disability benefits are payable under this Policy, but is not able to perform all the material duties of his or her occupation previous to the Covered Accident; and earn more than {\$500-\$1000} or more in gross earnings per month.]

["Partial Disability" must be the result of the same Covered Accident for which Total Disability benefits were paid.]

["Permanent Total Disability or Permanently Total Disabled" means the Covered Person is Totally Disabled and is expected to remain so disabled, as certified by a Physician, for the rest of his or her life. Permanent Total Disability must be the result of the same Covered Accident that caused the Total Disability.]]

[Elder Survivor Benefit

If a Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy, the Company will pay an additional benefit as shown in the Schedule of Benefits, of the Covered Person's Principal Sum up to a maximum of \$5,000 to or on behalf of any Dependent Parents of the Covered Person's Dependent Parent.

The Elder Survivor Benefit will be payable in equal shares to the Dependent Parents. Only one Elder Survivor Benefit will be payable regardless of the number of Dependent Parents.

Dependent Parent(s) means the Covered Person's parent; parent-in-law; grandparent; grandparent-in-law; great-grandparent; or great-grandparent-in-law (whether natural; step; or adoptive), who is:

- 1) not regularly employed on a full-time basis;
- 2) primarily dependent upon the Covered Person for support and maintenance due to a proven mental disability or physical handicap;
- 3) residing in the Covered Person's home; and
- 4) eligible to be claimed as an exemption on the Covered Person's federal income tax return.]

[Emergency Disaster Team Benefit

We will pay this benefit as shown in the Schedule of Benefits, subject to the following conditions, if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs while serving as an authorized member of an emergency or disaster team established by the Policyholder.

The emergency disaster team benefit will be provided if:

1. The Covered Person incurs a Covered Loss, including while riding in, getting in or out of an ambulance, airplane or helicopter and
2. The Covered Loss occurs while responding to a bona fide emergency or disaster as determined by the Policyholder and Us.]

[Emergency Reunion Benefit

We will pay expenses incurred to have one of the Covered Person's Immediate Family Member accompany him or her to the Covered Person's [Home Country] [or] [Hospital] where the Covered Person is confined if:

- [1. the Emergency Medical Evacuation Benefit is payable under the Policy]; and

- [2. Covered Person is alone outside of his or her Home Country; and]
- [3. the place of confinement is more than {100} miles from the Covered Person's Home Country].

[In addition, We will pay the reasonable expenses incurred for lodging and meals of Covered Person Immediate Family Member for a period not to exceed {10} days.]

[This benefit will not exceed [the lesser of]:

1. the cost of a one [round-trip] economy airfare ticket and other local travel related expenses; [or]
2. the reasonable expenses incurred for lodging and meals of Covered Person Immediate Family Member for a period of {10} days;]
3. the Reunion Benefit Maximum shown in the Schedule of Benefits.]

All travel arrangements must be made by the Company's assistance provider and We must approve and authorize all expenses in advance for any Emergency Reunion Benefits to be payable.]

[Emergency Room Benefit

We will pay this benefit as shown in the Schedule of Benefits if the Covered Person requires Emergency Room treatment due to an Injury resulting directly; and independently of all other causes; from a Covered Accident.

"Emergency Room" means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.]

[Exposure and Disappearance Benefit

We will pay this benefit as shown in the Schedule of Benefits, if the Covered Person by reason of a Covered Accident occurring while a Covered Person's coverage is in force under this Policy is,

1. unavoidably exposed to the elements and as a result of such exposure suffers a loss described herein, the loss will be covered under this Policy; and
 2. The body of the Covered Person is not found within 1 year of such Accident, then it will be deemed, subject to all the other terms and provisions of this Policy, that the Covered Person has suffered a loss of life. If the Covered Person is subsequently found to be alive, the benefit will be immediately refunded to the Company.]
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[Family Plan Benefit

If a Covered Person elects the Family Plan and pays the required premiums when due, the Company will provide this benefit for his and her Dependents as described in the Policy as elected by the Covered Person and held on file with the Policyholder.

If a husband and a wife or Domestic Partners in the same family unit are both eligible to enroll for this benefit under this Policy, one, but not both, may elect the Family Plan. The other Dependent spouse or Domestic Partner may elect this benefit for himself or herself only. In the event that a person is covered under this Policy as both a Covered Person and a Covered Dependent, the combined amount of insurance cannot exceed the maximum shown in the Schedule of Benefits.

Dependent's Effective Date of this benefit :

A Dependent's benefit under this Policy begins on the later of:

1. the date the Covered Person's benefit under this Policy begins, provided he or she elected the Family Plan; or
2. the date the Dependent becomes eligible as defined in this Policy, if the Covered Person is already paying for the Family Plan.

However, if individual enrollment is required, this benefit will begin on the later of:

1. the date the Covered Person's coverage under this Policy begins, if written enrollment for the Dependent is received by the Policyholder prior to such date; or
2. the 1st day of the month coincident with or next following the date in which written enrollment for the Dependent is received by the Policyholder.

A child of a Covered Person born while this Policy is in force is covered from the moment of birth until the 31st day of age. After this time, the child will remain covered only if the Covered Person has provided written notice of birth to the Policyholder and paid the required premium due, if any. Notice is not required if the Covered Person is already paying

the Family Plan premium and no enrollment is required. A newly adopted child of a Covered Person is covered from the moment of adoption or placement for adoption, for a period of 31 days. After this time, the child will remain covered only if the Covered Person has provided written notice to the Policyholder of the adoption or placement for adoption, and pays the required premium due, if any. Notice is not required if the Covered Person is already paying the Family Plan premium and no enrollment is required.

Dependent's Termination Date of this benefit

A Dependent's Coverage under this Policy ends on the earliest of:

1. the date the Covered Person's coverage under this Policy ends;
2. the date the Covered Person requests, in writing, that coverage for his or her Dependents be terminated;
3. the date the Covered Dependent enters full-time active duty in the armed forces of any country or international authority;
4. the first day of the month immediately following the date the Covered Dependent ceases to be eligible as defined in this Policy provided all required premiums are paid; or
5. the last day of the period for which premiums have been paid, if the Covered Person fails or refuses to make any required premium payments on behalf of his or her Dependents.

In no case, will coverage for a Dependent take effect before the Covered Person's coverage or end later than the Covered Person's coverage.

[Dependent Continuation

If a Covered Person suffers loss of life for which the Accidental Death Benefit is payable under this Policy and such Covered Person had the Family Plan in force, the Company will continue coverage under this Policy for the Covered Person's Covered Dependents and waive payment of premiums.]

[Waiver of premiums and continuation of coverage will end for such Covered Person's Covered Dependents on the earliest of:

1. the date the Covered Dependent spouse or Domestic Partner remarries or repartners (in which case this benefit ends for all Covered Dependents);
2. the date the Covered Dependent ceases to be eligible under this Policy;
3. the end of a 3 month period which began on the date the Covered Person suffered such loss of life; or
4. the date this Policy terminates.]]

[Family Reunion Benefit

If, while the Covered Person is traveling, he or she suffers an Injury and must be confined in a Hospital for at least {5} consecutive days [or if the Covered Person is medically evacuated to another location,] We will reimburse the expenses incurred for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. All transportation and lodging arrangements must be made by the most direct and economical route and Conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.]

"Family Member" means a parent; sister; brother; husband; wife; or children.]

[Felonious Assault and Violent Crime Benefit

If a Covered Person suffers a loss for which [Accidental Death and Dismemberment,] [Loss of Use] or [Paralysis,] [Coma] or [Permanent and Total Disability] Benefits are payable under this Policy, due to or contributed by a Felonious Assault which is directed at: the Policyholder; its property or assets; or the Covered Person while he or she is acting on behalf of the Policyholder as a member or representative, the Company will pay an additional benefit as shown in the Schedule of Benefits.

Only one Felonious Assault Benefit will be payable for all Covered Losses incurred as the result of the same Felonious Assault.

Felonious Assault means any intentional use of force upon a Covered Person performed by another person that is not

a Covered Person's Dependent spouse or domestic partner; son; daughter; father; mother; brother or sister; an employee of the Policyholder; or an individual who resides with the Covered Person on a permanent basis. Such use of force must:

1. be intended to cause bodily harm to the Covered Person;
2. result in Injury to the Covered Person;
3. be considered a felony or a misdemeanor in the jurisdiction in which it occurs; and
4. be reported by or on behalf of the Covered Person to the appropriate law enforcement authority within 48 hours of its occurrence.

Felonious Assault may include, but is not limited to, any of the following criminal acts: [Robbery; Theft; Hijacking; Assault; Battery; Sniping; Murder; Manslaughter; Civil Disturbance; or Kidnapping.]

[Group Medical or Dental Premium Reimbursement Benefit

(This benefit only available together with Family Plan Benefit.)

If a Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy and such Covered Person had the Family Plan in force, the Company will pay an additional benefit per year as shown in the Schedule of Benefits on behalf of the Covered Person's Covered Dependents who, on the date of the Covered Accident:

1. were covered under this Policy; and
2. had dependent group medical and/or dental coverage in effect which is provided through the Policyholder; and
3. subsequently elects to continue that coverage within 60 days of the date of the Covered Person's loss of life.

Group Medical or Dental Premium Reimbursement Benefits are payable once a year for not more than three consecutive years (proof of enrollment will be required) and shall terminate on the earliest of:

1. the date the Policyholder no longer makes available or terminates the group medical and [or] dental plan under which such Covered Dependents are continuing coverage;
2. the date the Covered Dependents become covered under any other group medical and [or] dental plan or qualifies for Medicare;
3. the date the Covered Dependent spouse or Domestic Partner remarries (or repartners), in which case this benefit ends for all Covered Dependents;
4. the date the Covered Dependent ceases to be eligible under this Policy; or
5. the date this Policy terminates.]

[Heart or Circulatory Malfunction Benefit

We will pay benefits as shown in the Schedule of Benefits for a Covered Person who suffers a sudden Heart or Circulatory Malfunction that results directly; and independently of all other causes; from a Covered Accident and the first symptoms of the malfunction are medically diagnosed while the Covered Person is covered under this Policy and within 48 hours of a Covered Accident in the Line of Duty of the Covered Person.

Benefits will not be payable if in the past year, the Covered Person was medically diagnosed as having, or received treatment for:

1. a heart or circulatory malfunction; or
2. hypertension, angina or other heart or circulatory condition.

Symptoms, such as shortness of breath; heart pain; or numbness of a limb are covered during the first 48 hours following Emergency Duty. These symptoms are not covered beyond the first 48 hours unless:

- 1) they first occurred within 48 hours of Emergency Duty; and
- 2) an actual malfunction of the heart or circulatory system is subsequently diagnosed.

"Emergency Duty" means responding in the Line of Duty to a fire or emergency call.

"Line of Duty" means performing the professional responsibilities of a qualified individual for the position the Covered Person holds as set forth by standards from the Policyholder.]

[Hijacking and Air Piracy Benefit

Benefits for Accidental Death; Accidental Death and Dismemberment; Accident Medical if covered under this Policy, will be payable as shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs during the hijacking, air piracy or unlawful seizure or attempted seizure of any Common Carrier.

“Common Carrier” means any motorized land, water or air Conveyance, operated by an organization other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. Common Carrier does not include any Conveyance used for sport, recreational activities or sightseeing activities.

“Conveyance” means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

[Home Country Benefit

We will pay benefits shown in the Schedule of Benefits while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for: 1) an Injury within {35} days of returning from a Trip to his or her Home Country; or 2) for a continuation of benefits for treatment that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit. The Covered Person must remain continuously insured, including while on vacations and school breaks. Home Country Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.

[Extended Benefit: If the Home Country benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least {6 consecutive months}. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Home Country Benefit.]

[Home Country Emergency Benefit

We will pay benefits for Covered Medical Expenses if the Covered Person obtains treatment of an Injury in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.

The coverage begins on the date the Covered Person arrives in his or her Home Country. The maximum duration of this coverage is {*variable e.g. 35 days in any 12 month period*}. Coverage ends when the Covered Person leaves his or her Home Country.

Coverage with respect to the Covered Person 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 Coinsurance Rate shown in the Schedule of Benefits.]

[Home Country Extension Benefit

We will pay benefits for Covered Medical Expenses if the Covered Person obtains treatment of an Injury while he or she is in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.

Benefits will be paid for a period of {*2 months*} from the date the Covered Person returns to his or her Home Country. Home Country Extension Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.]

[Hospital Stay Benefit

We will pay the benefit shown in the Schedule of Benefits subject to the following conditions, if the Covered Person requires a Hospital Stay due to a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident.

The Hospital Stay must meet all of the following:

1. be at the direction and under the care of a Physician; and
2. begin within 48 hours of the Covered Accident; and
3. begin while the Covered Person is covered under this Policy.

The benefit will be paid for each day of continuous Hospital Stay that continues after the end of the Benefit Waiting Period if any as shown in the Schedule of Benefits. Benefits will be paid retroactively to the first day of the Hospital Stay.]

[Increased Dependent Child Dismemberment Benefit

We will pay an additional benefit as shown in the Schedule of Benefits if an insured Dependent child sustains a Covered Loss resulting, directly; and independently of all other causes; from a Covered Accident for which Accidental Dismemberment benefits are payable under this policy.

If the insured Dependent child sustains more than one Covered Loss as a result of the Covered Accident, the Increased Dependent child benefit will be calculated based on the Covered Loss for which the largest available Accidental Dismemberment Benefit is payable.

[If the insured Dependent child dies within {30 days to 90 days} of the same Covered Accident, the Loss of Life benefit under the Accidental Death and Dismemberment benefit will not be reduced by the dismemberment benefit received under this Increased Dependent Child Dismemberment Benefit.]

[Inflation [Escalator] Benefit

We will increase the Covered Person's principal sum semi-annually or annually as shown in the Schedule of Benefits, subject to the following conditions:

1. The Covered Person must be under age 55; and
2. benefit amounts for a Covered Dependent spouse or Domestic Partner or Dependent child will not be increased.

The principal sum used to calculate this benefit will be the amount in force when the Covered Person first becomes covered under this benefit and this benefit will not compound previous Inflation [Escalator] Benefit amounts.

Increases will become effective on each Policy anniversary after the Covered Person has been Covered for 12 consecutive months. Benefit increases will occur automatically at the end of each 12-month period, for a maximum three years.

Increases provided by this benefit will be calculated separately for each additional principal sum elected. The total amount of all increases will not exceed {10% to 50%} of the original principal sum.

If the Covered Person's principal sum is reduced, any increases provided under this benefit will be reduced at the same proportion.

This benefit will not apply to any Bonus Benefit.]

[In-Hospital Indemnity Benefit

If a Covered Person suffers a Covered Loss under this Policy, which results in such person being confined in a Hospital within 30 days of the date of the Accident and if the Hospital confinement continues for at least 8 consecutive days, the Company will pay an additional benefit as shown in the Schedule of Benefits.

The benefit is paid monthly for a maximum of 6 months as long as the Covered Person remains confined in the Hospital. If the confinement does not last a full month, the Company will pay 1/30th of the monthly benefit payable for each day of confinement for which the Company is liable. Only one In-Hospital Indemnity Benefit is payable for any one day of confinement regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

"Hospital" means a place that:

1. holds a valid license;
 2. is run mainly for the care and treatment of sick or injured persons as inpatients;
 3. has a staff of one or more Physicians available at all times;
 4. provides 24-hour nursing services and has at least one registered nurse on duty at all times;
 5. has organized diagnostic and surgical facilities, either on the premises or on a contract basis with another hospital; and
 6. is not mainly a clinic, or facility for nursing, rest or convalescence, or a place for the aged, drug addicts, alcoholics or persons with mental or nervous disorders.]
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[Law Enforcement Officers Benefit

We will pay this benefit as shown in the Schedule of Benefits subject to the following conditions, on receipt of due
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proof that the Covered Person, while serving as a Law Enforcement Officer, suffers a Covered Loss that results directly; and independently of all other causes; from a Covered Accident. The Covered Accident must occur in the Line of Duty.

“Law Enforcement Officer” means any person, duly commissioned by a Public Agency, who is serving in an official capacity with or without compensation. This includes but is not limited to such duly commissioned police, sheriffs, correction officers, probation officers, parole officers and conservation officers.

“Line of Duty” means any actions 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, any state of the United States, the District of Columbia, or a unit of local government, combination of such states or units or any department, agency, or instrumentality of any of these.

Benefits will not be paid for a loss caused by or resulting from:

1. Injury resulting from maintenance, repair or cleaning of firearms; or
2. Injury sustained in consequence of the illegal use of firearms by the Covered Person.]

[[Loss of Use] [Paralysis Benefit]

[Loss of Use][Paralysis] loss is hereby added to the list of Covered Losses for which Accidental Death and Dismemberment Benefits are payable under this Policy. Benefits are as shown in the Schedule of Benefits.

[“Loss of Use” means loss of functional, normal, or characteristic use or paralysis of the entire arm and [or] leg, hand and [or] foot, including but not limited to quadriplegia, paraplegia, hemiplegia or uniplegia; which continues without interruption for a period of 12 consecutive months and at the end of such period is determined by a Physician to be continuous, permanent and irrecoverable.]

“Arm” means the entire arm from the shoulder joint including the attached hand. Leg means the entire leg from the hip joint including the attached foot.

“Hand” means the entire hand from the wrist joint.

“Foot” means the entire foot from the ankle joint.

“Quadriplegia” means total Paralysis of both arms and both legs.

“Paraplegia” means total Paralysis of both legs.

“Hemiplegia” means total Paralysis of one arm and one leg on the same side of the body.

“Uniplegia” means total Paralysis of one arm or one leg.

[“Paralysis” means total loss of use. A Physician must determine the loss of use to be complete and not reversible at the time the claim is submitted.]

The final determination as to whether a “Loss of Use” is permanent and irrecoverable will be made through use of the most current edition of the “Guides to the Evaluation of Permanent Impairment” published by the American Medical Association. (In the event the referenced guide ceases to be published, the Company will select another appropriate measurement of impairment values.) The determination must be made by a Physician. The Company has a right, at its own expense, to have the determination verified by a Physician of the Company’s choice.

The 12 consecutive month waiting period will be waived if the “Loss of Use” is due solely to complete and irreversible paralysis.

If a Covered Person sustains more than one such loss as the result of any one Covered Accident, the Company will pay only the largest amount to which the Covered Person is entitled. This amount will not exceed the Principal Sum as shown in the Schedule of Benefits.]

[Lost Baggage Benefit]

We will reimburse {the Covered Person’s} replacement costs [of clothes and personal hygiene items], up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person’s luggage is checked onto a Common Carrier, and is then lost, stolen or damaged beyond use. the Covered Person must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Covered Person its normal reimbursement for the lost, stolen or damaged luggage.

“Common Carrier” means any motorized land, water or air Conveyance, operated by an organization other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. Common Carrier does not include any Conveyance used for sport,

recreational activities or sightseeing activities.

“Conveyance” means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

[Natural Disaster Benefit

We will pay this benefit as shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurred in a Declared Disaster Area and was caused by a Natural Disaster.

“Natural Disaster” means a wind; rain; snow; hail; lightning; dust or sand storm; earthquake; flood; volcanic eruption; wildfire or similar event that occurs by natural causes and that results in severe and widespread damage.

“Declared Disaster Area” means an area damaged by a Natural Disaster that is officially declared a disaster area by a state government or the federal government if the event occurs in the United States, or by a corresponding government authority if the event occurs outside of the United States.]

[Occupational HIV Benefit and [Occupational Hepatitis Benefit]

If a Covered Person contracts Human Immunodeficiency Virus (HIV) or develops AIDS related Complex (ARC) during the performance of any assigned occupational duties for which compensation is received from the Policyholder, the Company will pay a benefit as shown in the Schedule of Benefits if the Covered Person’s coverage is in effect on the date of the Accident. It will be paid in 24 equal monthly installments.

In order to receive this Occupational HIV Benefit, the Covered Person must:

1. Submit a workers’ compensation injury report to the Policyholder within 48 hours of the Covered Accident; and
2. Submit a blood test for the Human Immunodeficiency Virus (HIV) and AIDS related Complex (ARC) within 48 hours of the Covered Accident.

The Company must receive written notification of the test results, from the laboratory which performed the test, as soon as reasonably possible.

If this initial blood test is negative and the Covered Person subsequently tests positive for Human Immunodeficiency Virus (HIV) or AIDS related Complex (ARC) within 365 days of the Accident, the Company will begin monthly payments as described above.]

[Occupational Hepatitis Benefit]

If a Covered Person tests positive for Hepatitis within 365 days of the date of exposure to Hepatitis while performing any assigned occupational duties for which compensation is received from the Policyholder, the Company will pay a benefit as shown in the Schedule of Benefits if the Covered Person’s coverage is in effect on the date of the Accident. It will be paid in 24 equal monthly installments.

In order to receive this Occupational Hepatitis Benefit, the Covered Person must:

1. Submit a workers’ compensation injury report to the Policyholder within 48 hours of the Covered Accident; and
2. Submit a blood test for Hepatitis within 48 hours of the Covered Accident 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 which performed the test, as soon as reasonably possible.

The benefit is payable monthly, starting on the last day of the month which immediately follows the month the Covered Person tests positive for Hepatitis, for 24 consecutive months or until: 1) the date the Covered Person dies; or 2) the date the Covered Person recovers from Hepatitis, whichever occurs first.

If the Covered Person tests positive for HIV and Hepatitis as a result of the same Occupational Incident, only one benefit amount, the largest, will be paid.]

[The Company will not pay for any expenses incurred for testing.]

["Hepatitis" means viral hepatitis but not type-A hepatitis.]

"Human Immunodeficiency Virus (HIV)" means an immunodeficiency syndrome caused by this virus.

"AIDS related Complex (ARC)" means a group of symptoms, including but not limited to, progressive generalized lymphadenopathy, fever, weight loss, and the presence of antibodies to the human immunodeficiency virus (HIV).]

[Outpatient Surgery Benefit

We will pay this benefit as shown in the Schedule of Benefits when the Covered Person requires Outpatient Surgery to treat an Injury resulting directly; and independently from all other causes; from a Covered Accident.

"Outpatient Surgery" means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

1. necessary for treatment of the Covered Person; and
2. given in the outpatient department of a Hospital or an ambulatory surgical center.]

[Permanent and Total Disability Benefit

If a Covered Person suffers an Injury caused by a Covered Accident which results in the Covered Person being Permanently and Totally Disabled within {variable e.g. 90, 120, 150, 180 days} from the date of the Accident, the Company will pay a benefit at the end of {12} consecutive months of Permanent and Total Disability as shown in the schedule of benefits.

The Covered Person must provide the Company proof that he or she is Permanently and Totally Disabled. The Company reserves the right, at the end of the {12} consecutive months of Permanent and Total Disability to determine, on the basis of all the facts and circumstances, that the Covered Person is Permanently and Totally Disabled, including, but not limited to: requiring an independent medical examination provided at the Company's expense.

"Permanently and Totally Disabled or Permanent and Total Disability" means the Covered Person is unable to perform the material and substantial duties of any occupation or job for which he or she is trained, educated or has the background, and is not expected to be able to do any such work for the rest of his or her life. The Covered Person must be under the regular care of a Physician.

"Total Disability or Totally Disabled" means that the Covered Person because of a Covered Accident, is unable to perform [all of the substantial and material duties of his or her occupation or] any occupation for which he or she is or may reasonably become qualified based on education, training or experience.]

[Personal Property Benefit

If a Covered Person sustains loss or damage to Personal Property during his or her trip, We will indemnify the Covered Person with respect to such loss or damage up to the Total Benefit Maximum shown on the Schedule of Benefits [after satisfaction of the Deductible]. The Covered Person must take all reasonable precautions for the safety of any covered Personal Property. With respect to a Covered Loss, We will be entitled:

1. to take and keep possession of such property and to deal with salvage in a reasonable manner;
2. to repair or replace any property for which We have liability under this Benefit, at Our option. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.

"Personal Property" means personal goods belonging to the Covered Person or for which the Covered Person is responsible and are taken {Variable: on the business trip} or acquired by the Covered Person during the trip.

(The exclusions are optional, and may be included at the Policyholder's request.)

We will not pay for:

- [1. More than {Variable, e.g. Any amount from: \$100 to \$5,000} with respect to any one article or set of articles.]
- [2. Vehicles [Optional: (including aircraft and other Conveyances)] or their accessories or equipment.]
- [3. Loss or damage due to:

{Variable, e.g. Any one of the following may be included:}

- a) Moth; vermin; insects or other animals; wear and tear; atmospheric or climatic conditions or gradual deterioration or defective materials or craftsmanship;

- b) Mechanical or electrical failure;
- c) Any process of cleaning; restoring; repairing or alteration.]
- [4. More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.]
- [5. Currency.]
- [6. Coins; deeds; bullion; stamps; securities; tickets; documents and perishables.]
- [7. Devaluation of currency or shortages due to errors or omissions during monetary transactions.]
- [8. More than \$500 with respect to cash.]
- [9. Any loss not reported to either the police or transport carrier within 24 hours of discovery.]
- [10. Any loss due to confiscation or detention by customs or any other authority.]
- [11. Any loss or damage directly or indirectly caused by declared or undeclared war or any act thereof.]
- [12. Laptops.]
- [13. Household furniture.]
- [14. Eyeglasses.]
- [15. Contact lenses.]
- [16. Artificial teeth or limbs.]
- [17. Property while in the care; custody; or control of any Common Carrier.]
- [18. Loss or damage due to unexplained or mysterious disappearance.]
- [19. Loss or damage due to theft unless reported to the police or competent authority.]

[In addition, We will not pay benefits for loss or damage caused by or resulting from:

- [1. Hostile or war like action in time of peace or war, including action in hindering; combating; or defending against an actual, impending or expected attack by:
 - a) any government or sovereign power (de jure or de facto), or by any authority maintaining or using military; naval; or air forces; or
 - b) military; naval; or air forces; or
 - c) an agent of any government power; authority; or forces.]
- [2. Any weapon of war employing atomic fission or radioactive force whether in time of peace or war.]
- [3. Insurrection; rebellion; revolution; civil war; usurped power; or action taken by governmental authority in hindering; combating or defending against such an occurrence; seizure or destruction under quarantine or custom regulations; confiscation by order of any government or public authority; or risks of contraband or illegal transportation or trade.]
- [4. Nuclear reaction; nuclear radiation; or radioactive contamination.]]

[Physical Therapy Benefit

We will pay this benefit as shown in the Schedule of Benefits subject to the following conditions, if the Covered Person requires Physical Therapy to treat an injury resulting directly; and independently of all other causes; from a Covered Accident.

Physical 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 injury and lasted at least five consecutive days; and
- 3. be given by a licensed physical therapist upon the recommendation of the attending Physician.

“Physical Therapy” means manipulation by physical and mechanical means including heat treatment or diathermy; ultrasonic; microtherm; manipulation; adjustment; massage therapy; and acupuncture.]

[Private Passenger Benefit

We will pay this benefit if the Covered Person suffers a Covered Loss that results directly; and independently of all other causes; from a Covered Accident while driving, riding as a passenger in or getting in or out of a Private Passenger Automobile.

“Private Passenger Automobile” means a validly registered; four wheel private passenger car (including the Policyholder’s cars) campers; motorized golf carts; 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. Any vehicle not defined above will not be considered a Private Passenger Automobile.]

(Optional, only for Non-Contributory plans)

[Reasonable Accommodation at Worksite Benefit

We will reimburse costs, up to the Maximum Benefit shown in the Schedule of Benefits, subject to the following conditions and exclusions, when the Employer incurs costs for any worksite change required to enable the covered Employee to return to work. The Employee must have suffered a Covered Loss resulting directly and independently of all other causes from a Covered Accident, and be returning to work as soon thereafter as permitted by his Physician.

The benefit payable to the Employer is the reimbursement costs of any pre-approved change made to the worksite for each covered Employee injured per Covered Accident, up to the maximum amount specified in the Schedule of Benefits.

Reimbursement will be subject to all of the following conditions:

- [1. insurance provided under this Policy must be in force for the covered Employee on the date the Covered Accident occurs;]
- [2. change to the worksite must be made within {12 months} of the date of the Covered Accident;]
- [3. there is a reasonable expectation that such change to the worksite will enable the covered Employee to return to work;]
- [4. We approve any change to the worksite in writing before it is made.]

Benefits will not be payable if:

- [1. there is no cost involved in making any change to the worksite; or]
- [2. any change to the worksite does not meet the standards found in Title I of the Americans with Disabilities Act (ADA).]

We will not reimburse the cost of any change to the worksite for which reimbursement is made under more than one policy insuring [the covered Employer,] [covered Employee] and issued by Us.

Changes to the worksite means [1) making existing facilities used by the injured covered Employee readily accessible and usable;] and [2) job restructuring, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modification of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities resulting from a Covered Accident.]]

[Return from Trip Benefit

We will pay the benefit shown in the Schedule of Benefits when the Covered Person returns to his or her Home Country or country of principal residence for incidental visits of up to a maximum of a {two-week} period, provided:

1. the period of coverage is for a period of at least {30} days; and
2. the primary reason for the Covered Person's return to the Home Country or country of principal residence is not to obtain medical treatment for an Injury that occurred while traveling.

Return from Trip Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.]

[Extended Benefit: If the Return from Trip Benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least {six consecutive months}. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Return from Trip Benefit.]]

[Return of Minor Child(ren) Benefit

If the Insured, age 18 or older, is the only person traveling with minor Dependent children who are under the age of 18, and such Insured suffers an Injury and must be confined in a Hospital [for at least {36} consecutive hours] [or if the Insured is medically evacuated to another location,][or Home Country], We 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 principal residence]; not to exceed the 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 may 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 Us, and services are rendered by the Company's assistance provider.]

[Safety Device Benefit

If a Covered Person suffers loss of life while driving or riding in an Automobile, for which Accidental Death Benefits are payable under this Policy, the Company will pay an additional benefit shown in the Schedule of Benefits if:

1. the Automobile is equipped with original, factory-installed Seat Belts;
2. the Seat Belt was in actual use by the Covered Person and properly fastened at the time of the Accident; and
3. the position of the Seat Belt is confirmed in the official report of the Accident; or by the investigating officer.

The Company will pay another additional benefit shown in the Schedule of Benefits if the Covered Person is:

1. positioned in a seat protected by a properly functioning, original, factory-installed Air Bag that inflates on impact; and
2. the proper inflation of the Air Bag is certified in the official report of the Accident or by the investigating officer.

“Automobile” means a self-propelled private passenger motor vehicle with four or more wheels, that is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan; station wagon; sport utility vehicle; pick-up; panel; van; camper; or motor home. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

“Seat Belt” means those belts that form an occupant restraint system and includes infant and child passenger restraint systems when properly used with a seat belt.

“Air Bag” means a safety device designed to inflate upon collision.]

[Scheduled Air [Business Travel (only)] Benefit

[We will pay benefits as shown in the Schedule of Benefits for any Covered Loss resulting directly; and independently of all other causes; from a Covered Accident while the Insured is engaged in this activity:]

[The Covered Accident must take place while the Covered Person is traveling:

1. away from such Covered Person's regular place of employment;
2. at the authorization, direction and expense of the Policyholder;[and]
3. on the business of the Policyholder [;and
4. for periods of { *Variable e.g. 180 days* } or less.]

[All such trips must be authorized by the Policyholder.]

We will pay benefits, but only if, the Covered Accident takes place to a Covered Person while:

1. riding as a passenger in, entering or exiting a Scheduled Aircraft or an aircraft operated by a military air transport service; or
2. riding as a passenger in , entering, or exiting any Conveyance licensed to carry the public for hire and while:
 - a. travelling directly to the airport, immediately preceding the departure of a Scheduled Aircraft on which the Covered Person has purchased passage; or
 - b. travelling directly from the airport, immediately following the arrival of a Scheduled Aircraft on which the Covered Person was a passenger.

“Scheduled Aircraft” means an aircraft owned or operated by an airline which is either:

1. registered and certified by the Government of the United States of America to carry passengers on a regularly scheduled basis; or
2. registered and certified by any other governmental authority with competent jurisdiction to carry passengers on a regularly scheduled basis.

“Conveyance” means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

[School

The Covered Accident must take place:

1. in or on School premises during normal School hours during a period of regular attendance during the days

- and months when School is in session;
- 2. on School premises after normal School hours; or
- 3. at another School or site where the Covered Activity is scheduled.

The Covered Activity includes travel without delay; deviation; or interruption:

- 1. between home and School, for such travel time as may be necessary, within one hour before School begins and one hour after dismissal from School, or longer if a school bus requires; or
- 2. between the site of the Covered Activity and home or School when the Covered Person is scheduled to attend the Covered Activity;
- 3. [Before the appointed time and after the Covered Activity.]

“School” means the Policyholder’s school facility where the Covered Person attends classes.

Benefits are paid as described in this Policy if the Covered Accident occurs while the Covered Person is in a vehicle:

- 1. designated or furnished by the Policyholder, operated by a properly licensed adult driver who is under the direct supervision of the School; and
- 2. travel time does not exceed {1 –24 hours} each way.]

[[School] Camp or Conference

We will pay the benefits described in the Policy for a Covered Accident which occurs while a Covered Person is attending or participating in a Camp or Conference. The Covered Person must be:

- 1. on the location of the Camp or Conference:
 - a. during its normal hours;
 - b. during scheduled functions; and
 - c. during other periods if he is attending or participating in a Supervised and Sponsored Activity of the Camp or Conference.
- 2. not on the location of the Camp or Conference and attending or participating in a Supervised and Sponsored Activity of the Camp or Conference;
- 3. traveling directly, without interruption:
 - a. between his or her home and the location of the Camp or Conference or the location of a Supervised and Sponsored Activity of the Camp or Conference.
 - b. between the site of the Supervised and Sponsored Activity of the Camp or Conference and his or her home or the location of the Camp or Conference, if the Supervised and Sponsored Activity is located within or outside the town where the Camp or Conference is located.
 - c. in a vehicle which is:
 - i. designated or furnished by the Policyholder;
 - ii. operated by a properly licensed, adult driver; or
 - iii. under the direct supervision of the Policyholder; or
 - d. in a vehicle other than that described in (3)(c) when:
 - i. operated by a properly licensed driver; and
 - ii. travel time does not exceed an hour each way.

Travel time includes the time:

- 1. to or from his or her home, the Camp or Conference location 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 or Conference is completed.

“Camp or Conference” means a scheduled educational, sports, social or professional program at a facility owned, leased, rented or otherwise contracted for by the Policyholder to conduct such program. 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 organized activities; and
- 3. have registered participants; [and
- 4. require at least one overnight stay by 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 Covered Person participates;
2. that is organized by or under its auspices; and
3. that is within the scope of customary activities for such entity.]

[Seatbelt [and Airbag] Benefit

We will pay this benefit as shown in the Schedule of Benefits subject to the conditions described below, when the Covered Person dies directly; and independently of all other causes; from a Covered Accident while wearing a Seatbelt and operating or riding as a passenger in an Automobile.

An additional benefit is provided if the Covered Person 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 Covered Accident and/or Airbag inflated upon impact, must be a part of an office policy report of the Covered Accident or be certified in writing, by the investigating officers and submitted with the Covered Person’s claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a Seatbelt or had deployed Airbags. We will pay a default benefit of {\$500 to \$5,000} to the Covered Person’s beneficiary.

“Supplemental Restraint System” means an airbag that inflates upon impact for added protection to the head and chest areas.

“Automobile” means a self-propelled private passenger motor vehicle with four or more wheels, that is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan; station wagon; sport utility vehicle; pick-up; panel; van; camper; or motor home. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit. “Seat Belt” means those belts that form an occupant restraint system and includes infant and child passenger restraint systems when properly used with a seat belt.

“Air Bag” means a Supplemental Restraint System or safety device designed to inflate upon collision.]

[Severe Burn Benefit

If a Covered Person suffers a Severe Burn as the result of a Covered Accident, the Company will pay a benefit as shown in the Schedule of Benefits.

The determination of whether or not an area of the body is Severely Burned, and what proportion of its surface is Severely Burned, must be made by a Physician. The Company has a right, at its own expense, to have the determination verified by a Physician of the Company’s choice.

“Severe Burn or Severely Burned” means cosmetic disfigurement of the surface of a body area due to an Injury caused by an Accident that is a full-thickness or third-degree burn, as determined by a Physician. (A full-thickness or third-degree 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).

Under no circumstances will the Company pay more than the Covered Person’s Principal Sum for all Covered Losses combined, including this Severe Burn Benefit, which are incurred as the result of the same Accident.]

[Special Education Benefit

We will pay the benefit, up to the Maximum Benefit shown in the Schedule of Benefits, for each qualifying Dependent Child [if *Option III is elected* and a surviving covered Spouse [or Domestic Partner].] The Covered Person’s death must result, directly and independently of all other causes from a Covered Accident 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. a. [be enrolled as a full-time student in an accredited school of higher learning beyond the 12th grade level on the date of [the covered Employee’s,] [Member’s] Covered Accident]; or

b. [be at the 12th grade level on the date of [the covered Employee's,] [Member's] Covered Accident and then enroll as a full-time student at an accredited school of higher learning within {365 days} from the date of the Covered Accident and continue his education as a full-time student.]

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. enroll as a full-time student at a school of higher learning before reaching the limiting Age for dependent eligibility stated in this Policy;
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. enroll as a full-time student at a school of higher learning before reaching the limiting Age for dependent eligibility stated in this Policy;
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 [or Domestic Partner] must:

1. enroll in any accredited school for the purpose of retraining or refreshing skills needed for employment within {one year} of the date of [the covered Employee's,] [Member's] Covered Accident;
2. remain enrolled in such accredited school; and
3. incur expenses payable directly to, or approved by, such school.]

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. We must receive proof satisfactory to Us 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 covered Employee,] Member} died [or completed the Benefit Waiting Period for Permanent Total Disability benefits], if the surviving Dependent Child was enrolled on that date in an accredited school of higher learning beyond the 12th grade; otherwise on the date he enrolls 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 {365 days} of [the covered Employee's,] [Member's] death [or completion of the Benefit Waiting Period for Permanent Total Disability Benefits], We will pay the default benefit shown in the Schedule of Benefits to [the covered Employee's,] [Member's] beneficiary.

Include this provision if Option 3 is elected:

[Payments will be made to the surviving Spouse [or Domestic Partner] at the end of each year for the number of years shown in the Schedule of Benefits. We must receive proof satisfactory to Us of the Spouse's [or Domestic Partner'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 date the surviving Spouse [or Domestic Partner] enrolls in an accredited school for the first time following the date [the Employee,] [Member] 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 [or Domestic Partner] does not qualify for Special Education Benefits within {365 days} of [the covered Employee's,] [Member's] death [or completion of the Benefit Waiting Period for Permanent Total Disability Benefits], We will pay the default benefit shown in the Schedule of Benefits to [the covered Employee's,] [Member's] beneficiary.]]

[Specified Trip [(24 Hour Coverage)]

We will pay benefits as shown in the Schedule of Benefits for any Covered Loss resulting directly; and independently of all other causes; from a Covered Accident while the Insured is engaged in this activity:

The Covered Accident must take place while:

1. traveling or making a short stay [outside of the United States;] [away from the Covered Person's Home Country]; and
2. [on business for the Policyholder]; and
3. [in the course of the Policyholder's business]; and
4. on the trip described in the Schedule of Benefits.

[The Covered Accident must take place, subject to the terms and conditions of this policy, to a Covered Person who may be exposed during the trip described below:

Specified Trip:

Coverage period: From: [01-01-10] To: [01-04-10]

Specified Trip Summary: From [Covered Person's Residence] to [Meeting in {define trip location}]

Specified Trip ends upon return to: [Covered Person's] Residence

[Specified Trip Details:

(To and from points and places in the United States via scheduled airline and while attending the {define purpose of trip}).]

[With respect to this Specified Trip only:

- (1) The Schedule of Benefits is amended to include the following:
The following are the Covered Persons under this Specified Trip Coverage:

<u>Class</u>	<u>Descriptions</u>
[1	{Variable description e.g. Regional Sales Manager}]

This Specified Trip Coverage applies only to the Class(es) listed above.

- (2) The Principal Sum is amended as follows for each Class:

<u>Class</u>	<u>Principal Sum</u>
[1	{Variable amount e.g. 500,000}]

- (3) The Aggregate Limit of Insurance is amended as follows:

The following are the maximum amounts We will pay:

<u>Aggregate Limit of Insurance</u>
{Variable amount e.g. \$5,000,000}] per [Accident] [Coverage]
{Variable amount e.g. \$500,000}] [Aircraft Accident]

The Aggregate Limit of Insurance per Aircraft Accident is a sublimit. It is part of and not in addition to, the Aggregate Limit of Insurance per [Accident] [Coverage]. It reduces and does not increase the Aggregate Limit of Insurance per [Accident] [Coverage].

If more than one (1) Covered Person suffers a Loss in the same Covered Accident, We will not pay more than the Aggregate Limit of Insurance shown above. If a Covered Accident results in Benefit Amounts becoming payable, which, when totaled, exceed the applicable Aggregate Limit of Insurance shown above, then the Aggregate Limit of Insurance will be divided proportionally among Insured Persons, based on each applicable Benefit Amount.]]

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

[This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, [place of work], or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to home;
2. the date a Covered Person returns to place of work; or
3. the date a Covered Person makes a Personal Deviation.

"Personal Deviation" means:

1. an activity that is not reasonably related to [the Policyholder's business;] [Policyholder's activities]; and
2. not incidental to the purpose of the trip.
3. [such travel or activities must coincide with the Covered Person's business travel];
4. [Personal Deviation is limited to any consecutive {72 hour} period immediately prior to, during or following such business travel.]]

[Sponsored Event Benefit

We will pay benefits as shown in the Schedule of Benefits if the Covered Person sustains a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident while attending or participating in events sponsored by the Policyholder or while traveling to and from such an event.]

[Sports

The Covered Accident must take place while:

1. participating as a member of the team in a scheduled game, official tournament game, or practice session; or
2. serving as an equipment manager, scorekeeper, trainer or volunteer worker for the team.

[The Covered Activity includes travel without delay, deviation or interruption:

1. between home and practice sessions for the scheduled game, practice session or competition; or
2. between the site of the game or competition and home or School when the Covered Person is scheduled to attend the game or competition.

Benefits are paid as described in this Policy if the Covered Accident occurs while the Covered Person is in a vehicle:

1. designated or furnished by the Policyholder, operated by a properly licensed adult driver who is under the direct supervision of the School; and
2. travel time does not exceed {1 –24 hours} each way.

Travel time includes the time:

1. to or from home or School and the Covered Activity;
2. before the required attendance time; and
3. after dismissal and after completing any extra duties assigned by the School.]]

[Conditions which result over a period of time: {such as blisters; tennis elbow; heat exhaustion; hernia; etc.} and which are a normal result of the sport, are not covered. These items are considered a sickness and are not covered.]]

[Spouse or Domestic Partner Retraining Benefit

The Company will pay an additional benefit as shown in the Schedule of Benefits to or on behalf of a Covered Person's Covered Dependent spouse or Domestic Partner who, on the date of the Accident:

1. was enrolled as a full-time student in any accredited college, university; or other institution of higher learning; or a vocational or licensed technical school on the date of the Covered Person's loss of life; or
2. subsequently enrolls as a full-time student at an accredited college; university or other institution of higher learning; or a vocational or licensed technical school within 30 months after the date of the Covered Person's loss of life.

Enrollment must be for the purpose of obtaining an independent source of support or to enrich his or her ability to earn a living.

The Spouse Retraining Benefit is payable once a year for not more than four consecutive years, but only while the Covered Person's Covered Dependent spouse or Domestic Partner continues as a full-time student (proof of enrollment for each year will be required).

If, on the date of the Covered Person's loss of life, the Covered Person had no Covered Dependent spouse or Domestic Partner that qualified, a lump sum benefit as shown in the Schedule of Benefits will be paid to the Covered Person's designated beneficiary.

"Spouse" means a Covered Person's lawful spouse, if not legally separated or divorced, or domestic partner. The term "domestic partner" as used herein means an opposite or same sex partner who, for at least {1 2} consecutive months, has resided with the Covered Person and shared financial assets or obligations with the Covered Person. Both the Covered Person and the domestic partner must:

1. intend to be life partners;
2. be at least the age of consent in the state in which they reside; and
3. be mentally competent to contract. Neither the Covered Person nor the domestic partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other domestic partner. The Company requires proof of the domestic partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]

[Spouse or Domestic Partner Survivor Benefit

If a Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy and such Covered Person had the Family Plan in force, the Company will pay an additional monthly benefit as shown in the Schedule of Benefits, to the Covered Person's Covered Dependent spouse or Domestic Partner.

"Spouse" means a Covered Person's lawful spouse, if not legally separated or divorced, or domestic partner. The term "domestic partner" as used herein means an opposite or same sex partner who, for at least {12} consecutive months, has resided with the Covered Person and shared financial assets or obligations with the Covered Person. Both the Covered Person and the domestic partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Covered Person nor the domestic partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other domestic partner. The Company requires proof of the domestic partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]

[Supervised and Sponsored Activities

The Covered Accident 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; or
3. away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site.

[The Covered Activity includes travel without delay, deviation or interruption between home and the site of the Covered Activity.

Benefits are paid as described in this Policy if the Covered Accident occurs while the Covered Person is in a vehicle:

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

Travel time includes the time:

1. to or from home and the premises of the Covered Activity;
2. before the appointed time; and
3. after the Covered Activity is completed.]]

[Teacher and School Administrator Benefit

We will pay the benefits shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, if

a Covered Person's death results, directly and independently of all other causes, from a Covered Accident, which occurs during an unlawful and intentional act of violence committed by another person. The Covered Accident must occur while the Covered Person is engaged in the performance of Teaching or School Administrator Duties, and the motivation for the act must be related in whole or in part to the fact that the Covered Person is a Teacher or School Administrator.

Teacher means any instructional staff personnel described by applicable state law.

School Administrator means any school administrator described by applicable state law.

Teaching Duties means the actual performance of duties required by a teacher's employment during his or her regularly scheduled working hours or irregular working hours as required or assigned by his or her employer.

School Administrator Duties means the actual performance of duties required by a school administrator's employment during his or her regularly scheduled working hours or irregular working hours as required or assigned by his or her employer.]

[Telecommuters Benefit

We will pay this benefit as shown in the Schedule of Benefits subject to the conditions described below if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs while working under a written Policyholder approved telecommuting agreement. The Covered Accident must occur while the Covered Person is engaged in his or her job.]

[Total Disability Weekly Income Benefit

We will pay weekly benefits shown in the Schedule of Benefits, subject to the conditions and exclusions described below, to the Covered Person whose Total Disability results, directly and independently of all other causes from, and within {31 days} of a Covered Accident. Weekly disability benefits will begin when the Totally Disabled Covered 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 Accident];
5. reaches the end of the Maximum Benefit Period shown in the Schedule of Benefits.

"Total Disability or Totally Disabled" means the Covered Person, [if employed], because of a Covered Accident, is unable to perform the material and substantial duties of [his or her] [any] occupation [for which he or she was receiving remuneration at the time of the Covered Accident,] [and [any work] for which he or she is, or may become, qualified by reason of education, experience or training, [which would provide them with substantially the same earning capacity as his or her prior earning capacity prior to the start of disability.]] [If not employed, Total Disability or Totally Disabled means the Covered Person, because of a Covered Accident, is unable to perform the normal and customary activities of a healthy person of like age and sex.]

[Travel to and from the Airport Benefit

We will pay this benefit as shown in the Schedule of Benefits for any Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs while the Covered Person is: riding as a passenger in or getting on or off of a land vehicle licensed to carry passengers for hire, while traveling to or from the airport, prior to departure or after arrival of a business flight.]

[Trip Cancellation Benefit

We will reimburse the Covered Person for the amount of non-refundable money the Covered Person paid for his or her Trip, up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person is: prevented from taking his or her Trip or his or her Trip is interrupted as the result of Injury, or death that occurs prior to the Trip, or during the Trip to either the Covered Person or a Family Member.

“Family Member” means a Covered Person’s parent; sister; brother; husband; wife; [or] children [; or grandparent.]]

[Trip Interruption Benefit

We will reimburse the cost [one way economy air and/or ground transportation ticket] of a Covered Person’s Trip, up to the Benefit Maximum shown in the Schedule of Benefits, if his or her Trip is interrupted as the result of:

1. the death of a Family Member[; or
2. the unforeseen Injury of the Covered Person or a Family Member. The Injury must be so disabling as to reasonably cause a Trip to be interrupted][; or
3. substantial destruction of {the Covered Person’s} principal residence by fire or weather related activity][; or
4. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury.

“Family Member” means a Covered Person’s parent; sister; brother; husband; wife; [or] children[; or grandparent.]]

[Waiver of Premium Benefit

If a Covered Person suffers an Injury caused by a Covered Accident which results in the Covered Person being Disabled, [and the Covered Person’s life insurance is extended under a waiver of premium provision as provided under the Policyholder’s Group Life Insurance Policy,] the Company will waive payment of all required premiums due for such Covered Person, [under the same terms and conditions of the Group Life Insurance Policy].

Premiums will be waived from the first premium due date on or after the date the Disability began and end on the earliest of:

1. the date the Covered Person is deemed to be Actively at Work;
2. the date the Covered Person ceases to be covered under this Policy; or
3. the date this Policy terminates.

“Disability or Disabled” means due to an Injury caused by a Covered Accident the Covered Person cannot perform the material and substantial duties of any occupation or job for which he or she is trained, educated or has the background. The Covered Person must also be under the regular care of a Physician.]

[Wheelchair Confinement Expense Benefit

If a Covered Person suffers a Covered Loss covered under this Policy and such loss subsequently requires the Covered Person to be confined to a wheelchair, the Company will reimburse the Covered Person for expenses incurred within one year after the date of such Covered Accident up to a maximum shown in the Schedule of Benefits, which are charged for:

1. alterations to the Covered Person’s residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
2. modifications to a motor vehicle owned or leased by the Covered Person; or modifications to a motor vehicle newly purchased for the Covered Person that are necessary to make the vehicle accessible to and [or] drivable by the Covered Person.

The alterations to the Covered Person’s residence and the modifications to the Covered Person’s motor vehicle must be:

1. made on behalf of the Covered Person;
2. recommended by the physical or occupational therapist treating the Covered Person;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements requiring approval by the appropriate government authorities.

Only one benefit will be paid under this Wheelchair Confinement Expense Benefit for all Covered Losses incurred as the result of the same Covered Accident.

The Company will not reimburse expenses:

1. for which no charge would have been made if no insurance existed;
2. that exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred; or

3. incurred as the result of an Injury caused by an Accident for which the Covered Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.]

[Adjustment Benefit

We will pay the Adjustment Expenses incurred on behalf of a Covered Person who is Totally or Presumptively Disabled in a Covered Accident, subject to the Deductible and Total Benefit Maximum shown on the Schedule of Benefits

"Adjustment Expenses" are those incurred for:

- (1) Training of an Immediate Family member of the Covered Person to perform rehabilitative or custodial functions necessary to the care of the Covered Person. The first Covered Expense must be incurred within the Loss Period. Benefits will be paid for Covered Expenses that are incurred during the Benefit Period;
- (2) Travel by the Covered Person's Immediate Family members between their home and the Covered Person's place of treatment. Family travel is limited to travel by not more than two members of the Covered Person's Immediate Family at one time. Family travel by personal auto is reimbursed at mileage rates used by the Internal Revenue Service.
- (3) Lost earnings by the Covered Person's one parent or spouse, due to and in connection with the Covered Accident, will be reimbursed for up to {13-52} weeks, up to {\$100-\$500} per week or {50-75%} of the average weekly wage for the year proceeding the Accident.]

[Education Benefit

If a Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy and such Covered Person had the Family Plan in force, the Company will pay an additional benefit as shown in the Schedule of Benefits to or on behalf of his or her Covered Dependent child who, on the date of the Covered Accident, was:

- 1) under age 23 and Covered Person under this Policy; and
- 2) enrolled as a full-time student in any accredited college; university; or other institution of higher learning; or a vocational or licensed technical school beyond the 12th grade level on the date of the Covered Person's loss of life; or
- 3) at the 12th grade level and subsequently enrolls as a full-time student at an accredited college; university; or other institution of higher learning; or a vocational or licensed technical school within 365 days after the date of the Covered Person's loss of life.

Education Benefits are payable once a year for not more than four consecutive years, but only while the Covered Person's Covered Dependent Child continues as a full-time student (proof of enrollment for each year will be required).

If, on the date of the Covered Person's loss of life, the Covered Person had no Covered Dependent Child that qualified, a lump sum benefit as shown in the Schedule of Benefits will be paid to the Covered Person's designated beneficiary.

"Child" means a Covered Person's unmarried child under age 23 who is: (a) not regularly employed on a full-time basis; and (b) primarily dependent upon the Covered Person for support and maintenance. The term "child" as used herein means a Covered Person's natural child; adopted child (or child placed in the Covered Person's home for purposes of adoption); foster child; stepchild; or other child for whom the Covered Person has legal guardianship (proof will be required). A child must reside with the Covered Person in a parent-child relationship and be eligible to be claimed as an exemption on the Covered Person's federal income tax return. In the event the Covered Person shares physical custody of the child with another parent, the requirement that the child reside with the Covered Person will be waived.]

[Emergency Medical Benefit

We will pay Emergency Medical Benefits as shown in the Schedule of benefits for Covered Expenses insured for emergency medical services to treat a Covered Person. Benefits are payable up to the Total Benefit Maximum shown in the Schedule of Benefits if the Covered Person:

1. suffers a Medical Emergency during the course of the trip; and
2. is traveling {100} miles or more away from his or her place of residence or permanent assignment.

Covered Expenses are:

1. [Emergency medical payments: expenses for on-site medical and hospital expenses]
2. [Medical expense guarantee: expenses for guarantee of payment to a medical provider]
3. [Hospital admission guarantee: expenses for guarantee of payment to a Hospital or treatment facility]

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar treatment, services, or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic means, all expenses in advance, and services are rendered by Our assistance provider.

“Medical Emergency” means a condition caused by Injury that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that the failure to receive immediate medical attention would place the health of the person in serious jeopardy.]

[Emergency Medical Evacuation [and Repatriation] Benefit

We will pay Covered Expenses, up to expenses incurred to the Maximum Benefit shown in the Schedule of Benefits, subject to the following conditions for emergency medical evacuation, if:

1. The Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs while traveling from his or her principal residence to another city or foreign country, with at least {100} miles distance.
2. The Covered Person’s attending Physician certifies an emergency need to send the Covered Person, under medical supervision, to [the nearest] [a different] medical facility.

Eligible expenses include:

1. charges for ambulance services required while transporting the Covered Person to the nearest appropriate treatment facility; or
2. charges for medical services required to send the Covered Person to the nearest appropriate treatment facility; or
3. [reimbursement of [economy] [business] [first] class transportation charges for return of the Covered Person from the treatment facility to home, paid for by the Covered Person within one year from the date he or she was first schedule to return form the trip. Any refunds paid or payable from the unused transportation tickets will reduce benefits]; or
4. charges for necessary travel expenses of an escort, that are limited to food; hotel room; and economy class transportation charges; and
5. only the charges incurred that are Medically Necessary and do not exceed the Usual and Customary Charges for similar treatment; services; or supplies in the locality where the expense is incurred; and do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless: We authorize in writing, or by an authorized electronic means, all expenses in advance, and services are rendered by Our assistance provider. The Covered Person must, at his or her own expense, furnish: travel invoices; medical reports; or records, or other documents We require to determine if

benefits are payable. Benefits will be paid to the party who actually paid for the expenses upon Our receipt of satisfactory proof that the expense was paid.

If the Covered Person pays eligible expenses for a Covered Loss for which We believe a third party is liable, We will pay the benefits for emergency medical evacuation. However, if the Covered Person recovers payment from the third party, he or she must refund to Us the lesser of:

1. the amount We paid for the eligible expenses; and
2. an amount equal to the sum received from the third party for such expenses.

Benefits will not be paid for any of the following:

1. expenses that exceed the Maximum Benefit;
2. services not pre-approved by Us, or for services performed by a vendor not authorized by Us; or 3. expenses paid or payable by any Workers’ Compensation, occupational disease or similar law that would pay emergency medical evacuation expenses in the absence of this benefit.]

[Home Alteration and Vehicle Modification Benefit

We will pay this benefit as shown in the Schedule of Benefits, subject to the following conditions when the Covered Person suffers a Covered Loss, other than loss of life, resulting directly; and independently of all other causes; from a Covered Accident.

This benefit will be payable if all of the following conditions are met:

1. Prior to the date of the Covered Accident causing such a Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and [or] vehicle; and
2. As a direct result of such Covered Loss the Covered Person now requires such adaptive devices or adaptation of residence and [or] vehicle to maintain an independent lifestyle; and
3. The Covered Person requires home alteration or vehicle modification within one year of the date of the Covered Accident.]

[Rehabilitation Expense Benefit

If a Covered Person suffers a loss for which [Accidental Dismemberment,] [Coma,] [Loss of Use,][Paralysis,][Severe Burn] Benefits are payable, as shown in the Schedule of Benefits, under this Policy, the Company will reimburse the Covered Person for expenses incurred within {Variable e.g. two} years after the date of the [Accident] causing such loss, as stated herein, per Covered Accident which are charged for:

1. physical; occupational; speech or hearing therapy; or other rehabilitation training for which measurable improvement is expected within a reasonable time; and
2. medically necessary services or supplies related to rehabilitation therapy.

The therapy, training, services or supplies must:

1. meet generally accepted standards of medical practice; and
2. be provided by or under the supervision of a Physician.

Only one Rehabilitation Expense Benefit will be paid regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

The Company will not reimburse expenses:

1. for which no charge would have been made if no insurance existed;
2. in excess of the usual, reasonable and customary charges for similar services in the locality where the services are received {for hospital room and board charges, does not exceed the most common charge for semi-private room and board in the hospital where the expense is incurred}; or
3. as the result of an Injury caused by an Accident for which the Covered Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.]

[Repatriation Benefit

We will pay Eligible Expenses, as shown in the Schedule of Benefits, incurred for the return of the Covered Person's remains to his or her place of residence in his or her home country and state if the Covered Person's death results directly; and independently of all other causes; from a Covered Accident outside of his or her home state or more than {100} miles from the Covered Person's place of residence.

"Eligible Expenses" means costs, pre-approved by Us and incurred for embalming; cremation; coffin or urn; transportation of the body or remains; necessary travel expenses of an escort. Necessary travel expenses are limited to food; hotel room; and economy class transportation charges.]

(These benefits are optional and may be included at the option of the Policyholder.)

[Contagious and Infectious Disease Benefit

We will pay the Contagious and Infectious Disease benefits shown in the Schedule of Benefits if You suffer a condition that manifests itself as any contagious or infectious disease, if the first symptoms are diagnosed:

1. while You are covered under the Policy; and
2. within {30 days} of Emergency Duty.

"Emergency Duty" means responding in the line of duty to a fire or emergency call.

[Benefits will not be paid for influenza, la grippe, pneumonia or common colds.]

[Cosmetic Disfigurement From Burns Benefit

We will pay the Cosmetic Disfigurement from Burns Benefit shown in the Schedule of Benefits if You suffer

third or fourth degree burns in one or more areas of the body.

The benefit payable for any one loss is determined by the following formula:

1. Identify the Area Classification Factor on the Cosmetic Burn Chart shown below;
2. Multiply the Area Classification Factor by the Maximum Allowable Percentage for Area Surface Burned (or a percentage proportional to the total amount of the Body Part actually burned);
3. Multiply the result of (2) by the Maximum Benefit Amount to determine the amount of the Maximum Benefit Amount Payable under this benefit.

Cosmetic Burn Chart

[Body Part	Area Classification	Maximum Allowable % For Area Surface Burned	Percentage of Maximum Benefit Amount Payable*
Face, Neck, Head	11	.9 %	99%
Hand & Forearm	5	4.5%	22.5%
Upper Arm	3	4.5%	13.5%
Torso (Front or Back)	2	18 %	36%
Thigh	1	9%	9%
Lower Leg (Below Knee)	3	9%	27%]

*The percentage shown is based on 100% of the Body Part identified as being burned. If less than 100% of the Body Part is burned, an appropriate corresponding percentage of the Allowable Percentage is to be used in determining the percentage of the Maximum Benefit Amount payable.]]

[Heart or Circulatory Malfunction Benefit

We will pay Heart or Circulatory Malfunction benefits shown in the Schedule of Benefits if You suffer a sudden Heart or Circulatory Malfunction and the first symptoms of the malfunction are medically diagnosed:

1. while You are covered under the Policy; and
2. within {48 hours} of Emergency Duty.

[Benefits will not be paid for if You, within {5 years of the date of Emergency Duty} were medically diagnosed as having, or received treatment for:

1. a Heart or Circulatory Malfunction; or
2. hypertension, angina, or other heart or circulatory condition.

Symptoms, such as shortness of breath, heart pain, or numbness of a limb are covered during the first {48 hours} following Emergency Duty. These symptoms are not covered beyond the {48 hour} period unless:

1. they first occurred within 48 hours of Emergency Duty; and
2. an actual malfunction of the heart or circulatory system is subsequently diagnosed.

"Emergency Duty" means responding in the line of duty to a fire or emergency call.]]

[Influenza, La Grippe and Pneumonia Benefit

We will pay the Influenza, La Grippe and Pneumonia benefits shown in the Schedule of Benefits if You suffer a condition that manifests itself as influenza, la grippe or pneumonia, if the first symptoms are diagnosed:

1. while You are covered under the Policy; and
2. within {7 days} of Emergency Duty.

"Emergency Duty" means responding in the line of duty to a fire or emergency call.

[Benefits will not be paid for any contagious or infectious disease or a common cold.]]

[SECTION VII – SCOPE OF COVERAGE]

Accident Medical [and Dental] Expense Benefits will be paid according to the following basis.

(Benefits may be available on a primary, limited primary, primary excess, full excess or coordinated basis at the election of the policyholder. Based on this election the appropriate text will be included in the policy when issued.)

[Primary Benefits

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable [Deductible]; [Coinsurance Factor]; [Benefit Period]; [and] [Co-payment] as shown on the Schedule of Benefits. Such benefits will be paid on a primary basis, regardless of any other coverage the Covered Person may have. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable [and sub-limits] under the Policy are shown on the Schedule of Benefits.]

[Limited Primary Benefits

We pay the first {\$100 to \$1,000} of Covered Accident Medical Expenses:

1. after You satisfy any Deductible; and
2. based on Our pro rata share.

"Pro rata" means the portion of the total benefits payable under this policy, in the absence of other insurance, relative to the total benefits payable under all Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.

No further benefits will be paid until You have incurred an additional {\$500-\$10,000} of Covered Expenses. We then pay Covered Expenses described in this Policy without regard to any other Health Care Plan.]

[Primary Excess Benefits

If a Covered Person incurs Covered Expenses, We will pay the first {\$100 to \$1000}, subject to any applicable [Deductible]; [Coinsurance Factor]; [Benefit Period]; [and] [Co-payment] shown on the Schedule of Benefits. Additional Covered Expenses will be paid only when they are in excess of amounts payable by any other Health Care Plan; regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable [and sub-limits] under the Policy are shown on the Schedule of Benefits.

[Failure by a Covered Person to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of Covered Expense to {50%} of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after a Covered Accident. Such Covered Accident must occur outside the geographic area served by the primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.]

"Health Care Plan" means: any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. group or blanket insurance, whether on an insured or self-funded basis;
2. hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis;
4. group labor management plans;
5. employee benefit organization plan;
6. professional association plans on a group basis;
7. any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of

- 1974 as amended; or
8. automobile no-fault coverage (unless prohibited by law).]

[Full Excess Benefits

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable [Deductible]; [Coinsurance Factor]; [Benefit Period]; [and] [Co-payment] shown on the Schedule of Benefits that are in excess of amounts payable by any other Health Care Plan; regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable [and sub-limits] under the Policy are shown on the Schedule of Benefits.

[Failure by a Covered Person to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of Covered Expense to {50%} of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after a Covered Accident. Such Covered Accident must occur outside the geographic area served by the primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.]

"Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. group or blanket insurance, whether on an insured or self-funded basis;
2. hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis;
4. group labor management plans;
5. employee benefit organization plan;
6. professional association plans on a group basis;
7. any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
8. automobile no-fault coverage (unless prohibited by law).]

[Coordination of Benefits

If You are eligible for benefits under this policy and any other plan, We will pay benefits as explained in this provision.

"Plan" means a group insurance plan; or health service corporation group membership plan; or any other group benefit plan providing medical or dental care benefits or services. These group coverages include: a) group or blanket insurance coverage; or any other group type contract or provision; b) service plan contracts, group practice and other pre-payment group coverage; c) any coverage under labor-management trustee plans; union welfare plan; employer and employee plans; and coverage under any government program; including Medicare; and any coverage required or provided by law. A primary plan pays benefits first. A secondary plan pays a reduced amount of benefits that when added to the benefits paid by the primary plan will not be more than the Allowable Expenses.

"Allowable Expenses" means any necessary; reasonable; and customary item of expense, a part of which is covered by at least one of the Plans covering You.

During any Policy year or benefit period, the sum of the benefits that are payable by Us and those benefits that are payable from another Plan may not be more than the Allowable Expenses. During any Policy year or benefit period, We may reduce the amount We pay so that this reduced amount plus the amount payable by the other Plans will not be more than the Allowable Expenses.

Allowable Expenses under the other Plan include benefits that would have been payable if a claim had been made.

However, if: 1) the other Plan contains a section that provides for determining its benefits after Our benefits have been determined; and 2) the order of benefit determination stated in this Policy would

require Us to determine benefits before the other Plan, then the benefits of such other Plan will be ignored in determining the benefits We will pay.

This Policy determines its order of benefits using the first of the following rules that applies:

1. If the other Plan does not have a Coordination of Benefits, that Plan pays first.
2. The benefits of the Plan that covers the person as an employee; member; or subscriber are determined before those of the Plan that covers the person as a Dependent.
3. If this Policy and another Plan cover the same child as a Dependent of different parents who are not divorced are separated or divorced:
 - a. the benefits of the Plan of the parent whose birthday falls earlier in the year (without regard to the year of birth) are paid before the benefits of the Plan of the parent whose birthday falls later in the year;
 - b. if both parents have the same birthday, the benefits of the Plan that covered the parent longer pays benefits before the benefits of the Plan that covered the other parent for a shorter time.

However, if the Plans do not agree on the order of benefits, the rule of the other Plan will determine the order of benefits.

4. If two or more Plans cover a person as a Dependent child of divorced or separated parents, benefits will be determined in this order:
 - a. first; the Plan of the parent with custody of the child;
 - b. then; the Plan of the spouse of the parent with custody of the child; and
 - c. finally; the Plan of the parent not having custody of the child.
5. If none of the above rules determines the order of benefits, the benefits of the Plan that covered an employee; member; or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

In order to determine how this provision should apply, We may without further consent or notice release to, or obtain from, any other insurance company or organization, any necessary information. Any person claiming benefits under the Policy shall give Us the information We need to implement this provision. We will give the Insured notice of this exchange of claim and benefit information when the claim is filed.

Whenever payments are made by another Plan, that should have been paid under this Policy, We shall pay any amount required to satisfy Our share of the benefits paid. Any amounts paid in this way will be considered benefits paid under the Policy. Any payment made in good faith will end our liability to the extent of the payment.

If We pay benefits for Allowable Expenses that exceed our obligation under this provision, We may recover the excess payment. We may recover these excess payments from any person for whom benefits were paid; or from any person or organization to which benefits were paid; or from any other insurer, service plan or other organization.]

[SECTION VIII - PREMIUM]

The Company provides insurance in return for premium payments. The premium showed in the Schedule of Benefits is payable to the Company in the manner described in the schedule; and is based on: rates currently in force; the plan; and the amount of insurance in force. Premium is due on the Policy Effective Date. After that premium will be due monthly or quarterly unless otherwise stated in the Policy.

The Company has the right to rely upon the accuracy of the Policyholder's calculations; and require the Policyholder to furnish a census from time to time but not more than twice in a 12 month period. If, at any time, it is determined that additional premium or a premium credit is due, the Policyholder will pay the additional premium or apply the premium credit at the next premium due date.

If any premium payment is not paid when due, the Policy will be cancelled as of the premium due date; except as provided under the Grace Period section.

Changes in Premium Rate

The Company may change the premium rates from time to time with at least {31 days} advanced written or authorized

electronic notice. [No change in rates will be made until {12 months} after the Policy Effective Date.] [An increase in rates will not be made more than once in a {12 month} period.] However, the Company reserves the right to change rates at any time if any of the following events occur:

- 1) A change in the terms of the Policy.
- 2) A subsidiary; division; affiliated organization; or eligible class is added or deleted to the Policy.
- 3) A change in any federal; or state law; or regulation affecting this Policy and our benefit obligation.
- 4) A change in the factors bearing on the risk assumed.
- 5) A misrepresentation in the information relied on in establishing the rate for this Policy.
- 6) The number of Covered Persons or persons eligible for coverage or Estimated Volume of Insurance increases or decreases by more than 10% since the later of the Policy Effective Date or the date of the last renewal of this Policy.
- 7) The Policyholder fails to provide sufficient information, as required by Us, to confirm adequacy and accuracy of premiums and rates being paid.
- 8) [A change in the experience rating.]

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.

Grace Period

After the payment of the first premium, this Policy will have a {31} day grace period. This means that if premium is not paid on or before the date it is due, it may be paid during the {31} day grace period. During this time, this Policy will stay in force provided the Policyholder pays all the premiums due by the last day of the grace period; unless the Policyholder gives Us written notice of the discontinuance of the coverage in advance of the date of discontinuance and in accordance with the terms of the Policy. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the grace period.

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during its regularly scheduled business hours, in order to determine the accuracy of premiums paid.

[New Subsidiary or affiliate company]

The premium for this Policy applies only to the Policyholder's organization as composed on the Policy Effective Date as described in the Policy; or as thereafter amended.

The eligible persons of any corporation; partnership; or sole proprietorship acquired by the Policyholder after the Policy Effective Date through merger; stock purchase; exchange of stock; or otherwise may be covered under this Policy subject to the following conditions:

- 1) the Policyholder must report, in writing, the name of the newly acquired entity and all underwriting information necessary to determine any additional premium required; and
- 2) Underwriting and acceptance of the new entity by the Company; and
- 3) the Policyholder must agree to, and must pay, any required additional premium.]

[Reinstatement]

The Policy may be reinstated within {31 days} of lapse if it has lapsed for nonpayment of premium, if: the Policyholder submits written application to the Company; the Company accepts the application; and the Policyholder makes payment of all overdue premiums.]

[CONTINUATION OF INSURANCE]

(Continuation of Insurance provisions are optional at the case or class level.)

[Insurance for a Dependent may be continued if insurance would otherwise end because of the death of a Covered Person. In this event, to continue insurance a Dependent must:

- 1) submit a written (or authorized electronic) request for continued insurance within {31 days} of the Covered Person's death;
- 2) meet all other eligibility requirements[; and]
- 3) [pay the required premium.]

This insurance will end on the first of the following dates to occur:

- 1) the Dependent is no longer eligible, except for the death of the Covered Person;
- 2) [the required premium is not paid]; or]
- 3) [the end of the Maximum Benefit Period shown for this benefit.]

(The following Continuation of Insurance provision may be included in lieu of the Reinstatement of Insurance and Portability provisions)

[If the Covered Person's Active Service ends due to: [a layoff;] [an Employer approved leave of absence;] [or an Employer approved family medical leave] coverage for [a Covered Person and his or her Covered Dependents] will continue, if the required premium is paid, until the earliest of the following dates:

- 1) the end of the Maximum Benefit Period shown for this benefit;
- 2) the date the Covered Person fails to return to work as required by his or her Employer; or
- 3) the date the Covered Person and any Covered Dependents are no longer eligible.]

[If the Covered Person's Active Service ends because he or she is on active duty in the armed forces, insurance will continue for [a Covered Person and his or her Covered Dependents], if the required premium is paid, until the earlier of the following dates:

- 1) the end of the Maximum Benefit Period shown for this benefit;
- 2) the date the Covered Person fails to return to work as set forth in the Uniform Services Employment and Reemployment Rights Act of 1992, and as may be later amended.]

[Any change in benefits that occurs during a period of continuation will apply on the date the Covered Person returns to Active Service.]]

{This provision is optional on the case or class level.}

[PORTABILITY OPTION

If the Covered Person's [employment;] [membership] with the Policyholder ends prior to age {60}, he or she may continue insurance [up to the Maximum Benefit shown in the Schedule of Benefits]. To continue insurance, the Covered Person must [submit a request for insurance and] pay the required premium. If a Covered Person does not continue insurance [within 31 days after employment;] [membership ends], he or she may not elect to continue coverage at a later date. A Covered Person who continues insurance in this manner will become a Former Covered Person.

[If a Covered Person continues coverage, he or she may also continue coverage for a Dependent if they are covered under the Policy on the date coverage would otherwise end. If a Former Covered Person later acquires a Dependent, he or she may elect coverage for them by: submitting a request for insurance; and paying the required premium.]

Coverage will be effective on the date we receive the required premium payment. It will end on the earliest of the following dates.

- 1) [The date We cancel coverage for all members of the Covered Person class.]
- 2) The end of the period for which premiums are paid.
- 3) [The date the Covered Person is age {60}.]
- 4) [The date the Maximum Benefit Period for this benefit ends.]

[Coverage for a Dependent will end on the earliest of the following dates.

- 1) The date We cancel coverage for all Dependents of the Covered Person's class.
- 2) [When the Covered Person's coverage ends.]
- 3) [The date the Maximum Benefit Period for this benefit ends.]
- 4) The date he or she no longer qualifies as a Dependent.]]

{This provision is optional on the case or class level.}

[CONVERSION PRIVILEGE

If a Covered Person's insurance or any portion of it ends for a reason other than the non-payment of premium; [age; the termination of the Policy; or termination of coverage for the Covered Person's class], he or she may apply for conversion insurance.

The Covered Person may choose any type of Accident insurance We have available for persons of his or her age in the amount applied for, except:

- 1) he or she may not apply for an amount greater than: the coverage in force under the Policy less the amount of any other group Accident insurance for which he or she becomes eligible within {31 days} after the date coverage under the Policy ends; or {50,000; 100,000} and
- 2) the conversion insurance will only contain Accidental Death and Dismemberment Benefits.

The Covered Person must apply for conversion insurance within {31 days} after his or her coverage under the Policy ends. Premiums will be based on the table of rates in force at that time for such policies based on the Covered Person's age and class of risk. The Covered Person will not be required to provide evidence of insurability.

[If the Covered Person dies within the {31 day} period for conversion as the result of a Covered Accident, We will pay the benefit he or she would have been entitled to convert. The policy will only contain Accidental Death and Dismemberment Benefits.]

[If the Covered Person's coverage ends because the Policy is terminated or coverage for the Covered Person's class ends, and he or she has been covered under the Policy for at least {5} years, he or she may apply for conversion insurance. However, the amount of insurance he or she may apply for will be limited to the lesser of:

- 1) the amount of insurance in force under the Policy; or
- 2) {\$5,000}.]

[SECTION IX] - CLAIMS PROVISIONS

NOTICE OF CLAIM: Written notice of claim; death; or injury must be given to the Company or its designated representative within {20} days after a Covered Loss begins or as soon as reasonably possible. Failure to give notice within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably practicable. [Notice can be given to the Company at [*Insert Address Attn: Claims Department*]]. Notice should include the Covered Person's name, address, Policyholder name and Policy Number.

CLAIM FORMS: When the Company receives a notice of claim, the Company will send forms for filing proof of loss. If claim forms are not sent within 15 days the claimant will be deemed to have satisfied the requirements of written proof of loss by sending the written proof as shown below. Proof of loss must describe the occurrence, extent and nature of the loss.

PROOF OF LOSS: Written proof of loss must be given to the Company within 90 days after the date of loss. In the case of claim for loss of time for disability, written proof of the loss must be furnished to the Company within thirty (30) days after the commencement of the period for which the Company is liable, and the subsequent written proofs of the continuance of the disability must be furnished to the Company every ninety days. Failure to furnish proof within the time shall not invalidate or reduce any claim, if it shall be shown not to have been reasonably possible to furnish the proof and that the proof was furnished as soon as was reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

BENEFICIARY: The Covered Person may designate a beneficiary. The Covered Person has the right to change the beneficiary from time to time by written notice. If it is necessary to designate a beneficiary for a minor, the parent or guardian may exercise that right. The change will be effective when We receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

[The Insured is the beneficiary for any Covered Dependent.]

PAYMENT OF CLAIMS: The Company, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Covered Person's beneficiary. The designation shall be as follows:

- 1) Beneficiaries designated in writing by the Covered Person for this Policy on file with the Policyholder, if any, otherwise;
- 2) Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise;

[If a beneficiary is not otherwise designated by the Covered Person, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- 1) the Covered Person's Spouse [or Domestic Partner];
- 2) the Covered Person's child or children jointly;
- 3) a Covered Person's parents jointly if both are living or the surviving parent if only one survives;
- 4) a Covered Person's brothers and sisters jointly; or
- 5) the Covered Person's estate.]

[All other claims will be paid to the Covered Person. In the event the Covered Person is a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangements to pay claims to the Covered Person's legal guardian, committee or other qualified representative. All or a portion of all other benefits provided by this Policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to the Covered Person.]

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

[RECOVERY OF OVERPAYMENT: If benefits are [overpaid; or paid in error] We have the right to recover the amount [overpaid; or paid in error] by any of the following methods.

- 1) A request for lump sum payment of the amount [overpaid; or paid in error]; or
- 2) Offset or reduction of any proceeds payable under this Policy by the amount [overpaid; or paid in error.]]

[RIGHT OF RECOVERY: A Covered Person may incur charges due to an Injury for which benefits are paid by this Policy. The injury may be caused by the act or omission of another person. If so, the Covered Person may have a claim against that other person for payment of expense-incurred charges. If Recovery under the claim is made, the Covered Person must repay Us the Recovery made from: 1) another person; 2) insurance companies; or 3) other organizations.

Recovery means monies paid to the Covered Person through judgment, settlement or otherwise to compensate for all losses caused by the Injury.

[Net Recovery means the Covered Person's Recovery less attorney's fees and court costs incurred in making the Recovery. Refund means repayment to Us for benefits paid.]

TIME OF PAYMENT OF CLAIMS: Benefits for loss covered by this Policy, other than benefits that require periodic payment, will be paid immediately upon the Company's receipt of due written proof of such loss. Benefits for loss covered by this Policy that require periodic payment shall be paid not later than at the expiration of each period of thirty (30) days during the continuance of the period for which the Company is liable provided that the Company receives due written proof of such loss. Any balance remaining unpaid at the termination of the period will be paid immediately upon receipt of the proof.

[NEWLY ACQUIRED ORGANIZATIONS: The Premium shown on the Schedule of Benefits applies only to the Policyholder and any affiliates or subsidiaries covered on the Policy Effective Date. However, eligible employees of organizations acquired by the Policyholder during the Policy Term may be covered based on the Policyholder:

- 1) Reporting to the Company within 60 days of the acquisition, the name of the newly acquired organization; and
- 2) Providing any underwriting information We may need to calculate the premium; and
- 3) Paying the required additional premium, if any to Us.]

[SCHEDULE OF AFFILIATES: Eligible Persons employed by an affiliate or subsidiary of the Policyholder as of the Policy Effective Date are covered under the Policy. The coverage will begin and end in accordance with the Effective Date of Insurance and Termination Date of Insurance in the Policy. A list of these affiliates and subsidiaries must be kept on file with the Company.]

[PHYSICAL EXAMINATIONS [AND AUTOPSY]: We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. [We also have the right to request an autopsy in the case of death, unless the law forbids it.] We will pay the cost of the examination or autopsy.]

[SUBROGATION: To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company. The Company has the right to offset future benefits payable to the Covered Person under this Policy against any such Recovery.]

[SECTION X -GENERAL POLICY PROVISIONS]

ASSIGNMENT: This Group Policy is not assignable, whether by operation of law or otherwise. Benefits may be assigned. No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.

CERTIFICATES OF INSURANCE: Where it is required by law, or upon request of the Policyholder, the Company will make available to all Covered Persons certificates outlining the benefits; conditions; exclusions; and limitations of this Group Policy.

CLERICAL ERROR: Clerical error in keeping any records pertaining to the coverage, whether by the Policyholder or by the Company, will not invalidate coverage otherwise validly in force; nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to the Company and is rectified promptly upon discovery. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms. After an error is found, the Company will take appropriate action, which may include adjusting, collecting or refunding premium.

CONFORMITY WITH STATE LAWS: On the effective date of this Policy, any provision of this Policy in conflict with the laws of the state where it is issued is amended to conform to the minimum requirements of such laws.

ENTIRE CONTRACT/CHANGES: This Policy, including any endorsements; amendments; and attached papers; the signed application of the Policyholder; and any individual applications of Covered Persons is the entire contract between the Policyholder and the Company. A copy of the application, if any, of the Policyholder shall be attached to the Policy when issued. All statements made by the Policyholder or by a Covered Person are deemed, in the absence of fraud, representations and not warranties. No such statement will cause the Company to void the insurance under this Policy or be used as a defense of a claim, unless it is contained in a written application.

Valid changes to this Policy may be made at any time by an endorsement or amendment signed by Us, provided that any such amendment which reduces or eliminates coverage was either requested in writing by the Policyholder or signed by the Policyholder. The Company may also, upon 31 days written notice to the Policyholder, change or modify the provisions of this Policy to comply with any applicable requirements of the Internal Revenue Service and any state or other federal law or regulation. No agent may change this Policy or waive any of its provisions.

INSOLVENCY: The insolvency; bankruptcy; financial impairment; receivership; voluntary plan of arrangement with creditors; or dissolution of the Policyholder will not impose upon the Company any liability other than the liability defined in this Policy. The insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Covered Persons under the Plan.

INCONTESTABILITY: Except for nonpayment of premiums, We will not contest the validity of a Covered Person's coverage after it has been in force for two years from its date of issue. No statement made by a Covered Person

relating to his insurability shall be used to contest the validity of his insurance after the insurance has been in force for two years during his lifetime, exclusive of any period of disability; nor unless it is contained in a written application signed by him.

LEGAL ACTION: No legal action may be brought to recover on this Policy until there has been full compliance with all the terms of this Policy. All Policy terms will be interpreted under the laws of the state in which this Policy was issued. No legal action may be brought to recover on this Policy before 60 days following the date written Proof of Loss was given to Us. No legal action may be brought against the Company more than three (3) years after the time required for written Proof of Loss.

MISREPRESENTATION AND FRAUD: This entire Group Policy will be void, whether before or after a loss, if the Company determines that the Policyholder; Covered Person; or its agent has concealed or misrepresented any material fact or circumstance concerning this Policy, including any claim or any case of fraud by the Policyholder; Covered Person; Third Party Administrator; or other agent relating to this Policy.

MISSTATED DATA: The Company has relied upon the underwriting information provided by the Policyholder; its Third Party Administrator; or other Agent in the issuance of this Policy. Should subsequent information become known which, if known prior to issuance of this Policy, would have affected the rates; deductibles; terms; or conditions for coverage, the Company will have the right to revise the rates; deductibles; terms; or conditions as of the Effective Date of issuance, by providing written notice to the Policyholder.

PAYMENT OF PREMIUM: The Company provides insurance in return for the payment of premiums. The Premiums are to be paid to the Company by the Policyholder. The first Premium is due on the Policy Effective Date. After that premiums will be due monthly unless shown otherwise in the Schedule of Benefits. If any premium is not paid when due, the Policy will be cancelled as of the Premium Due Date; except as provided in the Policy Grace Period provision.

WAIVER: Failure of the Company to strictly enforce its rights under this Policy at any time or under any circumstance shall not constitute a waiver of such rights by the Company at any time under the same or different circumstances.

WORKERS' COMPENSATION: This Group Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits; and does not satisfy any requirements for coverage by any Workers' Compensation Act or similar law.

[SECTION XI] – EXCLUSIONS

{Exclusions are variable and may be deleted based on the plan of benefits selected by the Policyholder}

This Policy does not cover any loss or Injury resulting or caused, in whole or part, from:

1. [Suicide or attempted suicide; self-destruction or attempted self-destruction; while sane or insane.]
2. [Intentionally self-inflicted injury.]
3. [War or any act of war [or invasion]; declared or undeclared.]
4. [Service, [training], or active duty in the armed forces; National Guard; military; naval; or air service; or organized reserve corps of any country or international organization.]
5. [Sickness; disease; bodily or mental infirmity; or any bacterial or viral infection; or medical or surgical treatment thereof, except for [any bacterial infection that results from: accidental ingestion of contaminated food substances; or] pyogenic infections that result from an accidental external cut or wound.]
6. [Medical; surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap; or negligence; including malpractice.]
7. [Loss; Injury; or Illness occurring after Termination of Coverage.]
8. [Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline]
9. [Asphyxiation from voluntarily or involuntarily inhaling gas or substance that can be used to produce a poisonous; asphyxiating; or irritant atmosphere and not the result of the Covered Person's job.]
10. [Alcoholism; drug addiction; or the use of any drug or narcotic except as prescribed by a Physician.]
11. [Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.]
12. [Intoxication or being under the influence of any drug or narcotic. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.]
13. [Disease or disorder of the body or mind.]

14. [Violation of or attempt to violate any duly-enacted law or regulation; or commission or attempt to commit an assault; felony; or other illegal activity.]
15. [Conditions that are not caused by a Covered Accident.]
16. [Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.]
17. [Injuries paid under Workers' Compensation, Employer's liability laws; or similar occupational benefits; or while engaging in activity for monetary gain from sources other than the Policyholder.]
18. [Occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law.]
(Variable; e.g., for occupational coverage only)
19. [Injuries that result from a non-occupational accident.]
20. [A Covered Accident 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, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.]
21. [Travel or activity outside the United States.]
22. [Accidents arising out of or during the course of the Covered Person's primary occupation.]
23. [Injury resulting from maintenance, repair or cleaning of firearms.]
24. [Injury sustained while traveling to or from hunting.]
25. [Illegal or unlicensed hunting or hunting in any unauthorized or restricted area. This will include hunting without any licenses or permits required in the locale where the hunt is occurring or without any required current license or permit for any weapon used in the hunt.]
26. [Injury sustained in consequence of the illegal use of firearms.]
27. [Participation in any motorized vehicular race or speed contest.]
28. [Travel in or on any [off road and on road] motorized vehicle not requiring licensing as a motor vehicle.]
29. [A Covered Accident if the Covered Person is the operator of a motor vehicle; and does not possess a valid motor vehicle operator's license.]
30. [Aggravation or re-injury of a prior injury that the Covered Person suffered prior to coverage effective date, unless We receive and approve a written medical release from the Covered Person's Physician.]
31. [Heart attack; stroke; or other circulatory disease or disorder; whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.]
32. [Any occurrence while an Insured Person is incarcerated after conviction.]
33. [[Practice] [or] [play] in any sports activity [including: travel to and from activity and practice.
34. [To the extent We are prohibited from providing coverage or making payment by any type of travel restriction; trade restriction; economic sanction; or embargo imposed by the U.S. government.]
35. [Travel in, boarding or alighting from any aircraft Owned; Leased; Controlled; or Chartered by the Policyholder, or any of its subsidiaries or affiliates.]
36. [Actively participating in acts of terrorism, civil commotion or riots of any kind.]
37. [Travel or flight in or on any aircraft or {Variable e.g. vehicle for aerial navigation}, including boarding or alighting from:
 - a. [while riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or]
 - b. [while being used for any test or experimental purpose; or]
 - c. [while piloting; operating; learning to operate; or serving as a member of the crew thereof; or]
 - d. [while traveling in any such aircraft or device which is owned; chartered; controlled; or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household; or]
 - e. [being flown by the Covered Person or which the Covered Person is a member of the crew; or]
 - f. [being used for: i) {Variable e.g. crop dusting; spraying or seeding; giving and receiving flying instructions; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; bungee-cord jumping; parasailing; aerial photography or exploration; racing; endurance tests; stunts 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 solely because of the territory flown over or landed on.);]
 - g. [designed for flight above or beyond the earth's atmosphere];
 - h. [which is an ultra light; or glider];
 - i. [being used for the purpose of skydiving; or parachuting];
 - j. [being used by any military authority; except an aircraft used by the Air Mobility Command or its foreign equivalent.]]

[In addition to the exclusions above, We will not pay Accident Medical Expense or Additional Accident Benefits for

any loss, treatment or services resulting from or contributed to by:

1. [Pre-Existing Conditions.]
2. [Treatment by persons employed or retained by a Policyholder; or by any Immediate Family; or member of the Covered Person's household.]
3. [Treatment of sickness; disease; or infections except pyogenic infections or viral or bacterial infections that result from the accidental ingestion of contaminated food substances.]
4. [Treatment of hernia; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; hernia; detached retina unless caused by an Injury; or mental disorder; or psychological or psychiatric care or treatment (except as provided in the Policy); whether or not caused by a Covered Accident.]
5. [Pregnancy; childbirth; miscarriage; abortion; or any complications of any of these conditions.]
6. [Mental and Nervous Disorders (except as provided in the Policy).]
7. [Damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy).]
8. [Expense incurred for treatment of temporomandibular; or craniomandibular joint dysfunction; and associated myofascial pain (except as provided by the Policy).]
9. [Injury paid by Workers' Compensation; Employer's Liability Laws; or similar occupational benefits; or while engaging in activity for monetary gain from sources other than the Policyholder.]
10. [Injury or loss contributed to by the use of drugs unless administered by a Physician.]
11. [Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law; or the commission or attempt to commit an assault or a felony; or that occurs while the Covered Person is engaged in an illegal occupation.]
12. [Injury or death caused while riding in or on; entering into or alighting from; or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.]
13. [Participation in or practice for interscholastic tackle football (unless specifically covered under the Policy); intercollegiate sports; semi-professional sports; professional sports.]
14. [Covered medical expenses for which the Covered Person would not be responsible for in the absence of this Policy.]
15. [Conditions that are not caused by a Covered Accident.]
16. [Any elective treatment; surgery; health treatment; or examination; [including any service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States].]
17. [Orthopedic appliances used mainly to protect an Injury so that a Covered Person can take part in {Variable e.g. interscholastic; intercollegiate; and club sports}.]
18. [Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).]
19. [Treatment of Injuries that result over a period of time (such as blisters; tennis elbow; etc.), and that are a normal result of participation in the Covered Activity.]
20. [Treatment or service provided by a private duty nurse.]
21. [Replacement of {artificial limbs; eyes; and larynx}.]
22. [Blood, blood plasma;] [or blood storage;] except expenses by a Hospital for processing or administration of blood.]
23. [Cosmetic surgery; except for reconstructive surgery needed as the result of an Injury.]
24. [*{Variable, e.g. Any of the following may be included: Eyeglasses; contact lenses; hearing aids; wheelchairs; braces; appliances; examinations or prescriptions for them; or repair or replacement of [existing] artificial limbs; orthopedic braces; or orthotic devices}.*]
25. [Any treatment; service; or supply not specifically covered by the Policy.]
26. [Occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law.] (*Variable; e.g., for occupational coverage only*)
27. [Injuries that result from a non-occupational accident.]
28. [A Covered Accident 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, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.]

In addition, benefits will not be paid for:

29. [Services or treatment rendered by a Physician, Nurse or any other person who is:

- a. employed or retained by the Policyholder;
- b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
- c. living in the Covered Person's household;
- d. who is a parent, sibling, spouse or child of the Covered Person.]

30.[Any Hospital Stay or days of a Hospital Stay that are not appropriate for the condition and locality.]



ARCH INSURANCE COMPANY
(A Missouri Corporation)

Home Office Address:
3100 Broadway, Suite 511
Kansas City, MO 64111

Administrative Address:
300 - Plaza Three, 3rd Fl.
Jersey City, NJ 07311
Tel: (201) 743-4000

ARKANSAS GROUP ACCIDENT POLICY

POLICYHOLDER	{ABC Company}		
POLICY NUMBER	{123-45-6678899}	POLICY EFFECTIVE DATE	{JANUARY 1, 2009}
ADDRESS	{123 MAIN STREET}	POLICY ANNIVERSARY DATE	{JANUARY 1}
POLICY TERM	{JANUARY 1, 2009 TO DECEMBER 31, 2009}		

This Policy takes effect at 12:01 AM on the Policy Effective Date shown above at the address of the Policyholder. The Policy terminates at 11:59 PM on 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. If coverage is continued for an additional Policy Term and the required premiums are paid on or before the premium date, the Company will issue a [rider;] [endorsement;] [Policy] to identify the new Policy Term.] . It continues in effect in accordance with the provisions set forth in this Policy.

The insurance provided by this Policy is limited to the amounts indicated in the Schedule. It is only provided with respect to the Covered Person in the eligible class as shown.

The Company agrees to provide insurance to the Policyholder in exchange for the application and payment of the required premium. The Group Policy contains the terms under which the Company agrees to insure Covered Persons and pay benefits.

This Policy is governed by the laws of the state where it was delivered.

IN WITNESS WHEREOF, Arch Insurance Company has caused this policy to be executed and attested.

Martin J. Nilsen
Secretary

Mark D. Lyons
President

**THIS IS A GROUP ACCIDENT INSURANCE POLICY.
IT PAYS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.
THE POLICY DOES NOT PAY BENEFITS FOR LOSSES DUE TO SICKNESS.
PLEASE READ THE POLICY CAREFULLY.**

**[THIS POLICY CONTAINS A DEDUCTIBLE PROVISION]
[THIS POLICY CONTAINS AN EXCESS PROVISION]**

IMPORTANT NOTICE TO ALL ARKANSAS POLICYHOLDERS

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

IMPORTANT NOTICE

PROBLEMS WITH YOUR INSURANCE?--If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

To obtain information or make a complaint:

You may call Arch Insurance Group's telephone number for information or to make a complaint at:

(201) 743-4000

You may also write to Arch Insurance Group at:

**Arch Insurance Group
300 - Plaza Three, 3rd Fl.
Jersey City, NJ 07311**

You may contact the Arkansas Insurance Department to obtain information on companies, coverages, rights or complaints at:

(501) 371-2600 or 1-800-282-9134

You may write the **Arkansas Insurance Department**:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the **ARCH INSURANCE COMPANY** first. If the dispute is not resolved, you may contact the **ARKANSAS INSURANCE DEPARTMENT**.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

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[SECTION I] - SCHEDULE OF BENEFITS

POLICYHOLDER {ABC Company}

POLICY NUMBER {000000000000}

POLICY EFFECTIVE DATE {1/01/09}

POLICY PERIOD {January 1, 2009 through December 31, 2009}

PREMIUM DUE DATE {Monthly; Quarterly; Annual in advance on the [1st] of each month}

(Class definitions are variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members; the employer and its employees; etc.)

CLASSES OF ELIGIBLE PERSONS

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. [Also, a person may not be insured as a Dependent and a Covered Person at the same time.]

Class [1] *[All active members of the Policyholder working a minimum of 25 hours per week.]*
Class [2] *[All full-time employees of members working a minimum of 40 hours per week.]*
Class [3] *[All part-time employees of the Policyholder working a minimum of 20 hours per week.]*
Class [4] *[All Spouses [;Dependent Children of Class [1].]*

PARTICIPATION REQUIREMENTS *{The greater of 25% of all Eligible Persons or 2 insured lives.}*

PREMIUMS

(Determined on the basis of the plan design selected by the Policyholder.)

{\$123 per month/year/trip}

(The Aggregate Limit is optional and applies on the case level.)

[AGGREGATE LIMIT OF LIABILITY

Benefit Maximum	<i>{Variable, e.g. any amount from \$25,000 to \$50,000,000}</i>
Applies During	<i>{Variable, e.g. Policy Term; per occurrence; # of years; per Covered Accident.}</i>
Applies To	<i>{Variable e.g. All benefits; Accidental Death & Dismemberment benefits only; Indemnity benefits only}}</i>

(If there is more than one class eligible under the Policy, a Schedule of Benefits may be presented for each class of benefits applicable, amounts and duration differ by class or it may be presented together as shown below.)

[ELIGIBILITY WAITING PERIOD *{None to (90) days}]*

[CONTINUATION OPTIONS

For Death of Covered Person	
Maximum Benefit Period:	<i>{Variable, e.g., Any period from: 365 days to 730 days}</i>
For Layoff	
Maximum Benefit Period:	<i>{Variable, e.g., Any period from: 365 days to 730 days; Variable, e.g., Any period from: 6 months to 24 months}</i>
For Leave of Absence	
Maximum Benefit Period:	<i>{Variable, e.g., Any period from: 1 month to 6 months}</i>
For Family Medical Leave	
Maximum Benefit Period:	<i>{Variable, e.g., Any period from: 12 weeks to 52 weeks}</i>
For Active Duty	
Maximum Benefit Period:	<i>{Variable, e.g., Any period from: 12 months to 24 months}</i>

For Portability

Maximum Benefit Period: {Variable, e.g., any period from: 12 months to 24 months}}

[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFITS

Class [1] Principal Sum: {Variable, e.g. any amount from \$5000 to \$10,000,000}

[Spouse [or Domestic Partner] Principal Sum: {Variable, e.g. any amount from \$5,000 to \$500,000}}

[Child[ren] Principal Sum: {Variable, e.g. any amount from \$2,500 to \$50,000}}

[Time Period for Loss: {Variable, e.g. any period from 30 days to 365 days}

[Age-based Reductions: {Variable, e.g. 20%-75% at age 50-80 and over}}]

[ADDITIONAL ACCIDENTAL DEATH [AND DISMEMBERMENT] COVERAGES [Accidental Death [and Dismemberment]] benefits are provided under the following coverages. Any benefits payable under them are as shown in the Schedule of Covered Losses. Generally, benefits for these coverages would otherwise be excluded on a case or class basis.]

- [Armed Forces Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [Exposure and Disappearance Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [Hijacking and Air Piracy Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [National Guard and Armed Forces Reserve Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [Owned, Leased, Controlled, Chartered Aircraft [Business Travel (Only)]** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [Pilot [and Crew Members] Coverage [Business Travel (Only)]** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [Terrorism Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]
- [War Risk Coverage** Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Schedule of Covered Losses.]

[ACCIDENT MEDICAL [DENTAL] EXPENSE BENEFIT

[Total Benefit Maximum for all Accident Medical [Dental] Expense Benefits {Variable, e.g. any amount from \$2,500 to \$5,000,000}}

[Combined Maximum Limit {Variable, e.g. any amount from \$2,500 to \$5,000,000}}

[Loss Period [First Covered Expenses must be incurred within] {Variable e.g., any time frame from: 15 days to 90 days after the Covered Accident}}

[Benefit Period {Variable e.g. any period from 6 months to 5 years from the date of the Covered Accident}}

[Deductible {Variable e.g. any amount from \$25 to \$100,000}}

[Deductible must be incurred within	<i>{Variable e.g. any timeframe from 30 days to 3 years from the Covered Accident.}}</i>
[Co-payment for all outpatient services	<i>{Variable e.g. any amount from \$20 to \$1000 per visit.}}</i>
[Coinsurance Factor for all Covered Expenses	<i>{Variable e.g. any percentage from 50% to 100%}}</i>
[Scope of Coverage	<i>{Primary; Primary Excess over {\$100}; Full Excess}}</i>

(Accident Medical Expense benefits may be available on an unallocated or allocated basis as shown below; that is to say there may be specific limits or coinsurance rates on certain Covered Expenses (allocated) or all Covered Expenses may be subject to the same maximum limit and coinsurance factor (unallocated).)

[Any Deductibles; Coinsurance; Co-payments; Benefit Periods; and Benefit Maximums apply on a per Covered Person, per Covered Accident basis.]

[Covered Expense	Benefit Amount
[Daily Hospital Room and Board	<i>{Semi-private room rate} (Variable e.g. Any amount from \$100 - \$2500) per day, subject to a (5-30) day maximum or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$2500) per day, not to exceed the daily semi-private room rate]</i>
[Daily Intensive Care Unit	<i>(Variable e.g. Any amount from \$100 - \$2500) per day, subject to a (5-30) day maximum or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$2500) per day, not to exceed the daily intensive care unit room rate]</i>
[Hospital Confinement	<i>(Variable e.g. Any amount from \$50 - \$1000) per confinement, subject to a maximum up to(\$100-\$500) [and subject to Co-Payment] or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$2500) per day, not to exceed the daily intensive care unit room rate]</i>
[Ancillary Hospital Expenses	<i>(Variable e.g. Any amount from \$100 - \$2500) per day, subject to a (5-30) day maximum or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$2500) per hospital stay.]</i>
[Physician Office Visit	<i>(Variable e.g. Any amount from \$10 - \$100) per visit (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$10 - \$100)]</i>
[Physician Surgical Expenses	<i>(Variable e.g. Any amount from \$100 - \$1000) or subject to Co-payment of (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$5000)]</i>
[Emergency Room and Supplies	<i>(Variable e.g. Any amount from \$100 - \$500) per visit subject to a (1-4) visit maximum or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$100 - \$500) per visit]</i>
[Ambulance	<i>(Variable e.g. Any amount from \$25 - \$100) subject to a (\$50-\$500) maximum or (Variable e.g.</i>

	<i>Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$50 - \$500)maximum.]</i>
[Outpatient Surgery Visit	<i>(Variable e.g. Any amount from \$10 - \$100) per visit, subject to a maximum up to (\$50 - \$500) [and subject to Co-Payment] or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$10 - \$100)]</i>
[Outpatient Surgical Room and Supplies	<i>{Variable e.g. Any amount from \$100 - \$1000} or {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$100 - \$1000}}</i>
[Outpatient Laboratory Tests and X-Rays	<i>{Variable e.g. Any amount from \$10 - \$100} per visit subject to a maximum up to {\$25-\$250} or {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$50 - \$250} or {Variable e.g. Any amount from \$25 - \$500} per Covered Accident.]</i>
[Home Health Care	<i>{Variable e.g. Any amount from \$10 - \$250} per visit, subject to a {2-10} visit maximum or {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$50 - \$250} per visit]</i>
[Extended Care Facility	<i>{Variable e.g. Any amount from \$50 - \$1000} per day, subject to a {5-30} day maximum or {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$250 - \$1000} per day]</i>
[Rehabilitation Care Facility	<i>{Variable e.g. Any amount from \$50 - \$1000} {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$250 - \$1000} per day]</i>
[Physical Medicine	<i>{Variable e.g. Any amount from \$10 - \$500} per visit per day, subject to a {1-15} day maximum or {Variable e.g. Any percentage from 50% - 100%} up to {Variable e.g. Any amount from \$10 - \$500} per visit.]</i>
[Anesthesiologist Expenses	<i>{Variable e.g. any percentage from 10% to 50% (percentage of surgeon's allowance) [Optional, i.e. up to {Variable e.g. any amount from \$100 to \$3000 } per procedure]</i>
[Dental Expenses	<i>{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from \$50 to \$2000 per tooth; \$50 to \$25,000 per Covered Accident}]</i>
[Rehabilitative Braces and Appliances	<i>{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from \$25 to \$500 }]</i>
[Prescription Drugs	<i>{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from</i>

	\$50 to \$500 }]
[Medical Equipment Rental	{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from \$50 to \$500 }]
[Medical Services and Supplies	{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from \$50 to \$500 }]
[Eyeglasses, Contact Lens and Hearing Aids	{Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to {Variable e.g. any amount from \$25 to \$500 }]
[Artificial Limbs	(Variable e.g. any percentage from 10% to 50% [Optional, i.e. up to (Variable e.g. any amount from \$100 to \$1000)])
[Temporomandibular Joint/Craniomandibular Disorders	(Variable, e.g., Any percentage from: 80% to 100%[Optional, i.e., up to (Variable, e.g., Any amount from: \$50 to \$500)])
[Heart and Circulatory Conditions	(Variable, e.g., Any percentage from: 80% to 100%[Optional, i.e., up to (Variable, e.g., Any amount from: \$2000 to \$5,000)])
[Mental and Nervous Disorders	
Hospital Expenses:	(Variable, e.g., Any percentage from: 80% to 100%[Optional, i.e., up to (Variable, e.g., Any amount from: \$50 to \$200 per day)])
Maximum Number of Days:	(Variable, e.g., Any number of days from: 45 to 100)
Physician Expenses:	
Maximum per Treatment:	(Variable, e.g., Any amount from: \$50 to \$100)
Maximum Number of Treatments:	(Variable, e.g., Any number of treatments from: 5 to 100)]
[Expanded Medical Benefit for Sports Conditions	(Variable, e.g., Any percentage from: 80% to 100% [Optional, i.e., up to (Variable, e.g., Any amount from: \$500 to \$5,000)])
[Extended Treatment Expenses	(Variable, e.g., Any percentage from: 80% to 100%[Optional, i.e., up to (Variable, e.g., Any amount from: \$250 to \$500)])
[Pre-Existing Conditions	(Variable, e.g. Any amount from \$50 to \$5000)]
[Transportation Expense for Newborn Child	(Variable, e.g. Any amount up to \$1000 per child)]
[Skilled Nursing Facility	(Variable e.g. Any amount from \$50 - \$1000) per day, subject to a (5-30) day maximum or (Variable e.g. Any percentage from 50% - 100%) up to (Variable e.g. Any amount from \$250 - \$1000) per day]

[ADDITIONAL] ACCIDENT BENEFITS (Each benefit is optional and variable.)

[Any benefits payable under these Additional Accident Benefits shown below are paid in addition to any other [Accidental Death and [Dismemberment]] benefits payable, unless specifically noted otherwise.]

(The following Additional Benefits are optional and may apply on the case or class basis at the option of the Policyholder. These benefits are payable on an indemnity basis. Benefit amounts, duration and waiting periods may vary.)

[Accidental Burn and Disfigurement Benefit	<i>75-100% Body Disfigurement (Variable e.g. 25% to 100% Of the Principal Sum) 50-74% Body Disfigurement (Variable e.g. 25% to 100% of the Principal Sum) 25-49% Body Disfigurement (Variable e.g. 25% to 100% of the Principal Sum) Burn Classification (Variable e.g. first, second, third) degree]</i>
[Additional Occupational Benefit	<i>(Variable e.g. any percentage, 2% to 20% multiplied by the portion of the Principal Sum applicable to the Covered Loss.)</i>
[Alternative Commuting Benefit	<i>(Variable e.g. any percentage, 2% to 20% multiplied by the portion of the Principal Sum applicable to the Covered Loss]</i>
[Ambulance Benefit	<i>(Variable e.g. any amount, \$100 to \$750 per calendar year.)]</i>
[Bereavement and Trauma Counseling Benefit	
Benefit Amount	<i>(Variable e.g. any amount, \$25 to \$500 per session)</i>
Maximum Number of Sessions	<i>(Variable e.g. any number of sessions, 2 to 25 sessions.)</i>
Maximum Benefit Per Covered Accident	<i>(Variable, e.g. any amount, \$50 to \$2,000)]</i>
[Bomb Scare, Bomb Search, or Bomb Explosion Benefit	<i>(Variable e.g. any percentage, 2% to 20%) of the portion of the Principal Sum applicable to the Covered Loss]</i>
[Bonus Benefit	<i>(Variable, e.g. any amount, \$500 to \$10,000 .]</i>
[Brain Damage Benefit	<i>{Variable e.g. up to {50%} of the Principal Sum [subject to a Maximum Benefit of \$100,000]}</i>
[Bulletproof Vest	<i>{Variable e.g. up to {10%} multiplied by the portion of the Principal Sum applicable to the Covered Loss, as shown in the Schedule of Covered Losses.}]</i>
[Burial and Cremation Benefit	<i>(Variable, e.g. any amount, \$500 to \$10,000 .]</i>
[Business Travel Benefit	<i>(Variable e.g. any percentage, 2% to 20%) multiplied by the portion of the Principal Sum applicable to the Covered Loss.]</i>
[Carjacking Benefit	<i>(Variable e.g. any percentage , 2% to 20%) multiplied by the portion of the Principal Sum applicable to the Covered Loss .]</i>
[Chaperone Replacement Benefit	
Benefit Maximum:	<i>{Variable, e.g. \$5,000}</i>
Co-insurance Rate:	<i>{Variable, e.g. 100%}</i>

[Child Care Center Benefit

Benefit Amount	<i>(Variable e.g. any amount , \$2000 to \$10,000 per year)</i>
Maximum Benefit Period	<i>(Variable e.g. to any age , 6 to 18 for each surviving Dependent Child.)]</i>
[Child(ren's) Additional Indemnity for Dismemberment and [Paralysis] [Loss of Use]	<i>(Variable up to 200% of the Covered Dependent child's Principal Sum payable for such loss.)</i>
[Child Survivor Benefit	
At death of Covered Person	<i>(Variable e.g. any amount, \$500 to \$5,000 per child.)</i>
At death of Covered Spouse or Domestic Partner	<i>(Variable e.g. any amount, \$500 to \$5,000 per child.)]</i>
[Coma Benefit	<i>(Variable e.g. any amount, \$500 to \$2,000 .)]</i>
[Common Accident Benefit	
Covered Spouse or Domestic Partner Benefit	<i>(Variable e.g. up to any percentage, 10% to 100% of the Covered Person's Principal Sum (applicable to the Covered Loss,) up to a Maximum of \$5,000 to \$1,000,000 .]</i>
[Common Carrier Benefit	<i>(Variable e.g. any percentage , 10% to 50% of the principal sum (up to a maximum of \$50,000))]</i>
[Common Disaster Benefit	<i>(Variable e.g. any percentage, 50% to 100% of the principal sum (up to a maximum of (\$250,000)).]</i>
[Commuting Benefit	<i>(Variable e.g. any percentage, 10% to 50% multiplied by the portion of the Principal Sum applicable to the Covered Loss .]</i>
[Continuation of Insurance Expense Benefit	
Maximum Benefit	<i>(Variable e.g. any percentage, 2% to 20% of the Covered Person's Principal Sum up to (Variable, e.g. any amount , \$5,000 to \$25,000 per year.</i>
Maximum Benefit Period	<i>(Variable, e.g. any period, 1 year to 3 years)]</i>
[Crisis Benefit	<i>(Variable e.g. any percentage, 2% to 20% multiplied by the portion of the Principal Sum applicable to the Covered Loss .]</i>
[Diagnostic X-Ray and Laboratory Benefit	<i>{Variable e.g. up to {10%} multiplied by the portion of the Principal Sum applicable to the Covered Loss, as shown in the Schedule of Covered Losses.}]</i>
[Disability Benefit - [{Permanently} Totally Disabled], [Totally Disabled], [Presumptively Disabled] or [Partially Disabled]	
[Weekly/Monthly Benefit Amount	<i>{Variable e.g. any amount , \$25 to \$1000 minus Other Income Benefits}</i>
Benefit Waiting Period	<i>{Variable e.g. any period 1 day to 7 days, 2 weeks to 52 weeks}.</i>
Maximum Benefit Period per Covered Accident	<i>{Variable e.g. any period , 26 to 156 weeks.}]</i>

[Permanent Total Disability Benefit	<i>Benefit Waiting Period {Variable e.g. any period , 1 month to 36 months.}}</i>
[Option 1 – single lump sum Lump Sum Benefit	<i>Variable e.g. any percentage , 5% to 100% of the Principal Sum.}}</i>
[Option 2 – monthly benefits Total of Monthly Benefits	<i>Variable e.g. any percentage , 5% to 100% of the Principal Sum.}</i>
Monthly Benefit Payment	<i>Variable e.g. any percentage , 1% to 10% of the Principal Sum.}}</i>
[Option 3 – single lump sum and monthly benefits Initial Lump Sum Payment	<i>Variable e.g. any percentage , 5% to 100% of the Principal Sum.}</i>
Additional Monthly Benefit Payment	<i>Variable e.g. any percentage , 1% to 10% of the Principal Sum.}}</i>
[Option 4 – monthly benefits with limited Benefit period when disability begins after Age {62} Total of Monthly Benefits	<i>Variable e.g. any percentage, 5% to 100% of the Principal Sum.}</i>
Monthly Benefit Payment	<i>Variable e.g. any percentage, 0.5% to 20% of the Principal Sum.}</i>

Benefit Period	Benefit Period (Months)
<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 and older}	12]]

[Elder Survivor Benefit

[Option 1 – Lump Sum Benefit	<i>(Variable e.g. any percentage, 2% to 20% of the Principal Sum .)}</i>
[Option 2 – lump sum with monthly benefits For fixed period Total Benefit Amount	<i>(Variable e.g. any percentage, 2% to 20% of the Principal Sum.)</i>
Lump Sum Benefit	<i>(Variable e.g. any percentage , 2% to 20% of the Principal Sum.)</i>
Benefit Period	<i>(Variable e.g. any period , 12 months to 24 months.)]</i>
[Option 3 – Monthly Benefits Total Benefit Amount	<i>(Variable e.g. any percentage , 2% to 20% of the Principal Sum.)</i>
Benefit Period	<i>(Variable e.g. any period , 12 months to 24 months)]</i>

[Emergency Disaster Team Benefit

(Variable, e.g. Any percentage , 10% to 100% of the Principal Sum)]

[Emergency Reunion Benefit

Benefit Maximum: { Variable, e.g. \$10,000}
Daily Benefit Maximum: { Variable, e.g.250}
Co-insurance Rate: { Variable, e.g. 100%}
Maximum Number of Days: { Variable, e.g.5 days}}

[Emergency Room Benefit

Benefit Amount { Variable, e.g. any amount , \$100 to \$500.)
Maximum Payable Visits per Calendar Year (Variable, e.g. any number of visits , 2 to 10)
Maximum Benefit per Covered Accident (Variable, e.g. any amount, \$1000 to \$5000.)]

[Exposure and Disappearance Benefit

(Variable, e.g. any percentage of Principal Sum or flat dollar amount)]

[Family Plan Benefit

(Variable, e.g. Maximum Benefit \$500,000 .)]

[Family Reunion Benefit

Benefit Maximum: { Variable, e.g. \$10,000}
Co-insurance Rate: { Variable, e.g. 100%}}

[Felonious Assault and Violent Crime Benefit

Accidental Death and Dismemberment Benefit (Variable, e.g. any percentage , 2% to 20% multiplied by the portion of the Principal Sum applicable to the Covered Loss .
Hospital Stay Benefit (Variable, e.g. any amount , \$75 to \$500 per day.)
Maximum Benefit Period (Variable, e.g. any period , 15 days to 730 days per Hospital Stay per Covered Accident.)]

[Group Medical/Dental Premium Reimbursement

(Variable, e.g. equal to the lesser of the actual cost of the premium charged for continued medical and/or dental Benefit per year; 2% to 10% of the principal sum; or \$500 to \$5,000.)]

[Heart or Circulatory Malfunction Benefit

(Variable, e.g. any percentage of Principal Sum)]

[Hijacking and Air Piracy Benefit

(Variable, e.g. any percentage of Principal Sum or flat dollar amount)]

[Home Country Benefit

Benefit Maximum: { Variable, e.g. \$10,000}
Deductible: { Variable, e.g. \$50}
Co-insurance Rate: { Variable, e.g. 100%}}

[Home Country Emergency Benefit

Benefit Maximum: { Variable, e.g. \$2,000}
Deductible: { Variable, e.g. \$50}
Co-insurance Rate: { Variable, e.g. 100%}}

[Home Country Extension Benefit

Benefit Maximum: { Variable, e.g. \$10,000}
Deductible: { Variable, e.g. \$50}
Co-insurance Rate: { Variable, e.g. 100%}}

[Hospital Stay Benefit

Benefit Amount (Variable, e.g. any amount , \$25 to \$200 per day.)
Maximum Benefit Period (Variable, e.g. any period , 15 days to 730 days per Hospital Stay per Covered Accident.
Benefit Waiting Period (Variable, e.g. any number of days, 1 day to 7 days.)]

[Increased Dependent Child Dismemberment Benefit	<i>(Variable, e.g., Any percentage , 2% to 20%) of the Principal Sum applicable to the Covered Loss .]</i>
[Inflation [Escalator] Benefit	
Periodic Increase	<i>(Variable, e.g. any percentage , 2% to 20% of the Principal Sum)</i>
Frequency of Increases	<i>(Variable, e.g. Semi-annually, Annually.)</i>
Maximum Total Increase	<i>(Variable, e.g. any percentage , 10% to 50% of the Principal Sum)]</i>
[In-Hospital Indemnity Benefit	<i>(Variable, e.g. retroactive to the first day of confinement equal to the lesser of (\$1,000) or (1%) of the principal sum)]</i>
[Law Enforcement Officers Benefit	<i>(Variable, e.g., Any amount, \$10,000 to \$50,000) not applicable if stand-alone benefit Any percentage, (2% to 20%) of the Principal Sum applicable to the Covered Loss]</i>
[[Loss of Use]/[/Paralysis Benefit]	
	<u>Loss of:</u> <u>Benefits (Percentage of Principal Sum):</u>
	Use of Both Arms and Both Legs 100%
	Use of Both Arms or Both Legs 50%
	Use of One Arm and One Leg 50%
	Use of Both Hands or Both Feet 50%
	Use of One Hand and One Foot 50%
	Use of One Arm or One Leg 25%
	Use of One Hand or One Foot 25%]
[Lost Baggage Benefit	
Benefit Maximum:	<i>{ Variable, e.g. \$5,000}</i>
Deductible:	<i>{ Variable, e.g. \$50}</i>
Co-insurance Rate:	<i>{ Variable, e.g. 100%}</i>
[Natural Disaster Benefit	<i>(Variable, e.g., 2% to 10%) multiplied by the portion of the Principal Sum applicable to the Covered Loss .]</i>
[Occupational HIV and Hepatitis Benefit	<i>(Variable, e.g. any percentage , 10% to 50% of the Principal Sum subject to a maximum of (variable e.g. any amount , \$10,000 to \$100,000 .)]</i>
[Outpatient Surgery Benefit	<i>(Variable, e.g., Any amount, \$100 to \$1000 per Covered Accident)]</i>
[Permanent and Total Disability Benefit	<i>(Variable, e.g. any amount up to the Covered Person's Principal sum less any Accidental Death and Dismemberment Benefits or other benefits payable under this Policy for any other losses incurred as a result of the same Covered Accident.)]</i>
[Personal Property Benefit	
[Deductible per occurrence:	<i>(Variable, e.g. \$100 to \$500)]</i>
Personal Property Benefit Maximum:	<i>(Variable, e.g. \$1,000 to \$10,000)</i>
Benefit Maximum for Any One or Set of Articles:	<i>(Variable, e.g. \$100 to \$3,000)</i>
[Co-insurance Rate:	<i>(Variable, e.g. 80% to 100%)]</i>

[Physical Therapy Benefit

Benefit Amount (Variable, e.g., Any amount ,: \$25 to \$100 per visit}
Maximum Number of Visits per Covered (Variable' e.g., Any number of visits , 5 to
Accident 20)]

[Private Passenger Benefit

(Variable, e.g., Any percentage, 10% to 50% of the
Principal Sum} (not applicable if stand-alone benefit.)]

**[Reasonable Accommodation at Worksite Expense
Benefit**

Maximum Benefit per Covered Accident {Variable e.g. up to \$5,000}}

[Return from Trip Benefit

Benefit Maximum: {Variable, e.g. \$10,000}
Deductible: {Variable, e.g. \$50}
Co-insurance Rate: {Variable, e.g. 100%}}

[Return of Minor Children Benefit

Benefit Maximum: (Variable, e.g. \$2,000}
Deductible: {Variable, e.g. \$50}
Co-insurance Rate: (Variable, e.g. 100%}}

[Safety Device Benefit

(Variable e.g. An additional benefit of any percentage,
2% to 20% of the principal sum up to a maximum of
\$500 to \$50,000.}}

[Scheduled Air [Business Travel (only)] Benefit

[(Variable, e.g., Any percentage, 10% to 50%} multiplied
by the portion of the Principal Sum applicable to
the Covered Loss.) (not applicable if stand-alone
benefit.)]

[(For stand alone benefit]

Covered Loss

[Loss of Life
[Loss of Two or More Hands or Feet
[Quadriplegia
[Hemiplegia
[Uniplegia
[Coma

Benefit

{Variable, e.g., Any amount , \$1,000 to \$10,000}
{Variable e.g., Any amount , \$1,000 to \$10,000}
{Variable, e.g., Any amount , \$1,000 to \$10,000}
{Variable, e.g., Any amount , \$500 to \$5,000}
{Variable, e.g., Any amount , \$500 to \$5,000}
{Variable, e.g., Any amount , \$500 to \$5,000}}

[School

{Variable e.g. Principal Sum multiplied by the
percentage applicable to the Covered Loss, as
shown in the Schedule of Covered Losses.}}

[[School] Camp or Conference

{Variable e.g. Principal Sum multiplied by the
percentage applicable to the Covered Loss, as
shown in the Schedule of Covered Losses.}}

[Seatbelt [And Airbag] Benefit

[Seatbelt Benefit

(Variable, e.g., Any percentage ,: 2% to 20%} of the
Principal Sum [subject to a Maximum Benefit of
(\$10,000 to \$50,000)}

[Airbag Benefit

(Variable, e. g., Any percentage ,: 20% to 20%} of the
Principal Sum [subject to a Maximum Benefit of
(\$10,000 to \$50,000)}}

[Severe Burn Benefit

Severe Burn of at least:

Benefit:
(Percentage of Principal Sum)
100%

75% of the body

50% of the body 50%
25% of the body 25%

[Special Education Benefit

Surviving Dependent Child Benefit { Variable e.g. up to {5%} of the Principal Sum
[subject to a Maximum Benefit of {\$7,500}]

[Surviving Spouse Benefit { Variable e.g. up to {5%} of the Principal Sum
[subject to a Maximum Benefit of {\$7,500}]

Maximum Number of Annual Payments
[For Each Surviving Dependent Child { Variable e.g. up to {4}]

[For Surviving Spouse { Variable e.g. up to {4}]

Default Benefit { Variable e.g. up to {\$1,000}}

[Specified Trip [24 Hour Coverage]

{ Variable e.g. Principal Sum multiplied by the
percentage applicable to the Covered Loss, as
shown in the Schedule of Covered Losses.}

[Sponsored Event Benefit

(Variable, e.g., Any percentage, 2% to 20% of
Principal Sum) (not applicable if stand alone).]

[(For stand-alone benefit)

[For Accidental Loss of Life (Variable, e.g., Any amount, \$5,000 to \$10,000) in
increments of (Variable, e.g., Any amount,
\$500 to \$1,000)]

[For Accidental Loss of Limb or Sight (Variable, e.g., Any amount, \$2, 500 to \$5,000) in
increments of (Variable, e.g., Any amount, \$250 to
\$500)]

[Loss of Two or more Hands or Feet (Variable , e. g. , any percentage, 25% to 100%) of the
amount elected.]

[Loss of Sight of Both Eyes (Variable, e.g., any percentage, 25% to 100%) of the
amount elected.]

[Loss of One Hand or Foot (Variable, e.g., any percentage, 25% to 100%) of the
amount elected.]

[Loss of Sight of One Eye (Variable, e.g., any percentage, 25% to 100%) of the
amount elected]]

[Sports

{ Variable e.g. Principal Sum multiplied by the
percentage applicable to the Covered Loss, as
shown in the Schedule of Covered Losses.}

[Spouse or Domestic Partner Retraining Benefit

(Variable, e.g. the actual cost charged by any
accredited college, university or other institution of
higher learning or vacation or licensed technical
school per year; or 2% to 20% of the Covered
Person's Principal Sum

Maximum amount (Variable \$5,000 to \$50,000)]

[Spouse or Domestic Partner Survivor Benefit

Total of Monthly Benefits:

At death of (Covered Person)

(Variable, e.g., Any percentage, 2% to 25% of the
Principal Sum (or Covered Spouse or Domestic
Partner Principal Sum)

[At death of Covered Person Spouse or
Domestic Partner

(Variable, e.g., Any percentage, 2% to 25% of the
Principal Sum [or Covered Spouse Principal
Sum])]

Benefit Period

(Variable, e.g., Any period, 12 months to 24 months)]

[Supervised and Sponsored Activities]

{Variable e.g. Principal Sum multiplied by the percentage applicable to the Loss, as shown in the Schedule of Covered Losses.}

[Teacher and School Administrator Benefit]

Benefit Amount: {Variable e.g. up to \$75,000}

Funeral and Burial Expense Benefit: {Variable e.g. up to \$1,000}

[Telecommuters Benefit]

(Variable, e.g., Any percentage, 2% to 20%) multiplied by the portion of the Principal Sum applicable to the Covered Loss.]

[Total Disability Weekly Income Benefit]

Weekly Benefit Amount: {Variable e.g. up to \$500}

Benefit Waiting Period: {Variable e.g. up to 7 days}

Maximum Benefit Period Per Covered Accident: {Variable e.g. up to 26 weeks}

[Travel to and from Airport Benefit]

(Variable, e.g., Any percentage, 2% to 20%) multiplied by the portion of the Principal Sum applicable to the Covered Loss .]

[Trip Cancellation Benefit]

Benefit Maximum: (Variable, e.g. \$2,000)

Co-insurance Rate: (Variable, e.g. 100%)

[Trip Interruption Benefit]

Benefit Maximum: (Variable, e.g. \$2,000)

Co-insurance Rate: (Variable, e.g. 100%)

[Waiver of Premium Benefit]

Benefit Waiting Period (Variable, e.g. Any period,: (3 months to 12 months))

Benefit Period

Age when Total Disability Begins	Benefit Period
Less than 60 (to 65th birthday)	
60 and later (60 months)	

[Wheelchair Confinement Expense Benefit]

(Variable e.g. Maximum benefit \$5,000)]

(The following Additional Benefits are optional and may apply on the case or class basis at the option of the Policyholder. These benefits are payable on an expense incurred basis. Benefit amounts, duration, deductibles, coinsurance percentages and waiting periods may vary.)

[Adjustment Benefit]

Deductible (Variable e.g., any amount from \$0 to \$500)

Loss Period (Variable e.g., any number of days from 60 to 180)

Benefit Period (Variable e.g., any number of weeks from 26 to 52)

Maximum Benefit (Variable e.g. any amount from \$1,500 to \$25,000)]

[Education Benefit]

[Surviving Dependent Child Benefit

(Variable, e.g., Any percentage, 2% to 20%) of the Principal Sum [subject to a Maximum Benefit of

[Surviving Spouse or Domestic Partner Benefit	(\$5,000 to \$10,000)] { Variable, e.g., Any percentage, 2% to 20%} of the Principal Sum [subject to a Maximum Benefit of (\$5,000 to \$10,000)]
Maximum Number of Annual Payments [For Each Surviving Dependent Child [For Surviving Spouse or Domestic Partner Default Benefit	(Variable, e.g., Any number, 1 to 4)] (Variable, e.g., Any number, 1 to 4)] (Variable, e.g., Any amount, \$500 to \$5, 000)]
[Emergency Medical Benefit Maximum Benefit	(Variable, e.g. Any amount , \$100 to \$500,000 up to Total Benefit Maximum)]
[Emergency Medical Evacuation [and Repatriation] Benefit Maximum Benefit per Covered Accident	(Variable, e.g. Any amount, \$1,000 to \$1,000,000.)]
[Home Alteration and Vehicle Modification Benefit	(Variable, e.g. any percentage , 10% to 50% of the Principal sum subject to a maximum of (\$2,000 to \$25,000).]
[Rehabilitation Benefit Benefit per Covered Accident	(Variable, e.g., Any amount, 2% to 20% of the Principal sum, subject to a maximum of (Variable, e.g., \$10,000 to \$250,000)]
[Repatriation Benefit Maximum Benefit	(Variable, e.g., Any amount, \$2,500 to \$500,000)]
<i>(These benefits are optional and may be included at the option of the Policyholder.)</i>	
[Contagious and Infectious Disease Benefit	(Variable, e.g., Any amount from: \$1,000 to \$5,000)]
[Cosmetic Disfigurement from Burns Benefit	(Variable, e.g., Any amount from: \$1,000 to \$5,000)]
[Heart or Circulatory Malfunction Benefit	(Variable, e.g., Any amount from: \$1,000 to \$5,000)]
[Influenza, La Grippe and Pneumonia Benefit	(Variable, e.g., Any amount from: \$1,000 to \$5,000)]

[SECTION II] - DEFINITIONS

For the purposes of this Policy, certain words with specific meanings are capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found in the Schedule of Benefits or in this Definitions Section.

ACCIDENT means a sudden, unexpected event that results in Injury to the Covered Person.

(This definition will be included if the term is used in the Policy.)

[ACTIVELY AT WORK means the Covered Person is present at his or her usual place of employment with the Policyholder, or is at another location as assigned or directed by the Policyholder, and is mentally and physically capable of performing the regular duties of the job for which he or she is employed. On any day that is not a Covered Person's regularly scheduled work day (vacation, personal days, and weekends or holidays) the Covered Person will be considered Actively at Work on such day provided he or she is not absent due to any type of leave and was Actively at Work on his or her last regularly scheduled work day. A Covered Person who usually performs the regular duties of his or her job at their home is considered Actively at Work if they meet all the above requirements and could work at the Policyholder's usual place of employment if required to do so.]

(This definition will be included if active service requirements apply to eligibility or the effective date of insurance.)

[ACTIVE SERVICE] means a Covered Person is either 1) actively at work performing all regular duties on a full-time basis either at his or her employer's place of business or someplace the employer requires him or her to be; or 2) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.]

(This definition will be included if the term is used in the Policy)

[ANNUAL COMPENSATION] means the Covered Person's rate of pay as reported by the Policyholder for work performed for the Policyholder. It does not include commissions, overtime, bonus and additional compensation or pay for more than a Covered Person's regularly scheduled work week.]

(This definition will be included if the term is used in the Policy)

[ANNUAL RE-ENROLLMENT PERIOD] means the period agreed upon by the Policyholder and Us when a Covered Person may enroll for this Benefit.]

(This definition will be included if the term is used in the Schedule of Benefits)

[BENEFIT PERIOD] means the period of time, as stated on the Schedule of Benefits, between the date of the Accident causing the Injury for which benefits are payable and the date after which no further benefits will be paid.]

(This definition will be included if the term is used in the Policy)

[BUSINESS TRAVEL] means travel by a Covered Person is:

1. away from such Covered Person's regular place of employment;
2. at the authorization, direction and expense of the Policyholder; [and]
3. on the Policyholder's business; [and]
4. for periods of {180 days} or less.]

[Business Travel does not include Commutation.] [Business Travel includes Personal Deviation.]]

(This definition will be included if the term is used in the Schedule of Benefits)

[COMBINED MAXIMUM LIMIT] means the maximum amount for which We are liable for a Covered Person due to any one Accident.]

(This definition will be included if the term is used in the Policy)

[CONVEYANCE] means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

COVERED ACCIDENT means an Accident that occurs while coverage is in force for a Covered Person and results in a Covered Loss or Injury for which benefits are payable.

(This definition will be included if coverage is available for dependents.)

[COVERED DEPENDENT] means a Dependent of the Covered Person meeting eligibility under this Policy and for whom the appropriate premium is paid when due.]

(This definition will be included if Accident Medical Expense Benefits are included in the policy when issued.)

[COVERED EXPENSES] means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by this Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Covered Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.]

COVERED LOSS or COVERED LOSSES means an accidental death, dismemberment or other Injury covered under this Policy.

COVERED PERSON means an eligible person who is within the covered class(es) listed in the Policy, [who is a U.S citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States], and for 05 GA0003 04 02 09

whom the required premium is paid when due.

(This definition will be included if Accident Medical Expense Benefits and/or other Additional Benefits are paid on an expense incurred basis are included in the policy when issued.)

[DEDUCTIBLE] means the dollar amount of Covered Expenses that must be incurred by the Covered Person as an out-of-pocket expense for each Injury, Accident, Policy Year as applicable, before Accident Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under this Policy. Only one Deductible will apply to the Covered Person and his or her Dependents if Injured in the same Covered Accident.]

(This definition will be included if Dependents' coverage is available under the policy when issued.)

[DEPENDENT] means an Insured's:

1. lawful spouse, if not legally separated or divorced, [or Domestic Partner].
2. unmarried children under age 19.
3. unmarried children at least 19 years of age but less than age {23,25} who are:
 - (a) not regularly employed on a full-time basis; and
 - (b) primarily dependent upon the Insured for support and maintenance; and
 - (c) enrolled as a full-time student at an accredited college, university or other institution of higher learning or a vocational or licensed technical school.

The age limitations will not apply to a Insured's unmarried child who is incapable of self-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 for support and maintenance.

Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

The term "child" as used herein means the Insured's natural child, adopted child (or child placed in the Insured's home for purposes of adoption), foster child, stepchild, or other child for whom the Insured has legal guardianship (proof will be required.)]

(This definition will be included if the term is used in the Policy

[DOMESTIC PARTNER] means an opposite or same sex partner who, for at least {12} consecutive months, has resided with the Insured and shared financial assets/obligations with the Insured. Both the Insured and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Insured nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]

(This definition will be included if the benefits included use the term.)

[EXTENDED CARE FACILITY] means an institution operating pursuant to applicable laws, that is engaged in providing, for a fee, inpatient skilled nursing care and related services under the supervision of a Physician and registered nurses. It must have facilities for 10 or more inpatients and maintain medical records of all its patients.]

(This definition will be included if the benefits included use the term.)

[HOME COUNTRY] means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.]

[HOME HEALTH CARE] means nursing care, treatment and Daily Living Services provided in the Covered Person's home as part of an over all extended treatment plan. To qualify for Home Health Care Benefits:

- 1) the Home Health Care plan must be established and approved by the attending Physician, including certification that confinement in a Hospital or Extended Care Facility would be required if it were not for Home Health Care;
- 2) nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified home health care agency and nursing service; and

3) Daily Living Services must be provided by the attending Physician or by the provider of the nursing care service.

Daily Living Services are cooking, feeding, bathing, dressing and personal hygiene services that are necessary to a person's care and health.]

(This definition will be included if Accident Medical Expense Benefits or other Additional Benefits using the term are included in the policy when issued.)

[HOSPITAL means an institution that:

- 1) operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons; is a duly licensed institution, operated lawfully in its area;
- 2) provides 24-hour nursing service by registered nurses on duty or call;
- 3) has a staff of one or more licensed Physicians available at all times;
- 4) provides organized facilities for diagnosis, treatment and surgery, either
 - a) on its premises; or
 - b) in facilities available to it, on a pre-arranged basis;
- 5) is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
- 6) is not a facility for the treatment of drug addiction, alcoholism, treatment of the aged.

We will not deny a claim for services rendered in a hospital having one or more of the following accreditations solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability:

- 1) the Joint commission of Accreditation of Hospitals; or
- 2) the American Osteopathic Association; or
- 3) the Commission on the Accreditation of Rehabilitative Facilities.]

(This definition will be included if Accident Medical Expense Benefits are included in the policy when issued.)

[HOSPITAL CONFINED means a stay of {24} or more consecutive hours as a registered resident bed-patient in a Hospital.]

(This definition will be included if the term is used in the Policy.)

[HOSPITAL STAY means a confinement in a Hospital, ordered by a Physician, over a period of time when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident. Separate Hospital Stays due to the same Covered Accident will be treated as one Hospital Stay unless separated by at least {variable; e.g., 90 days to 180 days}.]

(This definition will be included if any of the Additional Benefits that reference the term are included in the policy when issued.)

[IMMEDIATE FAMILY means the Insured's parent, grandparent, spouse, child(ren) (includes legally adopted or step child(ren), brother, sister, [step-child(ren), grandchild(ren), or in-laws].]

INJURY means bodily injury caused by the direct result of an accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results directly and independently of all other causes in a Covered Loss.

INSURED means an eligible person who is within the covered class(es) listed in the Policy, [who is a U.S. citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States], and for whom the required premium is paid when due. An Insured is not a Dependent covered under this Policy.

(This definition will be included if the term is used in the Policy.)

[LIFE STATUS CHANGE means an event recognized by the Policyholder and Us that qualifies the Insured to make changes in coverage at a time other than an Annual Re-Enrollment Period. The following events are considered Life Status Changes.

- 1) marriage;

- 2) divorce, annulment or legal separation;
- 3) birth or adoption of a child;
- 4) change in a Dependent child's eligibility;
- 5) death of a spouse;
- 6) a change in the benefit plan or employment status of a Insured's spouse that affects either person's eligibility for benefits.]

(This definition will be included if the benefits included in the policy when issued reference the term.)

[MEDICAL EMERGENCY means a condition caused by an Injury that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.]

(This definition will be included if Accident Medical Expense Benefits are included in the policy when issued.)

[MEDICALLY NECESSARY means a treatment, service or supply that is:

- 1) required to treat an Injury;
- 2) prescribed or ordered by a Physician or furnished by a Hospital;
- 3) performed in the least costly setting required by your condition;
- 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.]

(This definition will be included if the benefits included in the policy when issued reference the term.)

[NURSE means a licensed graduate Registered Nurse (R.N.), a licensed practical Nurse (L.P.N.) or a licensed vocational Nurse (L.V.N.) and who is not:

1. employed or retained by the Policyholder;
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.]

(This definition will be included if the term is used in the Policy)

[OCCURRENCE means all losses or damages that are attributable directly or indirectly to one cause or one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one occurrence without regard to the period of time or the area over which such losses occur.]

(This definition will be included if the term is used in the Policy)

[ON THE BUSINESS OF THE POLICYHOLDER means while the Covered Person is on assignment or at the direction of the Policyholder for up to 90 consecutive days for the purpose of furthering its business interest but shall not include any period of time during which the Covered Person is:

1. working at his or her regular place of employment;
2. commuting to and from his or her residence and regular place of employment unless traveling to or from off-shore landing sites; or
3. on an authorized leave of absence or vacation.]

(This definition may be included if disability benefits are offered are subject to offsets by other benefits.)

[OTHER INCOME BENEFITS means any amounts that the Covered Person [or Covered Dependents] receive (or are assumed to receive) under:

1. any amounts received or assumed to be received by the Covered 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 Covered 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, including all permanent as well as temporary disability benefits. This includes any damages, compromises or settlement paid in place of such benefits, whether or not liability is admitted. If paid as a lump sum, We will prorate these benefits over the period for which the sum is given. If no time is stated, the lump sum will be prorated over a five-year period. If no specific allocation of a lump sum is made, then the total sum will be an Other Income Benefit.
2. any Social Security disability or retirement benefits the Covered Person or any third party receives or is assumed to receive on his or her behalf;
3. any Retirement Plan benefits funded by the Covered Person's employer. Retirement Plan means any defined benefit or defined contribution plan sponsored or funded by the Covered 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 or stock bonus plan, individual retirement account or 401K plan;
4. any proceeds payable under any 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, We will pay for its pro rata share of the total 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.]

(This definition will be included if the term is used in the Policy.)

[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.
3. [such travel or activities must coincide with the Covered Person's business travel];
4. [Personal Deviation is limited to any consecutive {72 hour} period immediately prior to, during or following such business travel.]]

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

(This definition will be included if Accident Medical Expense Benefits are included in the policy when issued.)

[PHYSICIAN means a person who is a qualified doctor of medicine or dental practitioner. As such, he or she must be acting within the scope of his or her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his or her license or certificate. It does not include a Covered Person, an Insured's spouse, son, daughter, father, mother, brother or sister or other relative.]

(This definition will be included if the term is used in the Policy.)

[PLAN YEAR means the 12-month period defined for the Policyholder.]

(This definition will be included if referenced in the policy when issued)

[PRE-EXISTING CONDITION means an illness, disease or other condition of the Covered Person, that in the {variable e.g. 12,24,36} month period before the Covered Person's coverage became effective under this Policy,:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinary prudent person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Physician or treatment had been recommended by a Physician.]

(This definition will be included if the coverage included use the term.)

[RELOCATION TRAVEL means travel by a Covered Person:

1. between such Covered Person's old and new regular places of employment or residence as part of a Relocation; and
2. at the Policyholder's authorization, direction and expense.]

[TRIP means travel by air, land, or sea from the Covered Person's Home Country.]

(This definition will be included if Accident Medical Expense Benefits or Additional Benefits using the term are included when the Policy is issued)

[USUAL AND CUSTOMARY CHARGES 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, OUR, US means the Insurance Company underwriting this insurance or its authorized agent.

YOU, YOUR, YOURS means the Covered Person who meets the eligibility requirements of the Group Policy and whose insurance under the Group Policy is in force.

[SECTION III] - ELIGIBILITY FOR INSURANCE

If the Covered Person is in one of the classes of Eligible Persons shown on the Group Policy Schedule of Benefits, he or she is eligible to be covered on the Policy Effective Date [;or on the date he or she completes the Eligibility Waiting Period, if applicable and if later.] The Company retains the right to: investigate eligibility status; and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

[A Covered Person's Dependent(s), as applicable, is eligible on the latest of the date:

- 1) the Covered Person is eligible, if the Covered Person has Dependents on that date; or
- 2) the date the person becomes a Dependent; or
- 3) the next annual enrollment (if applicable) following the date the person becomes a Dependent.]

[If the Covered Person is in a Class of Eligible Persons and is also eligible as a Dependent, he or she may be Covered only once under this Group Policy. In no event will a Dependent be eligible if the Covered Person is not eligible.]

[SECTION IV - EFFECTIVE DATE OF INSURANCE]

Policy Effective Date. This Group Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.

Covered Person's Effective Date

(Text for Non-Contributory Plan)

[A Covered Person's coverage under this Group Policy begins on the later of:

- 1) the Policy Effective Date; or
- [2) the first day of the Plan Year];
- 3) the date such person becomes eligible, subject to any required waiting period; as described in the Schedule of Benefits.]

(Text for Voluntary or Contributory Plan)

[If the Covered Person is required to contribute to the cost of this insurance, the insurance is effective on the latest of the following dates:

- 1) the Policy Effective Date;
- 2) the date the Covered Person is first eligible;
- 3) the first date of the Plan Year;
- 4) the date We receive the completed enrollment form;
- 5) the date the required premium is paid; or
- 6) the date payroll or account deduction is authorized for this insurance.]

(Text will be included if coverage is voluntary, enrollment is limited to a fixed time period, and changes are allowed on the basis of family status and only during Annual Enrollment periods.)

[Insurance for the Covered Person [or Eligible Dependents who enroll during the enrollment period; or within 31 days after he or she becomes eligible; or within 31 days after a Life Status Change] becomes effective on the latest of
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the following dates:

- 1) the Policy Effective Date;
- 2) the date the Covered Person [or his or her Dependent] is first eligible;
- 3) the first date of the Plan Year;
- 4) the date We receive the completed enrollment form;
- 5) the date the required premium is paid; or
- 6) the date payroll or account deduction is authorized for this insurance.]

[Newborn Children Coverage: We will pay benefits for a newborn child of a Covered Person from the moment of birth. The Covered Person must give Us notice within 90 days of the birth of the child or before the next premium due date, whichever is later. If notice is not given within said time period, coverage for the newborn child will terminate.]

[Newborn Adopted Children Coverage: In the case of adoption of a newborn child, coverage will begin on the date of the filing of a petition for adoption if the Insured applies for coverage within sixty (60) days after the filing of a petition for adoption. The Insured must notify the Company within 60 days of the birth of the child. If proper notice is not given within 60 days or the petition for adoption is dismissed or denied, coverage for the newborn adopted child will terminate.]

[Adopted Children Coverage: Coverage for an adopted child, other than a newborn, will begin on the date of the filing of a petition for adoption if the Insured applies for coverage within sixty (60) days after the filing of a petition for adoption. A notice of placement for adoption must be submitted to Us. If notice is not given within {60} days or the petition for adoption is dismissed or denied, coverage for the adopted child will terminate.]

[Court Ordered Custody: A child placed in court-ordered custody, including a foster child will be covered on the same basis as an adopted child.]

[A Covered Person must be Actively at Work as of his or her effective date of coverage. If on the date coverage under this Policy would otherwise take effect, the Covered Person is not Actively at Work, his or her effective date of coverage will be deferred until the day the Covered Person returns to work; unless he or she was previously Covered Person under the Policyholder's prior policy which this Policy replaces in whole or in part on the day before the Policy Effective Date.]

(This text will be included if a deferred effective date applies.)

[Deferred Effective Date

If the Covered Person, or Covered Dependent if applicable, is not Actively at Work on the date coverage would otherwise be effective, Coverage will be effective on the date he or she returns to an Actively at Work status. A Covered Dependent's insurance will not be in effect prior to the date a Covered Person is insured.]

[SECTION V] - TERMINATION DATE OF INSURANCE

Policy Termination Date

Termination takes effect at 11:59 P.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

[If this Group Policy terminates due to non-payment of premium, it may be reinstated if mutually agreed upon, in writing, by the Policyholder and the Company. Written request for reinstatement must be made to the Company within 60 days of the termination date. All required premiums must be paid prior to reinstatement.]

This Group Policy terminates automatically on the earlier of:

- 1) The Policy Termination Date shown in this Policy; or
- 2) The premium due date if premiums are not paid when due; subject to the grace period provided in the section of this Policy entitled Premium.

Failure by the Policyholder to pay all required premiums due by the last day of the grace period shall be deemed notice by the Policyholder to the Company to terminate this Policy on the last day of the period for which premiums have been paid.

[This Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date; unless such longer notice period is required pursuant to applicable insurance regulations.]

The Policyholder and the Company may terminate this Policy at any time by written mutual consent.

[If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.]

Covered Person's Termination Date

A Covered Person's coverage under this Policy ends on the earliest of:

- 1) The date this Policy terminates;
- 2) The date the Covered Person requests, in writing, that his or her coverage be terminated;
- 3) [The date the Covered Person enters full-time active duty in the armed forces of any country or international authority;]
- 4) The date the Covered Person ceases to be eligible as described in this Policy provided all required premiums are paid; or
- 5) The last day of the period for which premiums have been paid; or
- 6) The date the Covered Person is no longer Actively at Work, provided all required premiums are paid, unless otherwise provided below.

[If a Covered Person ceases to be Actively at Work due to an authorized family or medical leave, coverage may be continued for the full period of the leave not to exceed 12 months from the date the Covered Person was last Actively at Work. All required premiums must continue to be paid when due.]

[If a Covered Person ceases to be Actively at Work due to a temporary layoff or leave of absence (for other than family or medical reasons), coverage may be continued for the full period of the layoff or leave of absence, as agreed to in advance and in writing by the Policyholder; but not to exceed 3 months from the date the Covered Person was last Actively at Work. All required premiums must continue to be paid when due.]

Any continuation of coverage must be based on rules that preclude individual selection and is subject to this Policy remaining in force.

Covered Dependent's Termination Date

A Covered Dependent's coverage under this Policy ends on the earliest of:

- 1) The date this Policy terminates; or
- 2) The date the Covered Person's coverage ends; or
- 3) The date the Covered Dependent is no longer a Dependent; or
- 4) The last day of the period for which premiums have been paid.

[SECTION VI] - DESCRIPTION OF BENEFITS

The following provisions explain the benefits available under the Policy. All benefits payable are shown in the Schedule of Benefits. *(These benefits may vary on a class level.)*

[AGGREGATE LIMIT OF LIABILITY]

The maximum amount the Company will pay for all Covered Losses resulting from the same Covered Accident will not exceed the Aggregate Limit of Liability as described in the Schedule of Benefits.

If the total amount payable for all Covered Losses in any one Accident exceeds the Aggregate Limit of Liability, each Covered Person's Covered Loss will be paid at the same ratio that the Aggregate Limit of Liability has to the total amount of all Covered Losses. The Company shall not be liable for amounts in excess of the Aggregate Limit of Liability.]

(This text will be included if Accidental Death [and Dismemberment] Benefits are elected at the case level. These

benefits may be offered for accidental death only or for any combination of the losses shown below. Benefits may be paid on the basis of a percentage of Principal Sum or a flat amount. These options may apply on the case or class level.)

[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Time Period for Loss as shown in Schedule of Benefits, { Variable, e.g. any period from 30 days to 365 days} from the date of the Covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum shown below for that loss. [The Principal Sum is shown in the Schedule of Benefits.] [If multiple losses occur, only one benefit, the largest, will be paid for all losses due to the same Covered Accident.]

<u>[Loss of:</u>	<u>Benefit:</u>
	(Percentage of Principal Sum/ \$X)
Life	100%
Brain Death.....	100%
Quadriplegia.....	100%
Two or More Members.....	100%
One Member.....	50%
Hemiplegia.....	50%
Paraplegia.....	50%
Uniplegia.....	25%
Thumb and Index Finger of the Same Hand.....	25%
Four fingers of the Same Hand.....	25%

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of a hand or foot” means complete severance through or above the wrist or ankle joint. “Loss of sight” means total and permanent loss of sight of [one or both] eye[s] that is irrecoverable, including by surgical and artificial means. “Loss of speech” means total and permanent loss of coherent audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of hearing” means permanent total deafness in both ears such that it cannot be corrected by any aid or device. “Loss of thumb and index finger of the same hand” means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body]

“Brain Death” means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, although the heart is still beating.

“Paralysis” means total loss of use.

“Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body.

“Paraplegia” means total Paralysis of both lower limbs.

“Quadriplegia” means total Paralysis of both upper and lower limbs.

“Uniplegia” means total Paralysis of one lower limb or one upper limb.]

(This text will be included if age based reductions are elected by the Policyholder. Ages and reduction amounts may vary at the request of the Policyholder. If this option applies to some classes, but not all classes covered under this Policy, this information will appear in the Schedule of Benefits for the appropriate classes.)

[Age Reduction Schedule

The Amount for a Covered Loss reduces at age {60,65,70,75} or older in accordance with the following schedule:

<u>Age on date of Accident</u>	<u>Percentage of Benefit otherwise payable</u>
[Age 60-69	65%
Age 70-74	45%

Age 75-79	30%
Age 80-84	20%
Age 85 or older	15%]

[Premium for a Covered Person age {60, 65,70,75} or older is based on the benefit amount which he or she would have been entitled prior to the attainment of age {60, 65,70,75}.]

["Age" as used above refers to the age of the Covered Person [or Dependent] on his or her most recent birthday.]]

[ADDITIONAL ACCIDENTAL DEATH [AND DISMEMBERMENT] COVERAGES

[Armed Forces Coverage

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs while he is on active duty in any Armed Forces.]

[Exposure and Disappearance Coverage

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs due to unavoidable exposure to the elements following a Covered Accident or disappearance of the Covered Person after the forced landing; stranding; sinking; or wrecking of a [vehicle][Conveyance] in which the Covered Person was traveling in during the course of a trip which would otherwise be covered under the Policy.

A Covered Person is presumed dead as a result of a Covered Accident if:

1. he or she is in a [vehicle][Conveyance] that disappears; sinks; or is stranded or wrecked on a trip covered by this Policy; and
2. the body is not found within {one year} of the Covered Accident.]

[Hijacking and Air Piracy Coverage

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident taking place during the:

1. hijacking of an Aircraft;
2. air piracy; or
3. unlawful seizure or attempted seizure of an Aircraft.]
- [4. takes place while the Covered Person is in [the course of the Policyholder's business;] [in the course of the Covered Person's job].]

Coverage begins with the onset of the hijacking or air piracy; and continues while the Covered Person is subject to the control of the person or persons responsible for: the skyjacking or air piracy and during travel directly to his or her home or scheduled destinations. [Coverage ends when the Covered Person returns to his or her residence or originally scheduled destination, whichever occurs first.]

"Hijacking" or "Air Piracy" means the unlawful seizure or wrongful exercise of control of an aircraft or Conveyance, or the crew thereof, in which the Covered Person is traveling solely as a passenger.

"Conveyance" means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

[National Guard and Armed Forces Reserve Coverage

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable subject to the following conditions if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs while the Covered Person is a member of the U.S. Military Reserve or National Guard.

While the Covered 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 Covered Person's initial training period;
2. if the Covered Person is called to active duty [for a domestic emergency].]

(The Exclusion with regard to National Guard and Armed Forces Reserve appearing in the General Exclusions Section does not apply to this coverage.)

[Owned, Leased, Controlled, Chartered Aircraft [Business Travel (only)]]

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident taking place while:

1. the Covered Person is riding in, or getting on or off of, a Covered Aircraft; or
2. as a result of a Covered Person being struck by a Covered Aircraft.
3. [away from the Policyholder's premises in the Insured's city of permanent assignment];
4. [on the business of the Policyholder;] and
5. [in the course of the Policyholder's business.]

The Covered Accident must take place while, if at the time of the Covered Accident, such aircraft:

1. is Owned, Leased, Controlled or Chartered by or for the Policyholder;
2. has a current unrestricted airworthiness certificate from a governmental authority with competent jurisdiction;
3. is operated with the consent of the Policyholder for the purpose of traveling On the business of the Policyholder; and
4. [is [not] engaged in aerobatics or stunt flying; racing; endurance tests; crop dusting; crop seeding; crop fertilizing or spraying; fire fighting; any exploration; pipe line patrol; power line patrol; traffic patrol; the pursuit of animals or birds; aerial photography; banner towing; skywriting; recreational sports; or test or experimental purposes;] and
5. [is piloted by {name(s) of one or more persons or a more general description}, provided that at the time of the Covered Accident, he or she has a current valid license with the appropriate ratings for the aircraft(s) described above; and has a minimum of {50} military, private or professional pilot hours (separately or combined) logged in an aircraft of the like, type and kind as described above.]

This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to home;
2. the date a Covered Person returns to place of work; or
3. the date a Covered Person makes a Personal Deviation.

"Personal Deviation" means:

5. an activity that is not reasonably related to the Policyholder's business; and
6. not incidental to the purpose of the trip.
7. [such travel or activities must coincide with the Covered Person's Business Travel];
8. [Personal Deviation is limited to any consecutive {72 hour} period immediately prior to, during or following such Business Travel.]]

A record of eligible Aircraft, along with the number in the fleet, will be maintained by the Policyholder and available for review by Us at any time during normal business hours. An Aircraft substituted for an eligible Aircraft will also be eligible if it has no greater seating capacity; and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction.

{specific description(s) of one or more aircraft or a more general description}

(The following text is optional and may be included in policies covering air travel.)

{specific description(s) of one or more aircraft or a more general description}

If any aircraft listed above is withdrawn from normal use due to mechanical breakdown, servicing or an accident, a

substitute aircraft may be covered in its place; but only while the aircraft listed above is withdrawn from normal use and only if the substitute aircraft:

1. has a current and valid airworthiness certificate in the same class as the aircraft withdrawn from normal use;
2. is piloted by a person holding a current and valid license with the appropriate ratings for such aircraft; and
3. is not larger in passenger and crew member capacity than the aircraft withdrawn from normal use.]

["Aircraft, Owned" means an aircraft to which the Policyholder holds legal or equitable title. The Policyholder can use, alter, or sell the aircraft.]

["Aircraft, Leased" means an aircraft the Policyholder does not own but utilizes for the term of a written lease. Usage will be for longer than a few days or one or two trips. The Policyholder cannot alter or sell the aircraft without consent of the owner.]

["Aircraft, Controlled" means an aircraft the Policyholder does not own but is leased, rented or borrowed for more than 10 consecutive days during any 12-month period. The Policyholder cannot alter or sell the aircraft without consent of the owner.]

["Aircraft, Chartered" means an aircraft the Policyholder does not own but hires for an occasional specific trip. The time the Policyholder has it may not exceed 19 consecutive days or more than 15 days in any one 12-month period. One or more aircraft hired on a regular or frequent basis are not considered chartered.]

["On the business of the Policyholder" means while the Covered Person is on assignment or at the direction of the Policyholder for up to (*Variable e.g. 90*) consecutive days for the purpose of furthering its business interest or while being used as an air ambulance but shall not include any period of time during which the Covered Person is:

1. working at his or her regular place of employment;
2. commuting to and from his or her residence and regular place of employment unless traveling to or from off-shore landing sites; or
3. on an authorized leave of absence or vacation.]

[Pilots [and Crew Members] Coverage [Business Travel (only)]

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident taking place while a Covered Person is:

1. traveling as a licensed pilot [or member of the crew];
2. on business [for the Policyholder]; and
3. [due to any passengers who temporarily perform pilot or crew functions in a life threatening emergency; and]
4. in the course of [the Policyholder's] business];and
5. [traveling on business for the Policyholder].

[All such trips must be authorized by the Policyholder.]

The Covered Accident must take place while a Covered Person is flying as a licensed pilot [or member of the crew] of the aircraft described below.]

(This text will be based on case specific information.)

[Description of Aircraft Covered:

The Schedule of Benefits {will list type of Aircraft, license number and passenger seating capacity: Boeing 727, License # PAI2345, passenger seating capacity: 45}]]

(The following text is optional and may be included in policies covering air travel.)

[Aircraft Restrictions: If the Covered Accident happens while a Covered Person is riding in, or getting on or off of, an aircraft, We will pay benefits, but only if:

- a. [he or she is riding as a passenger only, and not as a pilot or member of the crew; and]
- b. the aircraft has a current unrestricted airworthiness certificate from a governmental authority with competent jurisdiction; and
- c. the aircraft is flown by a pilot with a valid license; and
- d. the aircraft is not being used for: (i) crop dusting, spraying, or seeding; 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 which 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).

- e. [a military aircraft, other than transport aircraft flown by the U.S. Military Airlift Command (MAC), or a similar air transport service of another country]
- f. [the aircraft is [not] Owned; Controlled; Chartered; or Leased by of for the Policyholder.]]

(The Aircraft Pilot or Crew Exclusion appearing General Exclusions does not apply to this coverage.)

“Aircraft, Owned” means an aircraft to which the Policyholder holds legal or equitable title. The Policyholder can use, alter, or sell the aircraft.

“Aircraft, Leased” means an aircraft the Policyholder does not own but utilizes for the term of a written lease. Usage will be for longer than a few days or one or two trips. The Policyholder cannot alter or sell the aircraft without consent of the owner.

“Aircraft, Controlled” means an aircraft the Policyholder does not own but is leased, rented or borrowed for more than 10 consecutive days during any 12-month period. The Policyholder cannot alter or sell the aircraft without consent of the owner.

“Aircraft, Chartered” means an aircraft the Policyholder does not own but hires for an occasional specific trip. The time the Policyholder has it may not exceed 19 consecutive days or more than 15 days in any one 12-month period. One or more aircraft hired on a regular or frequent basis are not considered chartered.

“On the business of the Policyholder” means while the Covered Person is on assignment or at the direction of the Policyholder for up to 90 consecutive days for the purpose of furthering its business interest but shall not include any period of time during which the Covered Person is:

- 1) working at his or her regular place of employment;
- 2) commuting to and from his or her residence and regular place of employment unless traveling to or from off-shore landing sites; or
- 3) on an authorized leave of absence or vacation.

[Terrorism Coverage

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident taking place while the Covered 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. “Terrorism” means activities

against persons, organizations or property of any nature:

- 1. that involve the following or preparation for the following:
 - a) use or threat of force or violence; or
 - b) commission or threat of a dangerous act; or
 - c) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
- 2. when one or both of the following applies:
 - a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy ; or
 - b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious social or economic objectives or to express (or express opposition to) a philosophy or ideology.]

[War Risk Coverage

(The Exclusion with regard to declared or undeclared War appearing in the General Exclusions Section does not apply to this coverage.)

Benefits for Accidental Death [and Dismemberment], as shown in the Schedule of Covered Losses, will be payable if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that is due to or contributed by declared or undeclared War occurring worldwide except if:

1. the Covered Person is a resident of and traveling in his or her country of origin or citizenship; or
2. the Covered Person is traveling within the geographical limits, territorial waters or the airspace above the following designated Hazardous War Risk Countries:

(Insert listing of Hazardous War Risk Countries or states where coverage is not applicable.)

[Area(s) covered: We will pay benefits for Covered Losses resulting from War or acts of War only in the area(s) listed here:

1. *{Variable e.g. Worldwide excluding e.g. Insert list of countries};*
2. *{Variable e.g. The United States of America including any U.S. Territory} ;[and]*
3. *{Variable e.g. The Covered Person's country of residence or permanent assignment}*

As a condition to cover travel as defined in this coverage occurring in a designated Hazardous War Risk Country, the Policyholder must:

1. submit to the Company the following information on behalf of each Covered Person traveling to a Hazardous War Risk Country, prior to such travel:
 - a. The name of the Covered Person;
 - b. The specific itinerary and destination(s) within the Hazardous War Risk Country;
 - c. The beginning and end dates of the Covered Person's travel to the Hazardous War Risk Country(ies);
 - d. The Covered Person's Principal Sum; and
2. pay any additional required premium due for such travel [or for coverage to remain in effect]; and
3. submit at least annually reports of war risk exposure.

The Company may, within 10 days written notice to the Policyholder, make additions and deletions to the list of countries designated as Hazardous War Risk Countries; that in the Company's opinion, are required to accurately reflect existing war risk conditions. The Company may also, at any Policy Anniversary or with at least [31] days written notice to the Policyholder, request information regarding any or all travel by a Covered Person to countries other than the Covered Person's country of origin or country of citizenship.

Coverage may be terminated by the Policyholder at any time upon written notice to the Company. Termination will occur on the date the written notice is received by the Company or on the date specified in the written notice, if later. The Company may, with at least [(10)] days prior written notice to the Policyholder, terminate the coverage. Termination will occur on the date specified in the written notice.

Total Limit of Liability: We will not pay more than *{Variable e.g. \$100,000 to \$10,000,000}* per occurrence for the war risk benefits provided. This limit shall apply to Injuries sustained from all acts of war in any consecutive *{72 hour}* period. If, but for this provision, we would pay more than *{Variable e.g. \$100,000 to \$10,000,000}* then the benefits We will pay under this coverage to each Insured will be reduced in the same proportion so that the total amount we will pay for war risk coverage is *{Variable e.g. \$100,000 to \$10,000,00}*.

"War" means armed conflict, hostilities or warlike operations (whether war be declared or not) by order of any government or public authority including but not limited to invasion, acts of any enemy foreign to the nationality of the Covered Person or the country in (or over) which the act occurs, civil war, riot, rebellion, insurrection, revolution, overthrow of the legally constituted government, civil commotion assuming the proportions of (or amounting to) an uprising, military or usurped power, or explosion of war weapons. [War does not include Terrorism].

"Terrorism" means activities against persons, organizations or property of any nature:

- 1) that involve the following or preparation for the following:
 - a) use or threat of force or violence; or
 - b) commission or threat of a dangerous act; or
 - c) commission or threat of an act that interferes with or disrupts an electronic, communication,

- information or mechanical system; and
- 2) when one or both of the following applies:
- a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy ; or
 - b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious social or economic objectives or to express (or express opposition to) a philosophy or ideology.

[Unless otherwise stated in the Schedule of Benefits, We will pay benefits for a Covered Loss, only once, even if coverage was provided under more than one coverage.]]

(Accident Medical Expense Benefits are payable based on Usual and Customary Charges for actual expenses incurred and payable under the Policy. Any deductibles, coinsurance, copayments, limits, etc. will be shown in the Schedule of Benefits. These benefits are optional and may be included at the option of the Policyholder on either a case or class basis.)

[ACCIDENT MEDICAL [AND DENTAL] EXPENSE BENEFIT

We will pay Accident Medical [and Dental] Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles; Coinsurance Factors; Copayments; Benefit Periods; Benefit Maximums; and other terms or limits shown in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

- 1) for Usual and Customary Charges incurred after the Deductible has been met;
- 2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
- 3) for charges incurred within {30-365} days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are, in Our judgment, in excess of Usual and Customary Charges.

[Covered Medical Expenses, from a Covered Accident, include:

- 1) [Hospital room and board expenses; the daily room rate when a Covered Person is Hospital confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.]
- 2) [Daily Intensive Care Unit or Cardiac Care Unit Expenses; the daily room rate when a Covered Person is Hospital confined in a bed in the Intensive Care Unit or Cardiac Care Unit and nursing services other than private duty nursing services.]
- 3) [Hospital Confinement; the daily room rate when a Covered Person is Hospital confined and general nursing care is provided and charged for by the Hospital; Daily room and board. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.]
- 4) [Ancillary Hospital expenses; services and supplies including operating room; laboratory tests; anesthesia and medicines (excluding take home drugs) when Hospital confined.]
- 5) [Physician Office Visit; non-surgical treatment or examination expenses (excluding medicines) including the Physician's initial visit; each necessary follow-up visit; and consultation visits when referred by the attending Physician.]
- 6) [Physician surgical expenses. If an injury requires multiple surgical procedures through the same incision, we will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, we will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.]
- 7) [Emergency Room and Supplies expense incurred within 72 hours of a Covered Accident and including the attending Physician's charges; x-rays; laboratory procedures; use of the emergency room and supplies.]
- 8) [Ambulance expenses for transportation from the emergency site to the Hospital.]
- 9) [Outpatient surgery visit; office visits connected with such treatment when prescribed by a Physician.]
- 10) [Outpatient surgical room and supply expenses for use of the surgical facility.[Second surgical opinion expense.][Assistant surgeon expense when medically Necessary.]]
- 11) [Outpatient diagnostic x-rays; laboratory procedures; and test expenses. Does not include dental x-rays. [Diagnostic imaging expenses including: magnetic resonance imaging (MRI) and CAT scans.]]

- 12) [Home Health Care; expenses incurred in a Covered Person's home including nursing care; treatment; and daily living services such as cooking; feeding; bathing; dressing and personal hygiene services, all as part of an overall extended treatment plan.]
- 13) [Extended care facility expenses for confinement if it begins within {5-10} straight days after a Covered Person is Hospital confined as a result of a Covered Accident. We will pay for treatment if a Physician visits the Covered Person at least once every {30} days and certifies the confinement is Medically Necessary.]
- 14) [Rehabilitation care facility expenses for physical and occupational rehabilitation. Treatment must be provided in a duly licensed Rehabilitation facility and be under the direction of a Physician. Rehabilitation facility means a hospital or special unit of a hospital designated as a Rehabilitation facility or a free standing facility which provides physical therapy; occupational therapy; or speech therapy pursuant to the law of the jurisdiction in which treatment is received.]
- 15) [Physical Medicine (Physiotherapy) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a Physician, including: diathermy; ultrasonic; whirlpool; heat treatments; adjustments; manipulation; massage or any form of physical therapy.]
- 16) [Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.]
- 17) [Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is whole sound and a natural tooth at the time of the Covered Accident.][Dental expenses related to the installation of crowns; caps; bridges and dentures; oral surgery and endodontics as a result of a Covered Accident. [Repair or replacement of caps and crowns that existed prior to the Covered Accident.]]
- 18) [Rehabilitative braces or appliances prescribed by a Physician. It must be durable medical equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use and generally is not useful to a person in the absence of injury. No benefits will be paid for rental charges in excess of the purchase price.]
- 19) [Prescription drug expenses prescribed by a Physician and administered on an outpatient basis.]
- 20) [Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the Covered Person. We will not cover computers; motor vehicles or modifications to a motor vehicle; ramps and installation costs; eyeglasses and hearing aids.]
- 21) [Medical services and supplies for blood and blood transfusions; oxygen and its administration.]
- 22) [Eyeglasses; contact lenses; and hearing aids when damage occurs in a Covered Accident that requires medical treatment.]
- 23) [Artificial limbs; eyes; and larynx for initial acquisition and fitting. We will not pay for repair or replacement of artificial limbs; eyes; or larynx.]
- 24) [Temporomandibular joint or craniomandibular disorder expenses for surgical and nonsurgical services including diagnostic and therapeutic procedures by a Physician or dentist for treatment of a disorder caused by a Covered Accident. We will not pay for orthodontic braces; crowns; bridges; dentures; treatment of periodontal disease; dental root form implants or root canals.]
- 25) [Heart and circulatory conditions; expenses for treatment of heat exhaustion; heart attack; stroke; burst aneurysm if the condition occurs during a Covered Accident.]
- 26) [Mental or nervous disorders; psychotherapy expenses for treatment of a disorder that result directly or independently of all other causes from a Covered Accident, while Hospital confined or on an outpatient basis. Benefits are limited to one treatment per day. Mental and nervous disorders means neurosis; psychoneurosis; psychopathic; psychosis; or mental or emotional disease or disorder of any kind.]
- 27) [Expanded medical benefit for sports conditions for treatment of bursitis; sprains; hernia; strains; muscle tears; tendonitis; and repetitive motion injuries if these conditions are aggravated by participation in a Covered Activity.]
- 28) [Extended treatment expenses for services that for medical reasons could not be performed during the Benefit Period including surgery to remove pins; screws; or other surgically implanted devices used to repair body parts or broken bones or joints or treatment to repair disfigurement. We must receive notice of the deferred treatment and the estimated cost signed by a Physician within 31 days after the Benefit Period ends for expenses to be covered.]
- 29) [Expenses due to an aggravation or re-injury of a Pre-Existing Condition.]
- 30) [Transportation expense for newborn children for transporting the newborn to and from the nearest available facility appropriately staffed and equipped to treat injuries resulting from a Covered Accident; when the transportation is certified by the attending Physician as Medically Necessary.]
- 31) [Skilled Nursing Facility: expenses for services at a valid skilled nursing facility where such location is dedicated to the care of individuals in a residential facility, usually there on a long-term basis. These facilities specialize in the 24-hour care and observation of individuals whose needs are usually critical enough where they need constant watching, but not serious enough where hospitalization is required.]]

(The following Additional Accident Benefits are optional and may be included at the option of the Policyholder on a case or class basis)

[[ADDITIONAL] ACCIDENT BENEFITS

[Accidental Burn & Disfigurement Benefit

We will pay this benefit shown in the Schedule of Benefits if the Covered Person suffers burns that leave him or her Disfigured as defined below. The burns must result directly; and independently of all other causes; from a Covered Accident. The Disfigurement must satisfy all of the conditions below:

- 1) reconstructive or cosmetic surgery is required to restore the Covered Person's physical abilities or correct Disfigurement and must commence within {180 days – 2 years} of the Covered Accident; and
- 2) If occupational coverage is provided to the Covered Person, the Covered Accident must occur while the Covered Person is on the Policyholder's premises and engaged in the course of his or her job; and
- 3) a Physician must determine that the burn involves the minimum percentage required, be classified as defined herein and results in Disfigurement or loss of physical abilities.

"Disfigurement or Disfigured", as it pertains to this benefit, means spoiled or deformed appearance caused by burns that can be corrected by means of reconstructive or cosmetic surgery.]

[Additional Occupational Benefit

We will pay the benefit shown in the Schedule of Benefits, subject to the following conditions, if the Covered Person suffers a Covered Loss that results directly; and independently of all other causes; from a Covered Accident that occurs while the Covered Person is on the Policyholder's premises and engaged in the course of his or her job or while on Business Travel pre-authorized by the Policyholder.

Business Travel begins at the actual start of a business trip that has been pre-authorized by the Policyholder, whether the trip starts at the Covered Person's home, place of work or another place. Business Travel ends when the Covered Person arrives at his or her home or place of work; whichever happens first. Coverage is not in effect during the Covered Person's Personal Deviation.

Business Travel includes riding in, or getting on or off, an Aircraft, but only if:

- 1) The Covered 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 that 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 lessons.

[Business Travel is not provided during:

- 1) normal commuting between the Covered Person's home and place of work; or
- 2) the Covered Person's personal Deviation in excess of {Variable, e.g. Any timeframe from 7-30 days}.]

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

[Alternative Commuting Benefit

We will pay this benefit shown in the Schedule of Benefits subject to the following conditions, when a Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs:

- 1) while the Covered Person is using an alternate means of transportation for commuting directly between home and the Policyholder's premises where he or she 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 that the Covered Person regularly uses in commuting.

Benefits will not be payable for Covered Accidents that occur more than {*Variable, e.g. four (4)*} hours after the Covered Person leaves his home or place of employment, unless it can be established that the delay was caused by conditions beyond the Covered Person's control or more time was needed for normal direct commuting.]

[Ambulance Benefit

We will pay this benefit shown in the Schedule of Benefits subject to the following conditions, if the Covered Person requires ambulance services due to an Injury resulting directly; and independently of all other causes; from a Covered Accident.

The ambulance services provided must be for transportation from the scene of the Covered Accident to the nearest Hospital that is able to provide appropriate care, or for transportation to a Hospital within { *Variable, e.g. 24-48*} hours of the Covered Accident.]

[Bereavement & Trauma Counseling Benefit

If a Covered Person suffers a loss for which Accidental Death and Dismemberment; Coma; Loss of Use or Paralysis; Permanent and Total Disability; or Severe Burn (if shown as a covered benefit under this Policy) benefits are payable as shown in the Schedule of Benefits under this Policy, the Company will reimburse the Covered Person or the Covered Person's: father; mother; spouse; sons; daughters; brothers or sisters for expenses incurred within one year after the date of the Covered Accident causing such loss for any individual or family counseling sessions up to a maximum shown in the Schedule of Benefits.

The counseling sessions must:

- 1) be required to assist the Covered Person and [or] the Covered Person's father; mother; spouse; sons; daughters; brothers; or sisters in coping with such loss;
- 2) be ordered and performed by a Physician; and
- 3) meet generally accepted standards of medical practice.

Only one Bereavement and Trauma Counseling Expense Benefit will be paid regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

The Company will not reimburse expenses:

- 1) for which no charge would have been made if no insurance existed;
- 2) in excess of the usual; reasonable; and customary charges for similar counseling sessions in the locality where the sessions are received; or
- 3) incurred as the result of an Injury caused by an Accident for which the Covered Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.]

[Bomb Scare, Bomb Search or Bomb Explosion Benefit

We will pay this benefit shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident and all of the following conditions are met:

- 1) The Covered Person is on the Policyholder's premises when the Covered Accident occurs;
- 2) The Covered Accident is caused by or results from a Bomb Scare, Search or Explosion as defined below;
- 3) The Covered Person is an authorized participant of a team or squad engaged in a Bomb Search or related activity; and
- 4) The Policyholder authorizes the Covered Person's participation and sanctions the Search.

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.

Search means any organized search for a reported Bomb.

Explosion means any detonation of a Bomb on the Policyholder's premises that 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 or acceptance of known explosives as cargo.]

[Bonus Benefit

We will pay the benefit shown in the Schedule of Benefits, if the Covered Person suffers a Covered Loss specified in the Schedule of Benefits resulting directly; and independently of all other causes; from a Covered Accident and that occurs while traveling on official business for the Policyholder.]

[Brain Damage Benefit

We will pay the benefit shown in the Schedule of Benefits if a Covered Person suffers a Covered Injury that results directly and independently of all other causes from a Covered Accident and results in Brain Damage. The benefit will be payable if all of the following conditions are met:

1. Brain Damage begins within {variable; e.g., any time frame from 60 to 120 days} from the date of the Covered Accident;
2. the Covered Person is hospitalized for treatment of Brain Damage at least {seven days} within the first {variable; e.g., any time frame from 60 to 120 days} following the Covered Accident;
3. Brain Damage continues for { 12 consecutive months};
4. a Physician determines that as a result of Brain Damage, the Covered Person 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 Accident if Brain Damage continues longer than {12 consecutive months}. [The amount payable will not exceed the Accidental Death and Dismemberment Principal Sum for the Covered Person whose Covered Accident is the basis of the claim.] [The Brain Damage Benefit plus other benefits payable as the result of the same Covered Accident will not exceed the Accidental Death and Dismemberment Principal Sum for which the Covered Person was insured on the date of the Covered Accident.]

Brain Damage means physical damage to the brain that results directly and independently of all other causes from a Covered Accident and causes the Covered Person to be Permanently Totally Disabled.]

[Bulletproof Vest Benefit

We will pay the benefit shown in the Schedule of Benefits if the covered Employee [who is Age 18 or older] is on official duty for [the Policyholder,] and is shot during a Covered Accident 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] [Covered Injury].

Bulletproof Vest means a protective vest designated as [Threat Level 11-A, Threat Level II or Threat Level III-A] [manufactured by a vendor designated by the Policyholder, and [purchased not more than {five years} before the Covered Accident.]]

[Burial and Cremation Benefit

We will pay this benefit shown in the Schedule of Benefits for burial or cremation of the Covered Person who dies from an injury resulting directly; and independently of all other causes; from a Covered Accident.]

[Business Travel Benefit

We will pay this benefit shown in the Schedule of Benefits subject to the following conditions, if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs during a business trip authorized in advance by the Policyholder. The Covered Loss must be sustained in the course of the Covered Person's job or business and away from the premises of the Policyholder in the Covered Person's city of permanent assignment.

This benefit will begin at: the actual start of a business trip authorized by the Policyholder. It does not matter if the trip starts at the Covered Person's home, place of work or any other place. This benefit will end when: the Covered Person arrives at home or place of work, whichever happens first.

This benefit for Business Travel is not provided during any of the following:

- 1) normal commuting between the Covered Person's home and place of work; or
- 2) travel in an aircraft Owned, Leased, Operated or Controlled by the Policyholder, unless specifically covered herein; or
- 3) travel to another location where the Covered Person is expected to be assigned for more than (*Variable, e.g. 30-120*) days by the Policyholder; or
- 4) A Covered Person's Personal Deviation in excess of (*Variable, e.g. 10, 15, 20, 30*) days.

Personal Deviation means an activity that is not reasonably related to the Policyholder's business trip and is not incidental to the Policyholder's business and occurs prior to the end of the trip or within (*Variable, e.g. 1-4*) hours before or after the trip. A Personal Deviation does not include extension of a business trip authorized in advance by the Policyholder as necessary to reduce transportation costs.]

[Carjacking Benefit

We will pay this benefit shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs during a Carjacking of an Automobile that the Covered Person was: operating, getting into to or out of, or riding as a passenger. Verification of the Carjacking must be made part of an official police report with 24 to 48 hours of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within 24 to 48 hours of the Carjacking, or as soon as reasonably possible.

Carjacking means a person other than the Covered Person taking unlawful possession of an Automobile by means of force or threats against the person(s) then rightfully occupying the Automobile.

Automobile means a self-propelled private passenger motor vehicle with four or more wheels, that is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan; station wagon; sport utility vehicle; pick-up; panel; van; camper or motor home. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.]

[Chaperone Replacement Benefit

In the event that the official chaperone [of the Policyholder] is prevented from continuing his or her Trip due to Injury, or death or death of an Immediate Family Member which occurs after the Trip begins and before the Trip termination date, We will pay for the reimbursement of:

1. the replacement chaperone, 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. returning chaperone, up to the published rate of a round trip economy class ticket from his or her assigned location back home.

The Benefit Maximum per incident for both chaperones is shown in the Schedule of Benefits. We will only pay one Chaperone Replacement Benefit per Trip.]

[Child Care Center Benefit

If a Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy and such Covered Person had the Family Plan in force, the Company will pay an additional benefit shown in the Schedule of Benefits on behalf of a Covered Person's Covered dependent child who, on the date of the Covered Accident:

1. was under age 13 and Covered Person under this Policy; and
2. was enrolled in a Day Care Center on the date of the Covered Person's loss of life; or
3. subsequently enrolls within 90 days of the date of the Covered Person's loss of life in a licensed day care center.

The amount shall be payable per year equal to the lesser of the actual cost charged by a licensed day care center per year or the amount shown in the Schedule of Benefits.

Child Care benefits are payable once a year for not more than four consecutive years, but only if such Covered Dependent child remains under 13 years of age and continues enrollment in a Child Day Care Center (proof of enrollment will be required).

[If, on the date of the Covered Person's loss of life, the Covered Person had no Covered Dependent child that qualified, a default benefit shown in the Schedule of Benefits will be paid to the Covered Person's designated beneficiary.]

Child means a Covered Person's child under age 13 who is a natural child; adopted child (or child placed in the Covered Person's home for purposes of adoption); foster child; stepchild; or other child for whom the Covered Person has legal guardianship (proof will be required). A child must reside with the Covered Person in a parent-child relationship and be eligible to be claimed as an exemption on the Covered Person's federal income tax return. NOTE: In the event the Covered Person shares physical custody of the child with another parent, the requirement that the child reside with the Covered Person will be waived.

"Child Care Center" means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with applicable laws and regulations of the jurisdiction. 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.]

[Child(ren)'s Additional Indemnity for Dismemberment and [Paralysis] [Loss of Use] Benefit

If a Covered Person has the Family Plan in force and his or her Covered Dependent child suffers a loss for which Accidental Dismemberment or Loss of Use or Paralysis is covered under this Policy. Benefits are payable under this Policy, the Company will pay an additional benefit shown in the Schedule of Benefits equal to the Covered Dependent child's Principal Sum payable for such loss. However, if a Covered Dependent child sustains more than one such loss as the result of any one Accident, the Company will pay the additional benefit on only the largest amount to which the Covered Dependent child is entitled.

If the Covered Dependent child dies within 90 days of the same Covered Accident, the Loss of Life benefit under the Accidental Death and Dismemberment Benefit will not be reduced by the Accidental Dismemberment benefit received under the Child(ren)'s Additional Indemnity for Dismemberment Benefit.]

[Child Survivor Benefit

We will pay this benefit shown in the Schedule of Benefits subject to the following conditions, if the Covered Person's death results directly; and independently of all other causes; from a Covered Accident and he or she is survived by a Covered Dependent child.

If the Covered Dependent Child was under the age of majority at the time of the Covered Person's death, a Child Survivor Benefit, plus interest, will be paid in one lump sum to each surviving Covered dependent child when he or she 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 Us. If the Covered Dependent child dies before this benefit is payable, this benefit will then be payable to the Covered Dependent child's estate.

If a surviving Covered Dependent Child is the age of majority or over at the time of the Covered Person's death, the benefit will be payable in one lump sum when We receive the claim. If there is no surviving Covered Dependent child at the time of the Covered Person's accidental death, a default benefit will be paid to the Covered Person's beneficiary.

Benefits will not be paid if a claim is submitted to Us more than one year after the Covered Person's death, or if earlier, the child is no long a Covered Dependent child, if he or she was under the age of majority at the time of the Covered Person's death.]

[Coma Benefit

If a Covered Person suffers an Injury caused by a Covered Accident which results in such person being in a Coma within {30 -90} days of the Accident and if the Coma continues for at least 30 consecutive days, the Company will pay a monthly benefit equal to {1}% of the Covered Person's Principal Sum as shown in the Schedule of Benefits.

No benefit is provided for the first {30} days of Coma. The benefit is paid monthly, beginning on the {31st} day of the Coma and ends on the earliest of:

- 1) the date the Coma ends, whether by death, recovery, or any other change of condition; or
- 2) after {11} continuous months of benefit payments by the Company, the date the total amount of monthly Coma

benefits paid for all Injuries caused by the same accident equals 100% of the Covered Person's Principal Sum.

If the Covered Person suffers loss of life for which benefits are payable under this Policy as a result of the same Covered Accident which caused the Coma, or if he or she remains in a Coma at the end of {11} continuous months, an additional benefit will be paid equal to the Covered Person's Principal Sum as shown on the Schedule of Benefits; less any Coma Benefits paid or other benefits payable under this Policy for any other losses incurred as a result of the same Covered Accident.

Under no circumstances will the Company pay more than the Covered Person's Principal Sum as shown on the Schedule of Benefits for all Covered Losses combined, including this Coma Benefit, which are incurred as the result of the same Covered Accident.

The Covered Person's designated beneficiary is responsible for providing the Company proof of continuing Coma. The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Covered Person is in a Coma, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

"Coma" means being in a state of profound unconsciousness which resulted directly, and independently from all other causes, from a Covered Accident, and from which the Covered 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 an Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that Covered Accident.]

[Common Accident Benefit

We will increase the Loss of Life benefit as shown in the Schedule of Benefits payable for a Covered Dependent spouse or Domestic Partner if both the Covered Person and the Covered Dependent spouse or Domestic Partner die directly; and independently of all other causes; from a Common Accident and are survived by one or more dependent children.

"Common Accident" means the same Covered Accident or separate Covered Accidents that occur within the same 24-hour period.]

[Common Carrier Benefit

If a Covered Person suffers loss of life for which the Accidental Death Benefit is payable under this Policy, and the Accident causing such loss occurs while the Covered Person is traveling as a fare paying passenger, in or on (including getting in or out, on or off) or being struck by a Common Carrier, the Company will pay an additional benefit as shown in the Schedule of Benefits.

"Common Carrier" means any motorized land, water or air Conveyance, operated by an organization other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. Common Carrier does not include any Conveyance used for sport, recreational activities or sightseeing activities.

"Conveyance" means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

[Common Disaster Benefit

If a Covered Person had the Family Plan in force and both the Covered Person and his or her Covered Dependent spouse or Domestic Partner suffer loss of life within 90 days of a Common Disaster, and are survived by one or more Dependent Children, for which the accidental death Benefit is payable under this Policy, the Covered Dependent spouse's or Domestic Partner's benefit will be increased to equal the Covered Person's Principal Sum up to the maximum shown on the Schedule of Benefits.

"Common Disaster" for purposes of this Common Disaster Benefit only, means the same unintended or unforeseeable event or occurrence which happens suddenly and violently, or separate unintended or unforeseeable events or occurrences which happen suddenly and violently within the same 24 hour period.]

[Commuting Benefit

We will pay the benefit shown in the Schedule of Benefits, subject to the following conditions and exclusions, when the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs:

- 1) while the Covered Person is using an alternate means of transportation for commuting directly between his or her home and the Policyholder's premises where he or she 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 Covered Person regularly uses in commuting.

Benefits will not be payable for Covered Accidents that occur more than {two hours} after the Covered Person leaves his or her home or place of employment, unless it can be conclusively established that:

- 1) the delay was caused by conditions beyond the Covered Person's control; or
- 2) more time was needed for normal direct commuting.]

[Continuation of Insurance Expense Benefit

We will pay this benefit as shown in the Schedule of Benefits if a surviving Covered Dependent spouse; or Domestic Partner; or a surviving Covered Dependent child elects to continue group medical and [or] dental insurance provided by the Policyholder of a Covered Person who died, subject to all of the following conditions:

1. the Covered Person's death results directly; and independently of all other causes; from a Covered Accident;
2. the Covered Person is survived by a Covered Dependent spouse or domestic partner; or Covered Dependent child who are Covered under this Policy on the date the Covered Person dies;
3. the surviving Covered Dependent spouse or domestic partner; or Covered Dependent child is also Covered under a medical and [or] dental plan sponsored by the Policyholder at the time the Covered Person dies; and
4. the surviving Covered Dependent spouse or domestic partner; or Covered Dependent child notifies Us of his or her election, within 60 days of the Covered Person's death, to continue his or her existing coverage under group insurance plans sponsored by the Policyholder, as permitted by state or federal continuation law.

This benefit, payable annually, equals the premiums required to continue the medical and/or dental insurance described herein, as long as the total amount of this benefit does not exceed the Total Benefit Maximum shown in the Schedule of Benefits. The benefit will be paid at the end of each year during which medical and [or] dental insurance is continued, if We receive a request for reimbursement and proof of the premiums paid during that year. Benefit payments will continue to the earliest of the following dates:

1. the date a surviving spouse or domestic partner or Covered Dependent child is no longer eligible to continue medical and [or] dental insurance coverage;
2. the date benefit payments equal the Total Benefit Maximum shown in the Schedule of Benefits; 3. the end of the Benefit Period.

Benefits are payable to the surviving Dependent spouse; or Domestic Partner; or the person who actually paid the premium on the surviving Dependent spouse or Domestic Partner's behalf, if other than the surviving Dependent spouse or domestic partner.]

[Crisis Benefit

We will pay this benefit as shown in the Schedule of Benefits if the Covered Person dies or is dismembered from another person's use of a gun or a knife to commit an act of violence if all of the following conditions are met.

1. The Covered Accident occurs while coverage under this Policy is in force and
2. The loss occurs directly and from no other cause from the act of violence.

This benefit will not be paid if:

1. The act of violence is committed by a member of the Covered Person's Immediate Family or
2. The Covered Person produces a gun or knife during the incident and is killed or dismembered even if he or she acts in self-defense.]

[Diagnostic X-Ray and Laboratory Benefit

We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires diagnostic x -ray and

laboratory examinations due to a Covered Injury that results directly and independently of all other causes from a Covered Accident.

[If benefit payment is made in accordance with the Diagnostic X-Ray and Laboratory Examinations Schedule, payment for a diagnostic x-ray and laboratory procedure not listed will be made on a basis determined by Us to be consistent with the amount payable for a specified examination of a comparable nature.]

[Schedule for Diagnostic X-Ray and Laboratory Examinations

X-Ray Examinations:

Abdomen (intestines, colon, rectum, kidney, etc.)	\$15
Arm or leg	\$10
Chest (heart and lungs)	
Flat Film	\$15
Stereoscopic films	\$20
Gall bladder, dye method	\$20
Stomach and Duodenum- barium	\$20
Complete Gastro-intestinal series- barium	\$40
Head (skull or sinuses)	\$15
Joints (shoulder, knee, ankle, wrist, hand, foot)	\$10
Kidney, urethra or bladder- dye method	\$30
Pelvis or spine	\$15

Laboratory Examinations:

Basal Metabolism test	\$7
Blood test-	
Hemoglobin determination, red blood cell count, white blood cell count, Differential	\$4 each
Any combination of tests per blood sample	not to exceed \$10
Electrocardiogram	\$10
Hinton, Kahn, or Kline test	\$4
Malaria smear	\$4
Sputum test	\$4
Sugar test-	
One blood sugar determination & accompanying urinary sugar determination	\$5
Sugar tolerance test involving two or more blood sugar determinations	\$15
Urinalysis	None
Wasserman test	\$7]]

[Disability Benefit - [[Permanently] Totally Disabled], [Totally Disabled], [Presumptively Disabled] or [Partially Disabled]

We will pay this benefit shown in the Schedule of Benefits if the Covered Person is [[Permanently] Totally Disabled], [Totally Disabled], [Presumptively Disabled] or [Partially Disabled] directly; and independently of all other causes; from a Covered Accident. Disability benefits will begin when:

1. the applicable benefit waiting period if any, shown in the Schedule of Benefits, for this Policy has been satisfied; and
2. the Covered Person provides satisfactory proof of the [[Permanent] Total Disability], [Total Disability], [Presumptive Disability]or [Partial Disability] to Us.

Benefit payments will end on the first of the following dates:

1. the date the Covered Person is no longer [[Permanently] Totally Disabled], [Totally Disabled], [Presumptively Disabled]or [Partially Disabled]; or
2. the date the Covered Person dies; or
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date the Covered Person fails to submit satisfactory proof of continuing [[Permanent] Total Disability], [Total Disability], [Presumptive Disability]or [Partial Disability].

5. [the date the total amount of Disability Benefits paid for all injuries caused by the same Covered Accident equals 100% of the Principal Sum in the Schedule of Benefits.]

["Total Disability or Totally Disabled" means the Covered Person, [if employed], because of a Covered Accident, is unable to perform the material and substantial duties of [his or her] [any] occupation [for which he or she was receiving remuneration at the time of the Covered Accident,] [and [any work] for which he or she is, or may become, qualified by reason of education, experience or training, [which would provide them with substantially the same earning capacity as his or her prior earning capacity prior to the start of disability.]] [If not employed, Total Disability or Totally Disabled means the Covered Person, because of a Covered Accident, is unable to perform the normal and customary activities of a healthy person of like age and sex.]]

["Presumptive Disability" means that the Covered Person is Totally Disabled if he or she suffers the complete and irrecoverable loss of sight of both eyes, speech, hearing in both ears, or of any two limbs, hands or feet, provided the loss occurs within 180 days of the Covered Accident.]

["Partial Disability or Partially Disabled" means the Covered Person is able to work after a period for which Total Disability benefits are payable under this Policy, but is not able to perform all the material duties of his or her occupation previous to the Covered Accident; and earn more than {\$500-\$1000} or more in gross earnings per month.]

["Partial Disability" must be the result of the same Covered Accident for which Total Disability benefits were paid.]

["Permanent Total Disability or Permanently Total Disabled" means the Covered Person is Totally Disabled and is expected to remain so disabled, as certified by a Physician, for the rest of his or her life. Permanent Total Disability must be the result of the same Covered Accident that caused the Total Disability.]]

[Elder Survivor Benefit

If a Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy, the Company will pay an additional benefit as shown in the Schedule of Benefits, of the Covered Person's Principal Sum up to a maximum of \$5,000 to or on behalf of any Dependent Parents of the Covered Person's Dependent Parent.

The Elder Survivor Benefit will be payable in equal shares to the Dependent Parents. Only one Elder Survivor Benefit will be payable regardless of the number of Dependent Parents.

Dependent Parent(s) means the Covered Person's parent; parent-in-law; grandparent; grandparent-in-law; great-grandparent; or great-grandparent-in-law (whether natural; step; or adoptive), who is:

- 1) not regularly employed on a full-time basis;
- 2) primarily dependent upon the Covered Person for support and maintenance due to a proven mental disability or physical handicap;
- 3) residing in the Covered Person's home; and
- 4) eligible to be claimed as an exemption on the Covered Person's federal income tax return.]

[Emergency Disaster Team Benefit

We will pay this benefit as shown in the Schedule of Benefits, subject to the following conditions, if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs while serving as an authorized member of an emergency or disaster team established by the Policyholder.

The emergency disaster team benefit will be provided if:

1. The Covered Person incurs a Covered Loss, including while riding in, getting in or out of an ambulance, airplane or helicopter and
2. The Covered Loss occurs while responding to a bona fide emergency or disaster as determined by the Policyholder and Us.]

[Emergency Reunion Benefit

We will pay expenses incurred to have one of the Covered Person's Immediate Family Member accompany him or her to the Covered Person's [Home Country] [or] [Hospital] where the Covered Person is confined if:

- [1. the Emergency Medical Evacuation Benefit is payable under the Policy]; and

- [2. Covered Person is alone outside of his or her Home Country; and]
- [3. the place of confinement is more than {100} miles from the Covered Person's Home Country].

[In addition, We will pay the reasonable expenses incurred for lodging and meals of Covered Person Immediate Family Member for a period not to exceed {10} days.]

[This benefit will not exceed [the lesser of]:

1. the cost of a one [round-trip] economy airfare ticket and other local travel related expenses; [or]
2. the reasonable expenses incurred for lodging and meals of Covered Person Immediate Family Member for a period of {10} days;]
3. the Reunion Benefit Maximum shown in the Schedule of Benefits.]

All travel arrangements must be made by the Company's assistance provider and We must approve and authorize all expenses in advance for any Emergency Reunion Benefits to be payable.]

[Emergency Room Benefit

We will pay this benefit as shown in the Schedule of Benefits if the Covered Person requires Emergency Room treatment due to an Injury resulting directly; and independently of all other causes; from a Covered Accident.

"Emergency Room" means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.]

[Exposure and Disappearance Benefit

We will pay this benefit as shown in the Schedule of Benefits, if the Covered Person by reason of a Covered Accident occurring while a Covered Person's coverage is in force under this Policy is,

1. unavoidably exposed to the elements and as a result of such exposure suffers a loss described herein, the loss will be covered under this Policy; and
 2. The body of the Covered Person is not found within 1 year of such Accident, then it will be deemed, subject to all the other terms and provisions of this Policy, that the Covered Person has suffered a loss of life. If the Covered Person is subsequently found to be alive, the benefit will be immediately refunded to the Company.]
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[Family Plan Benefit

If a Covered Person elects the Family Plan and pays the required premiums when due, the Company will provide this benefit for his and her Dependents as described in the Policy as elected by the Covered Person and held on file with the Policyholder.

If a husband and a wife or Domestic Partners in the same family unit are both eligible to enroll for this benefit under this Policy, one, but not both, may elect the Family Plan. The other Dependent spouse or Domestic Partner may elect this benefit for himself or herself only. In the event that a person is covered under this Policy as both a Covered Person and a Covered Dependent, the combined amount of insurance cannot exceed the maximum shown in the Schedule of Benefits.

Dependent's Effective Date of this benefit :

A Dependent's benefit under this Policy begins on the later of:

1. the date the Covered Person's benefit under this Policy begins, provided he or she elected the Family Plan; or
2. the date the Dependent becomes eligible as defined in this Policy, if the Covered Person is already paying for the Family Plan.

However, if individual enrollment is required, this benefit will begin on the later of:

1. the date the Covered Person's coverage under this Policy begins, if written enrollment for the Dependent is received by the Policyholder prior to such date; or
2. the 1st day of the month coincident with or next following the date in which written enrollment for the Dependent is received by the Policyholder.

A child of a Covered Person born while this Policy is in force is covered from the moment of birth until the 31st day of age. After this time, the child will remain covered only if the Covered Person has provided written notice of birth to the Policyholder and paid the required premium due, if any. Notice is not required if the Covered Person is already paying

the Family Plan premium and no enrollment is required. A newly adopted child of a Covered Person is covered from the moment of adoption or placement for adoption, for a period of 31 days. After this time, the child will remain covered only if the Covered Person has provided written notice to the Policyholder of the adoption or placement for adoption, and pays the required premium due, if any. Notice is not required if the Covered Person is already paying the Family Plan premium and no enrollment is required.

Dependent's Termination Date of this benefit

A Dependent's Coverage under this Policy ends on the earliest of:

1. the date the Covered Person's coverage under this Policy ends;
2. the date the Covered Person requests, in writing, that coverage for his or her Dependents be terminated;
3. the date the Covered Dependent enters full-time active duty in the armed forces of any country or international authority;
4. the first day of the month immediately following the date the Covered Dependent ceases to be eligible as defined in this Policy provided all required premiums are paid; or
5. the last day of the period for which premiums have been paid, if the Covered Person fails or refuses to make any required premium payments on behalf of his or her Dependents.

In no case, will coverage for a Dependent take effect before the Covered Person's coverage or end later than the Covered Person's coverage.

[Dependent Continuation

If a Covered Person suffers loss of life for which the Accidental Death Benefit is payable under this Policy and such Covered Person had the Family Plan in force, the Company will continue coverage under this Policy for the Covered Person's Covered Dependents and waive payment of premiums.]

[Waiver of premiums and continuation of coverage will end for such Covered Person's Covered Dependents on the earliest of:

1. the date the Covered Dependent spouse or Domestic Partner remarries or repartners (in which case this benefit ends for all Covered Dependents);
2. the date the Covered Dependent ceases to be eligible under this Policy;
3. the end of a 3 month period which began on the date the Covered Person suffered such loss of life; or
4. the date this Policy terminates.]]

[Family Reunion Benefit

If, while the Covered Person is traveling, he or she suffers an Injury and must be confined in a Hospital for at least {5} consecutive days [or if the Covered Person is medically evacuated to another location,] We will reimburse the expenses incurred for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. All transportation and lodging arrangements must be made by the most direct and economical route and Conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.]

"Family Member" means a parent; sister; brother; husband; wife; or children.]

[Felonious Assault and Violent Crime Benefit

If a Covered Person suffers a loss for which [Accidental Death and Dismemberment,] [Loss of Use] or [Paralysis,] [Coma] or [Permanent and Total Disability] Benefits are payable under this Policy, due to or contributed by a Felonious Assault which is directed at: the Policyholder; its property or assets; or the Covered Person while he or she is acting on behalf of the Policyholder as a member or representative, the Company will pay an additional benefit as shown in the Schedule of Benefits.

Only one Felonious Assault Benefit will be payable for all Covered Losses incurred as the result of the same Felonious Assault.

Felonious Assault means any intentional use of force upon a Covered Person performed by another person that is not

a Covered Person's Dependent spouse or domestic partner; son; daughter; father; mother; brother or sister; an employee of the Policyholder; or an individual who resides with the Covered Person on a permanent basis. Such use of force must:

1. be intended to cause bodily harm to the Covered Person;
2. result in Injury to the Covered Person;
3. be considered a felony or a misdemeanor in the jurisdiction in which it occurs; and
4. be reported by or on behalf of the Covered Person to the appropriate law enforcement authority within 48 hours of its occurrence.

Felonious Assault may include, but is not limited to, any of the following criminal acts: [Robbery; Theft; Hijacking; Assault; Battery; Sniping; Murder; Manslaughter; Civil Disturbance; or Kidnapping.]

[Group Medical or Dental Premium Reimbursement Benefit

(This benefit only available together with Family Plan Benefit.)

If a Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy and such Covered Person had the Family Plan in force, the Company will pay an additional benefit per year as shown in the Schedule of Benefits on behalf of the Covered Person's Covered Dependents who, on the date of the Covered Accident:

1. were covered under this Policy; and
2. had dependent group medical and/or dental coverage in effect which is provided through the Policyholder; and
3. subsequently elects to continue that coverage within 60 days of the date of the Covered Person's loss of life.

Group Medical or Dental Premium Reimbursement Benefits are payable once a year for not more than three consecutive years (proof of enrollment will be required) and shall terminate on the earliest of:

1. the date the Policyholder no longer makes available or terminates the group medical and [or] dental plan under which such Covered Dependents are continuing coverage;
2. the date the Covered Dependents become covered under any other group medical and [or] dental plan or qualifies for Medicare;
3. the date the Covered Dependent spouse or Domestic Partner remarries (or repartners), in which case this benefit ends for all Covered Dependents;
4. the date the Covered Dependent ceases to be eligible under this Policy; or
5. the date this Policy terminates.]

[Heart or Circulatory Malfunction Benefit

We will pay benefits as shown in the Schedule of Benefits for a Covered Person who suffers a sudden Heart or Circulatory Malfunction that results directly; and independently of all other causes; from a Covered Accident and the first symptoms of the malfunction are medically diagnosed while the Covered Person is covered under this Policy and within 48 hours of a Covered Accident in the Line of Duty of the Covered Person.

Benefits will not be payable if in the past year, the Covered Person was medically diagnosed as having, or received treatment for:

1. a heart or circulatory malfunction; or
2. hypertension, angina or other heart or circulatory condition.

Symptoms, such as shortness of breath; heart pain; or numbness of a limb are covered during the first 48 hours following Emergency Duty. These symptoms are not covered beyond the first 48 hours unless:

- 1) they first occurred within 48 hours of Emergency Duty; and
- 2) an actual malfunction of the heart or circulatory system is subsequently diagnosed.

"Emergency Duty" means responding in the Line of Duty to a fire or emergency call.

"Line of Duty" means performing the professional responsibilities of a qualified individual for the position the Covered Person holds as set forth by standards from the Policyholder.]

[Hijacking and Air Piracy Benefit

Benefits for Accidental Death; Accidental Death and Dismemberment; Accident Medical if covered under this Policy, will be payable as shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs during the hijacking, air piracy or unlawful seizure or attempted seizure of any Common Carrier.

“Common Carrier” means any motorized land, water or air Conveyance, operated by an organization other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. Common Carrier does not include any Conveyance used for sport, recreational activities or sightseeing activities.

“Conveyance” means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

[Home Country Benefit

We will pay benefits shown in the Schedule of Benefits while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for: 1) an Injury within {35} days of returning from a Trip to his or her Home Country; or 2) for a continuation of benefits for treatment that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit. The Covered Person must remain continuously insured, including while on vacations and school breaks. Home Country Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.

[Extended Benefit: If the Home Country benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least {6 consecutive months}. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Home Country Benefit.]

[Home Country Emergency Benefit

We will pay benefits for Covered Medical Expenses if the Covered Person obtains treatment of an Injury in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.

The coverage begins on the date the Covered Person arrives in his or her Home Country. The maximum duration of this coverage is {*variable e.g. 35 days in any 12 month period*}. Coverage ends when the Covered Person leaves his or her Home Country.

Coverage with respect to the Covered Person 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 Coinsurance Rate shown in the Schedule of Benefits.]

[Home Country Extension Benefit

We will pay benefits for Covered Medical Expenses if the Covered Person obtains treatment of an Injury while he or she is in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.

Benefits will be paid for a period of {*2 months*} from the date the Covered Person returns to his or her Home Country. Home Country Extension Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.]

[Hospital Stay Benefit

We will pay the benefit shown in the Schedule of Benefits subject to the following conditions, if the Covered Person requires a Hospital Stay due to a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident.

The Hospital Stay must meet all of the following:

1. be at the direction and under the care of a Physician; and
2. begin within 48 hours of the Covered Accident; and
3. begin while the Covered Person is covered under this Policy.

The benefit will be paid for each day of continuous Hospital Stay that continues after the end of the Benefit Waiting Period if any as shown in the Schedule of Benefits. Benefits will be paid retroactively to the first day of the Hospital Stay.]

[Increased Dependent Child Dismemberment Benefit

We will pay an additional benefit as shown in the Schedule of Benefits if an insured Dependent child sustains a Covered Loss resulting, directly; and independently of all other causes; from a Covered Accident for which Accidental Dismemberment benefits are payable under this policy.

If the insured Dependent child sustains more than one Covered Loss as a result of the Covered Accident, the Increased Dependent child benefit will be calculated based on the Covered Loss for which the largest available Accidental Dismemberment Benefit is payable.

[If the insured Dependent child dies within {30 days to 90 days} of the same Covered Accident, the Loss of Life benefit under the Accidental Death and Dismemberment benefit will not be reduced by the dismemberment benefit received under this Increased Dependent Child Dismemberment Benefit.]

[Inflation [Escalator] Benefit

We will increase the Covered Person's principal sum semi-annually or annually as shown in the Schedule of Benefits, subject to the following conditions:

1. The Covered Person must be under age 55; and
2. benefit amounts for a Covered Dependent spouse or Domestic Partner or Dependent child will not be increased.

The principal sum used to calculate this benefit will be the amount in force when the Covered Person first becomes covered under this benefit and this benefit will not compound previous Inflation [Escalator] Benefit amounts.

Increases will become effective on each Policy anniversary after the Covered Person has been Covered for 12 consecutive months. Benefit increases will occur automatically at the end of each 12-month period, for a maximum three years.

Increases provided by this benefit will be calculated separately for each additional principal sum elected. The total amount of all increases will not exceed {10% to 50%} of the original principal sum.

If the Covered Person's principal sum is reduced, any increases provided under this benefit will be reduced at the same proportion.

This benefit will not apply to any Bonus Benefit.]

[In-Hospital Indemnity Benefit

If a Covered Person suffers a Covered Loss under this Policy, which results in such person being confined in a Hospital within 30 days of the date of the Accident and if the Hospital confinement continues for at least 8 consecutive days, the Company will pay an additional benefit as shown in the Schedule of Benefits.

The benefit is paid monthly for a maximum of 6 months as long as the Covered Person remains confined in the Hospital. If the confinement does not last a full month, the Company will pay 1/30th of the monthly benefit payable for each day of confinement for which the Company is liable. Only one In-Hospital Indemnity Benefit is payable for any one day of confinement regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

"Hospital" means a place that:

1. holds a valid license;
 2. is run mainly for the care and treatment of sick or injured persons as inpatients;
 3. has a staff of one or more Physicians available at all times;
 4. provides 24-hour nursing services and has at least one registered nurse on duty at all times;
 5. has organized diagnostic and surgical facilities, either on the premises or on a contract basis with another hospital; and
 6. is not mainly a clinic, or facility for nursing, rest or convalescence, or a place for the aged, drug addicts, alcoholics or persons with mental or nervous disorders.]
-

[Law Enforcement Officers Benefit

We will pay this benefit as shown in the Schedule of Benefits subject to the following conditions, on receipt of due

proof that the Covered Person, while serving as a Law Enforcement Officer, suffers a Covered Loss that results directly; and independently of all other causes; from a Covered Accident. The Covered Accident must occur in the Line of Duty.

“Law Enforcement Officer” means any person, duly commissioned by a Public Agency, who is serving in an official capacity with or without compensation. This includes but is not limited to such duly commissioned police, sheriffs, correction officers, probation officers, parole officers and conservation officers.

“Line of Duty” means any actions 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, any state of the United States, the District of Columbia, or a unit of local government, combination of such states or units or any department, agency, or instrumentality of any of these.

Benefits will not be paid for a loss caused by or resulting from:

1. Injury resulting from maintenance, repair or cleaning of firearms; or
2. Injury sustained in consequence of the illegal use of firearms by the Covered Person.]

[[Loss of Use] [Paralysis Benefit]

[Loss of Use][Paralysis] loss is hereby added to the list of Covered Losses for which Accidental Death and Dismemberment Benefits are payable under this Policy. Benefits are as shown in the Schedule of Benefits.

[“Loss of Use” means loss of functional, normal, or characteristic use or paralysis of the entire arm and [or] leg, hand and [or] foot, including but not limited to quadriplegia, paraplegia, hemiplegia or uniplegia; which continues without interruption for a period of 12 consecutive months and at the end of such period is determined by a Physician to be continuous, permanent and irrecoverable.]

“Arm” means the entire arm from the shoulder joint including the attached hand. Leg means the entire leg from the hip joint including the attached foot.

“Hand” means the entire hand from the wrist joint.

“Foot” means the entire foot from the ankle joint.

“Quadriplegia” means total Paralysis of both arms and both legs.

“Paraplegia” means total Paralysis of both legs.

“Hemiplegia” means total Paralysis of one arm and one leg on the same side of the body.

“Uniplegia” means total Paralysis of one arm or one leg.

[“Paralysis” means total loss of use. A Physician must determine the loss of use to be complete and not reversible at the time the claim is submitted.]

The final determination as to whether a “Loss of Use” is permanent and irrecoverable will be made through use of the most current edition of the “Guides to the Evaluation of Permanent Impairment” published by the American Medical Association. (In the event the referenced guide ceases to be published, the Company will select another appropriate measurement of impairment values.) The determination must be made by a Physician. The Company has a right, at its own expense, to have the determination verified by a Physician of the Company’s choice.

The 12 consecutive month waiting period will be waived if the “Loss of Use” is due solely to complete and irreversible paralysis.

If a Covered Person sustains more than one such loss as the result of any one Covered Accident, the Company will pay only the largest amount to which the Covered Person is entitled. This amount will not exceed the Principal Sum as shown in the Schedule of Benefits.]

[Lost Baggage Benefit]

We will reimburse {the Covered Person’s} replacement costs [of clothes and personal hygiene items], up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person’s luggage is checked onto a Common Carrier, and is then lost, stolen or damaged beyond use. the Covered Person must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Covered Person its normal reimbursement for the lost, stolen or damaged luggage.

“Common Carrier” means any motorized land, water or air Conveyance, operated by an organization other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. Common Carrier does not include any Conveyance used for sport,

recreational activities or sightseeing activities.

“Conveyance” means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

[Natural Disaster Benefit

We will pay this benefit as shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurred in a Declared Disaster Area and was caused by a Natural Disaster.

“Natural Disaster” means a wind; rain; snow; hail; lightning; dust or sand storm; earthquake; flood; volcanic eruption; wildfire or similar event that occurs by natural causes and that results in severe and widespread damage.

“Declared Disaster Area” means an area damaged by a Natural Disaster that is officially declared a disaster area by a state government or the federal government if the event occurs in the United States, or by a corresponding government authority if the event occurs outside of the United States.]

[Occupational HIV Benefit and [Occupational Hepatitis Benefit]

If a Covered Person contracts Human Immunodeficiency Virus (HIV) or develops AIDS related Complex (ARC) during the performance of any assigned occupational duties for which compensation is received from the Policyholder, the Company will pay a benefit as shown in the Schedule of Benefits if the Covered Person’s coverage is in effect on the date of the Accident. It will be paid in 24 equal monthly installments.

In order to receive this Occupational HIV Benefit, the Covered Person must:

1. Submit a workers’ compensation injury report to the Policyholder within 48 hours of the Covered Accident; and
2. Submit a blood test for the Human Immunodeficiency Virus (HIV) and AIDS related Complex (ARC) within 48 hours of the Covered Accident.

The Company must receive written notification of the test results, from the laboratory which performed the test, as soon as reasonably possible.

If this initial blood test is negative and the Covered Person subsequently tests positive for Human Immunodeficiency Virus (HIV) or AIDS related Complex (ARC) within 365 days of the Accident, the Company will begin monthly payments as described above.]

[Occupational Hepatitis Benefit]

If a Covered Person tests positive for Hepatitis within 365 days of the date of exposure to Hepatitis while performing any assigned occupational duties for which compensation is received from the Policyholder, the Company will pay a benefit as shown in the Schedule of Benefits if the Covered Person’s coverage is in effect on the date of the Accident. It will be paid in 24 equal monthly installments.

In order to receive this Occupational Hepatitis Benefit, the Covered Person must:

1. Submit a workers’ compensation injury report to the Policyholder within 48 hours of the Covered Accident; and
2. Submit a blood test for Hepatitis within 48 hours of the Covered Accident 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 which performed the test, as soon as reasonably possible.

The benefit is payable monthly, starting on the last day of the month which immediately follows the month the Covered Person tests positive for Hepatitis, for 24 consecutive months or until: 1) the date the Covered Person dies; or 2) the date the Covered Person recovers from Hepatitis, whichever occurs first.

If the Covered Person tests positive for HIV and Hepatitis as a result of the same Occupational Incident, only one benefit amount, the largest, will be paid.]

[The Company will not pay for any expenses incurred for testing.]

["Hepatitis" means viral hepatitis but not type-A hepatitis.]

"Human Immunodeficiency Virus (HIV)" means an immunodeficiency syndrome caused by this virus.

"AIDS related Complex (ARC)" means a group of symptoms, including but not limited to, progressive generalized lymphadenopathy, fever, weight loss, and the presence of antibodies to the human immunodeficiency virus (HIV).]

[Outpatient Surgery Benefit

We will pay this benefit as shown in the Schedule of Benefits when the Covered Person requires Outpatient Surgery to treat an Injury resulting directly; and independently from all other causes; from a Covered Accident.

"Outpatient Surgery" means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

1. necessary for treatment of the Covered Person; and
2. given in the outpatient department of a Hospital or an ambulatory surgical center.]

[Permanent and Total Disability Benefit

If a Covered Person suffers an Injury caused by a Covered Accident which results in the Covered Person being Permanently and Totally Disabled within {variable e.g. 90, 120, 150, 180 days} from the date of the Accident, the Company will pay a benefit at the end of {12} consecutive months of Permanent and Total Disability as shown in the schedule of benefits.

The Covered Person must provide the Company proof that he or she is Permanently and Totally Disabled. The Company reserves the right, at the end of the {12} consecutive months of Permanent and Total Disability to determine, on the basis of all the facts and circumstances, that the Covered Person is Permanently and Totally Disabled, including, but not limited to: requiring an independent medical examination provided at the Company's expense.

"Permanently and Totally Disabled or Permanent and Total Disability" means the Covered Person is unable to perform the material and substantial duties of any occupation or job for which he or she is trained, educated or has the background, and is not expected to be able to do any such work for the rest of his or her life. The Covered Person must be under the regular care of a Physician.

"Total Disability or Totally Disabled" means that the Covered Person because of a Covered Accident, is unable to perform [all of the substantial and material duties of his or her occupation or] any occupation for which he or she is or may reasonably become qualified based on education, training or experience.]

[Personal Property Benefit

If a Covered Person sustains loss or damage to Personal Property during his or her trip, We will indemnify the Covered Person with respect to such loss or damage up to the Total Benefit Maximum shown on the Schedule of Benefits [after satisfaction of the Deductible]. The Covered Person must take all reasonable precautions for the safety of any covered Personal Property. With respect to a Covered Loss, We will be entitled:

1. to take and keep possession of such property and to deal with salvage in a reasonable manner;
2. to repair or replace any property for which We have liability under this Benefit, at Our option. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.

"Personal Property" means personal goods belonging to the Covered Person or for which the Covered Person is responsible and are taken { *Variable: on the business trip* } or acquired by the Covered Person during the trip.

(The exclusions are optional, and may be included at the Policyholder's request.)

We will not pay for:

- [1. More than { *Variable, e.g. Any amount from: \$100 to \$5,000* } with respect to any one article or set of articles.]
- [2. Vehicles [*Optional: (including aircraft and other Conveyances)*] or their accessories or equipment.]
- [3. Loss or damage due to:
{ *Variable, e.g. Any one of the following may be included:* }
 - a) Moth; vermin; insects or other animals; wear and tear; atmospheric or climatic conditions or gradual deterioration or defective materials or craftsmanship;

- b) Mechanical or electrical failure;
- c) Any process of cleaning; restoring; repairing or alteration.]
- [4. More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.]
- [5. Currency.]
- [6. Coins; deeds; bullion; stamps; securities; tickets; documents and perishables.]
- [7. Devaluation of currency or shortages due to errors or omissions during monetary transactions.]
- [8. More than \$500 with respect to cash.]
- [9. Any loss not reported to either the police or transport carrier within 24 hours of discovery.]
- [10. Any loss due to confiscation or detention by customs or any other authority.]
- [11. Any loss or damage directly or indirectly caused by declared or undeclared war or any act thereof.]
- [12. Laptops.]
- [13. Household furniture.]
- [14. Eyeglasses.]
- [15. Contact lenses.]
- [16. Artificial teeth or limbs.]
- [17. Property while in the care; custody; or control of any Common Carrier.]
- [18. Loss or damage due to unexplained or mysterious disappearance.]
- [19. Loss or damage due to theft unless reported to the police or competent authority.]

[In addition, We will not pay benefits for loss or damage caused by or resulting from:

- [1. Hostile or war like action in time of peace or war, including action in hindering; combating; or defending against an actual, impending or expected attack by:
 - a) any government or sovereign power (de jure or de facto), or by any authority maintaining or using military; naval; or air forces; or
 - b) military; naval; or air forces; or
 - c) an agent of any government power; authority; or forces.]
 - [2. Any weapon of war employing atomic fission or radioactive force whether in time of peace or war.]
 - [3. Insurrection; rebellion; revolution; civil war; usurped power; or action taken by governmental authority in hindering; combating or defending against such an occurrence; seizure or destruction under quarantine or custom regulations; confiscation by order of any government or public authority; or risks of contraband or illegal transportation or trade.]
 - [4. Nuclear reaction; nuclear radiation; or radioactive contamination.]]

[Physical Therapy Benefit

We will pay this benefit as shown in the Schedule of Benefits subject to the following conditions, if the Covered Person requires Physical Therapy to treat an injury resulting directly; and independently of all other causes; from a Covered Accident.

Physical 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 injury and lasted at least five consecutive days; and
- 3. be given by a licensed physical therapist upon the recommendation of the attending Physician.

“Physical Therapy” means manipulation by physical and mechanical means including heat treatment or diathermy; ultrasonic; microtherm; manipulation; adjustment; massage therapy; and acupuncture.]

[Private Passenger Benefit

We will pay this benefit if the Covered Person suffers a Covered Loss that results directly; and independently of all other causes; from a Covered Accident while driving, riding as a passenger in or getting in or out of a Private Passenger Automobile.

“Private Passenger Automobile” means a validly registered; four wheel private passenger car (including the Policyholder’s cars) campers; motorized golf carts; 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. Any vehicle not defined above will not be considered a Private Passenger Automobile.]

(Optional, only for Non-Contributory plans)

[Reasonable Accommodation at Worksite Benefit

We will reimburse costs, up to the Maximum Benefit shown in the Schedule of Benefits, subject to the following conditions and exclusions, when the Employer incurs costs for any worksite change required to enable the covered Employee to return to work. The Employee must have suffered a Covered Loss resulting directly and independently of all other causes from a Covered Accident, and be returning to work as soon thereafter as permitted by his Physician.

The benefit payable to the Employer is the reimbursement costs of any pre-approved change made to the worksite for each covered Employee injured per Covered Accident, up to the maximum amount specified in the Schedule of Benefits.

Reimbursement will be subject to all of the following conditions:

- [1. insurance provided under this Policy must be in force for the covered Employee on the date the Covered Accident occurs;]
- [2. change to the worksite must be made within {12 months} of the date of the Covered Accident;]
- [3. there is a reasonable expectation that such change to the worksite will enable the covered Employee to return to work;]
- [4. We approve any change to the worksite in writing before it is made.]

Benefits will not be payable if:

- [1. there is no cost involved in making any change to the worksite; or]
- [2. any change to the worksite does not meet the standards found in Title I of the Americans with Disabilities Act (ADA).]

We will not reimburse the cost of any change to the worksite for which reimbursement is made under more than one policy insuring [the covered Employer,] [covered Employee] and issued by Us.

Changes to the worksite means [1) making existing facilities used by the injured covered Employee readily accessible and usable;] and [2) job restructuring, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modification of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities resulting from a Covered Accident.]]

[Return from Trip Benefit

We will pay the benefit shown in the Schedule of Benefits when the Covered Person returns to his or her Home Country or country of principal residence for incidental visits of up to a maximum of a {two-week} period, provided:

1. the period of coverage is for a period of at least {30} days; and
2. the primary reason for the Covered Person's return to the Home Country or country of principal residence is not to obtain medical treatment for an Injury that occurred while traveling.

Return from Trip Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the Schedule of Benefits.]

[Extended Benefit: If the Return from Trip Benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least {six consecutive months}. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Return from Trip Benefit.]]

[Return of Minor Child(ren) Benefit

If the Insured, age 18 or older, is the only person traveling with minor Dependent children who are under the age of 18, and such Insured suffers an Injury and must be confined in a Hospital [for at least {36} consecutive hours] [or if the Insured is medically evacuated to another location,][or Home Country], We 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 principal residence]; not to exceed the 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 may 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 Us, and services are rendered by the Company's assistance provider.]

[Safety Device Benefit

If a Covered Person suffers loss of life while driving or riding in an Automobile, for which Accidental Death Benefits are payable under this Policy, the Company will pay an additional benefit shown in the Schedule of Benefits if:

1. the Automobile is equipped with original, factory-installed Seat Belts;
2. the Seat Belt was in actual use by the Covered Person and properly fastened at the time of the Accident; and
3. the position of the Seat Belt is confirmed in the official report of the Accident; or by the investigating officer.

The Company will pay another additional benefit shown in the Schedule of Benefits if the Covered Person is:

1. positioned in a seat protected by a properly functioning, original, factory-installed Air Bag that inflates on impact; and
2. the proper inflation of the Air Bag is certified in the official report of the Accident or by the investigating officer.

“Automobile” means a self-propelled private passenger motor vehicle with four or more wheels, that is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan; station wagon; sport utility vehicle; pick-up; panel; van; camper; or motor home. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

“Seat Belt” means those belts that form an occupant restraint system and includes infant and child passenger restraint systems when properly used with a seat belt.

“Air Bag” means a safety device designed to inflate upon collision.]

[Scheduled Air [Business Travel (only)] Benefit

[We will pay benefits as shown in the Schedule of Benefits for any Covered Loss resulting directly; and independently of all other causes; from a Covered Accident while the Insured is engaged in this activity:]

[The Covered Accident must take place while the Covered Person is traveling:

1. away from such Covered Person's regular place of employment;
2. at the authorization, direction and expense of the Policyholder;[and]
3. on the business of the Policyholder [;and
4. for periods of { *Variable e.g. 180 days*} or less.]

[All such trips must be authorized by the Policyholder.]

We will pay benefits, but only if, the Covered Accident takes place to a Covered Person while:

1. riding as a passenger in, entering or exiting a Scheduled Aircraft or an aircraft operated by a military air transport service; or
2. riding as a passenger in, entering, or exiting any Conveyance licensed to carry the public for hire and while:
 - a. travelling directly to the airport, immediately preceding the departure of a Scheduled Aircraft on which the Covered Person has purchased passage; or
 - b. travelling directly from the airport, immediately following the arrival of a Scheduled Aircraft on which the Covered Person was a passenger.

“Scheduled Aircraft” means an aircraft owned or operated by an airline which is either:

1. registered and certified by the Government of the United States of America to carry passengers on a regularly scheduled basis; or
2. registered and certified by any other governmental authority with competent jurisdiction to carry passengers on a regularly scheduled basis.

“Conveyance” means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.]

[School

The Covered Accident must take place:

1. in or on School premises during normal School hours during a period of regular attendance during the days

- and months when School is in session;
- 2. on School premises after normal School hours; or
- 3. at another School or site where the Covered Activity is scheduled.

The Covered Activity includes travel without delay; deviation; or interruption:

- 1. between home and School, for such travel time as may be necessary, within one hour before School begins and one hour after dismissal from School, or longer if a school bus requires; or
- 2. between the site of the Covered Activity and home or School when the Covered Person is scheduled to attend the Covered Activity;
- 3. [Before the appointed time and after the Covered Activity.]

“School” means the Policyholder’s school facility where the Covered Person attends classes.

Benefits are paid as described in this Policy if the Covered Accident occurs while the Covered Person is in a vehicle:

- 1. designated or furnished by the Policyholder, operated by a properly licensed adult driver who is under the direct supervision of the School; and
- 2. travel time does not exceed {1 –24 hours} each way.]

[[School] Camp or Conference

We will pay the benefits described in the Policy for a Covered Accident which occurs while a Covered Person is attending or participating in a Camp or Conference. The Covered Person must be:

- 1. on the location of the Camp or Conference:
 - a. during its normal hours;
 - b. during scheduled functions; and
 - c. during other periods if he is attending or participating in a Supervised and Sponsored Activity of the Camp or Conference.
- 2. not on the location of the Camp or Conference and attending or participating in a Supervised and Sponsored Activity of the Camp or Conference;
- 3. traveling directly, without interruption:
 - a. between his or her home and the location of the Camp or Conference or the location of a Supervised and Sponsored Activity of the Camp or Conference.
 - b. between the site of the Supervised and Sponsored Activity of the Camp or Conference and his or her home or the location of the Camp or Conference, if the Supervised and Sponsored Activity is located within or outside the town where the Camp or Conference is located.
 - c. in a vehicle which is:
 - i. designated or furnished by the Policyholder;
 - ii. operated by a properly licensed, adult driver; or
 - iii. under the direct supervision of the Policyholder; or
 - d. in a vehicle other than that described in (3)(c) when:
 - i. operated by a properly licensed driver; and
 - ii. travel time does not exceed an hour each way.

Travel time includes the time:

- 1. to or from his or her home, the Camp or Conference location 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 or Conference is completed.

“Camp or Conference” means a scheduled educational, sports, social or professional program at a facility owned, leased, rented or otherwise contracted for by the Policyholder to conduct such program. 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 organized activities; and
- 3. have registered participants; [and
- 4. require at least one overnight stay by 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 Covered Person participates;
2. that is organized by or under its auspices; and
3. that is within the scope of customary activities for such entity.]

[Seatbelt [and Airbag] Benefit

We will pay this benefit as shown in the Schedule of Benefits subject to the conditions described below, when the Covered Person dies directly; and independently of all other causes; from a Covered Accident while wearing a Seatbelt and operating or riding as a passenger in an Automobile.

An additional benefit is provided if the Covered Person 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 Covered Accident and/or Airbag inflated upon impact, must be a part of an office policy report of the Covered Accident or be certified in writing, by the investigating officers and submitted with the Covered Person’s claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a Seatbelt or had deployed Airbags. We will pay a default benefit of {\$500 to \$5,000} to the Covered Person’s beneficiary.

“Supplemental Restraint System” means an airbag that inflates upon impact for added protection to the head and chest areas.

“Automobile” means a self-propelled private passenger motor vehicle with four or more wheels, that is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan; station wagon; sport utility vehicle; pick-up; panel; van; camper; or motor home. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit. “Seat Belt” means those belts that form an occupant restraint system and includes infant and child passenger restraint systems when properly used with a seat belt.

“Air Bag” means a Supplemental Restraint System or safety device designed to inflate upon collision.]

[Severe Burn Benefit

If a Covered Person suffers a Severe Burn as the result of a Covered Accident, the Company will pay a benefit as shown in the Schedule of Benefits.

The determination of whether or not an area of the body is Severely Burned, and what proportion of its surface is Severely Burned, must be made by a Physician. The Company has a right, at its own expense, to have the determination verified by a Physician of the Company’s choice.

“Severe Burn or Severely Burned” means cosmetic disfigurement of the surface of a body area due to an Injury caused by an Accident that is a full-thickness or third-degree burn, as determined by a Physician. (A full-thickness or third-degree 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).

Under no circumstances will the Company pay more than the Covered Person’s Principal Sum for all Covered Losses combined, including this Severe Burn Benefit, which are incurred as the result of the same Accident.]

[Special Education Benefit

We will pay the benefit, up to the Maximum Benefit shown in the Schedule of Benefits, for each qualifying Dependent Child [if *Option III is elected* and a surviving covered Spouse [or Domestic Partner].] The Covered Person’s death must result, directly and independently of all other causes from a Covered Accident 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. a. [be enrolled as a full-time student in an accredited school of higher learning beyond the 12th grade level on the date of [the covered Employee’s,] [Member’s] Covered Accident]; or

b. [be at the 12th grade level on the date of [the covered Employee's,] [Member's] Covered Accident and then enroll as a full-time student at an accredited school of higher learning within {365 days} from the date of the Covered Accident and continue his education as a full-time student.]

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. enroll as a full-time student at a school of higher learning before reaching the limiting Age for dependent eligibility stated in this Policy;
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. enroll as a full-time student at a school of higher learning before reaching the limiting Age for dependent eligibility stated in this Policy;
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 [or Domestic Partner] must:

1. enroll in any accredited school for the purpose of retraining or refreshing skills needed for employment within {one year} of the date of [the covered Employee's,] [Member's] Covered Accident;
2. remain enrolled in such accredited school; and
3. incur expenses payable directly to, or approved by, such school.]

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. We must receive proof satisfactory to Us 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 covered Employee,] Member} died [or completed the Benefit Waiting Period for Permanent Total Disability benefits], if the surviving Dependent Child was enrolled on that date in an accredited school of higher learning beyond the 12th grade; otherwise on the date he enrolls 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 {365 days} of [the covered Employee's,] [Member's] death [or completion of the Benefit Waiting Period for Permanent Total Disability Benefits], We will pay the default benefit shown in the Schedule of Benefits to [the covered Employee's,] [Member's] beneficiary.

Include this provision if Option 3 is elected:

[Payments will be made to the surviving Spouse [or Domestic Partner] at the end of each year for the number of years shown in the Schedule of Benefits. We must receive proof satisfactory to Us of the Spouse's [or Domestic Partner'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 date the surviving Spouse [or Domestic Partner] enrolls in an accredited school for the first time following the date [the Employee,] [Member] 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 [or Domestic Partner] does not qualify for Special Education Benefits within {365 days} of [the covered Employee's,] [Member's] death [or completion of the Benefit Waiting Period for Permanent Total Disability Benefits], We will pay the default benefit shown in the Schedule of Benefits to [the covered Employee's,] [Member's] beneficiary.]]

[Specified Trip [(24 Hour Coverage)]

We will pay benefits as shown in the Schedule of Benefits for any Covered Loss resulting directly; and independently of all other causes; from a Covered Accident while the Insured is engaged in this activity:

The Covered Accident must take place while:

1. traveling or making a short stay [outside of the United States;] [away from the Covered Person's Home Country]; and
2. [on business for the Policyholder]; and
3. [in the course of the Policyholder's business]; and
4. on the trip described in the Schedule of Benefits.

[The Covered Accident must take place, subject to the terms and conditions of this policy, to a Covered Person who may be exposed during the trip described below:

Specified Trip:

Coverage period: From: [01-01-10] To: [01-04-10]

Specified Trip Summary: From [Covered Person's Residence] to [Meeting in {define trip location}]

Specified Trip ends upon return to: [Covered Person's] Residence

[Specified Trip Details:

(To and from points and places in the United States via scheduled airline and while attending the {define purpose of trip}).]

[With respect to this Specified Trip only:

- (1) The Schedule of Benefits is amended to include the following:
The following are the Covered Persons under this Specified Trip Coverage:

<u>Class</u>	<u>Descriptions</u>
[1	{Variable description e.g. Regional Sales Manager}]

This Specified Trip Coverage applies only to the Class(es) listed above.

- (2) The Principal Sum is amended as follows for each Class:

<u>Class</u>	<u>Principal Sum</u>
[1	{Variable amount e.g. 500,000}]

- (3) The Aggregate Limit of Insurance is amended as follows:

The following are the maximum amounts We will pay:

<u>Aggregate Limit of Insurance</u>
[{Variable amount e.g. \$5,000,000}] per [Accident] [Coverage]
[{Variable amount e.g. \$500,000}] [Aircraft Accident]

The Aggregate Limit of Insurance per Aircraft Accident is a sublimit. It is part of and not in addition to, the Aggregate Limit of Insurance per [Accident] [Coverage]. It reduces and does not increase the Aggregate Limit of Insurance per [Accident] [Coverage].

If more than one (1) Covered Person suffers a Loss in the same Covered Accident, We will not pay more than the Aggregate Limit of Insurance shown above. If a Covered Accident results in Benefit Amounts becoming payable, which, when totaled, exceed the applicable Aggregate Limit of Insurance shown above, then the Aggregate Limit of Insurance will be divided proportionally among Insured Persons, based on each applicable Benefit Amount.]]

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

[This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, [place of work], or other place. It will end on the first of the following dates to occur:

1. the date a Covered Person returns to home;
2. the date a Covered Person returns to place of work; or
3. the date a Covered Person makes a Personal Deviation.

"Personal Deviation" means:

1. an activity that is not reasonably related to [the Policyholder's business;] [Policyholder's activities]; and
2. not incidental to the purpose of the trip.
3. [such travel or activities must coincide with the Covered Person's business travel];
4. [Personal Deviation is limited to any consecutive {72 hour} period immediately prior to, during or following such business travel.]]

[Sponsored Event Benefit

We will pay benefits as shown in the Schedule of Benefits if the Covered Person sustains a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident while attending or participating in events sponsored by the Policyholder or while traveling to and from such an event.]

[Sports

The Covered Accident must take place while:

1. participating as a member of the team in a scheduled game, official tournament game, or practice session; or
2. serving as an equipment manager, scorekeeper, trainer or volunteer worker for the team.

[The Covered Activity includes travel without delay, deviation or interruption:

1. between home and practice sessions for the scheduled game, practice session or competition; or
2. between the site of the game or competition and home or School when the Covered Person is scheduled to attend the game or competition.

Benefits are paid as described in this Policy if the Covered Accident occurs while the Covered Person is in a vehicle:

1. designated or furnished by the Policyholder, operated by a properly licensed adult driver who is under the direct supervision of the School; and
2. travel time does not exceed {1 –24 hours} each way.

Travel time includes the time:

1. to or from home or School and the Covered Activity;
2. before the required attendance time; and
3. after dismissal and after completing any extra duties assigned by the School.]]

[Conditions which result over a period of time: {such as blisters; tennis elbow; heat exhaustion; hernia; etc.} and which are a normal result of the sport, are not covered. These items are considered a sickness and are not covered.]]

[Spouse or Domestic Partner Retraining Benefit

The Company will pay an additional benefit as shown in the Schedule of Benefits to or on behalf of a Covered Person's Covered Dependent spouse or Domestic Partner who, on the date of the Accident:

1. was enrolled as a full-time student in any accredited college, university; or other institution of higher learning; or a vocational or licensed technical school on the date of the Covered Person's loss of life; or
2. subsequently enrolls as a full-time student at an accredited college; university or other institution of higher learning; or a vocational or licensed technical school within 30 months after the date of the Covered Person's loss of life.

Enrollment must be for the purpose of obtaining an independent source of support or to enrich his or her ability to earn a living.

The Spouse Retraining Benefit is payable once a year for not more than four consecutive years, but only while the Covered Person's Covered Dependent spouse or Domestic Partner continues as a full-time student (proof of enrollment for each year will be required).

If, on the date of the Covered Person's loss of life, the Covered Person had no Covered Dependent spouse or Domestic Partner that qualified, a lump sum benefit as shown in the Schedule of Benefits will be paid to the Covered Person's designated beneficiary.

"Spouse" means a Covered Person's lawful spouse, if not legally separated or divorced, or domestic partner. The term "domestic partner" as used herein means an opposite or same sex partner who, for at least {1 2} consecutive months, has resided with the Covered Person and shared financial assets or obligations with the Covered Person. Both the Covered Person and the domestic partner must:

1. intend to be life partners;
2. be at least the age of consent in the state in which they reside; and
3. be mentally competent to contract. Neither the Covered Person nor the domestic partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other domestic partner. The Company requires proof of the domestic partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]

[Spouse or Domestic Partner Survivor Benefit

If a Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy and such Covered Person had the Family Plan in force, the Company will pay an additional monthly benefit as shown in the Schedule of Benefits, to the Covered Person's Covered Dependent spouse or Domestic Partner.

"Spouse" means a Covered Person's lawful spouse, if not legally separated or divorced, or domestic partner. The term "domestic partner" as used herein means an opposite or same sex partner who, for at least {12} consecutive months, has resided with the Covered Person and shared financial assets or obligations with the Covered Person. Both the Covered Person and the domestic partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Covered Person nor the domestic partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other domestic partner. The Company requires proof of the domestic partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.]

[Supervised and Sponsored Activities

The Covered Accident 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; or
3. away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site.

[The Covered Activity includes travel without delay, deviation or interruption between home and the site of the Covered Activity.

Benefits are paid as described in this Policy if the Covered Accident occurs while the Covered Person is in a vehicle:

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

Travel time includes the time:

1. to or from home and the premises of the Covered Activity;
2. before the appointed time; and
3. after the Covered Activity is completed.]]

[Teacher and School Administrator Benefit

We will pay the benefits shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, if

a Covered Person's death results, directly and independently of all other causes, from a Covered Accident, which occurs during an unlawful and intentional act of violence committed by another person. The Covered Accident must occur while the Covered Person is engaged in the performance of Teaching or School Administrator Duties, and the motivation for the act must be related in whole or in part to the fact that the Covered Person is a Teacher or School Administrator.

Teacher means any instructional staff personnel described by applicable state law.

School Administrator means any school administrator described by applicable state law.

Teaching Duties means the actual performance of duties required by a teacher's employment during his or her regularly scheduled working hours or irregular working hours as required or assigned by his or her employer.

School Administrator Duties means the actual performance of duties required by a school administrator's employment during his or her regularly scheduled working hours or irregular working hours as required or assigned by his or her employer.]

[Telecommuters Benefit

We will pay this benefit as shown in the Schedule of Benefits subject to the conditions described below if the Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs while working under a written Policyholder approved telecommuting agreement. The Covered Accident must occur while the Covered Person is engaged in his or her job.]

[Total Disability Weekly Income Benefit

We will pay weekly benefits shown in the Schedule of Benefits, subject to the conditions and exclusions described below, to the Covered Person whose Total Disability results, directly and independently of all other causes from, and within {31 days} of a Covered Accident. Weekly disability benefits will begin when the Totally Disabled Covered 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 Accident];
5. reaches the end of the Maximum Benefit Period shown in the Schedule of Benefits.

"Total Disability or Totally Disabled" means the Covered Person, [if employed], because of a Covered Accident, is unable to perform the material and substantial duties of [his or her] [any] occupation [for which he or she was receiving remuneration at the time of the Covered Accident,] [and [any work] for which he or she is, or may become, qualified by reason of education, experience or training, [which would provide them with substantially the same earning capacity as his or her prior earning capacity prior to the start of disability.]] [If not employed, Total Disability or Totally Disabled means the Covered Person, because of a Covered Accident, is unable to perform the normal and customary activities of a healthy person of like age and sex.]

[Travel to and from the Airport Benefit

We will pay this benefit as shown in the Schedule of Benefits for any Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs while the Covered Person is: riding as a passenger in or getting on or off of a land vehicle licensed to carry passengers for hire, while traveling to or from the airport, prior to departure or after arrival of a business flight.]

[Trip Cancellation Benefit

We will reimburse the Covered Person for the amount of non-refundable money the Covered Person paid for his or her Trip, up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person is: prevented from taking his or her Trip or his or her Trip is interrupted as the result of Injury, or death that occurs prior to the Trip, or during the Trip to either the Covered Person or a Family Member.

“Family Member” means a Covered Person’s parent; sister; brother; husband; wife; [or] children [; or grandparent.]

[Trip Interruption Benefit

We will reimburse the cost [one way economy air and/or ground transportation ticket] of a Covered Person’s Trip, up to the Benefit Maximum shown in the Schedule of Benefits, if his or her Trip is interrupted as the result of:

1. the death of a Family Member[; or
2. the unforeseen Injury of the Covered Person or a Family Member. The Injury must be so disabling as to reasonably cause a Trip to be interrupted][; or
3. substantial destruction of {the Covered Person’s} principal residence by fire or weather related activity][; or
4. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury.

“Family Member” means a Covered Person’s parent; sister; brother; husband; wife; [or] children[; or grandparent.]

[Waiver of Premium Benefit

If a Covered Person suffers an Injury caused by a Covered Accident which results in the Covered Person being Disabled, [and the Covered Person’s life insurance is extended under a waiver of premium provision as provided under the Policyholder’s Group Life Insurance Policy,] the Company will waive payment of all required premiums due for such Covered Person, [under the same terms and conditions of the Group Life Insurance Policy].

Premiums will be waived from the first premium due date on or after the date the Disability began and end on the earliest of:

1. the date the Covered Person is deemed to be Actively at Work;
2. the date the Covered Person ceases to be covered under this Policy; or
3. the date this Policy terminates.

“Disability or Disabled” means due to an Injury caused by a Covered Accident the Covered Person cannot perform the material and substantial duties of any occupation or job for which he or she is trained, educated or has the background. The Covered Person must also be under the regular care of a Physician.]

[Wheelchair Confinement Expense Benefit

If a Covered Person suffers a Covered Loss covered under this Policy and such loss subsequently requires the Covered Person to be confined to a wheelchair, the Company will reimburse the Covered Person for expenses incurred within one year after the date of such Covered Accident up to a maximum shown in the Schedule of Benefits, which are charged for:

1. alterations to the Covered Person’s residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
2. modifications to a motor vehicle owned or leased by the Covered Person; or modifications to a motor vehicle newly purchased for the Covered Person that are necessary to make the vehicle accessible to and [or] drivable by the Covered Person.

The alterations to the Covered Person’s residence and the modifications to the Covered Person’s motor vehicle must be:

1. made on behalf of the Covered Person;
2. recommended by the physical or occupational therapist treating the Covered Person;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements requiring approval by the appropriate government authorities.

Only one benefit will be paid under this Wheelchair Confinement Expense Benefit for all Covered Losses incurred as the result of the same Covered Accident.

The Company will not reimburse expenses:

1. for which no charge would have been made if no insurance existed;
2. that exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred; or

3. incurred as the result of an Injury caused by an Accident for which the Covered Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.]

[Adjustment Benefit

We will pay the Adjustment Expenses incurred on behalf of a Covered Person who is Totally or Presumptively Disabled in a Covered Accident, subject to the Deductible and Total Benefit Maximum shown on the Schedule of Benefits

"Adjustment Expenses" are those incurred for:

- (1) Training of an Immediate Family member of the Covered Person to perform rehabilitative or custodial functions necessary to the care of the Covered Person. The first Covered Expense must be incurred within the Loss Period. Benefits will be paid for Covered Expenses that are incurred during the Benefit Period;
- (2) Travel by the Covered Person's Immediate Family members between their home and the Covered Person's place of treatment. Family travel is limited to travel by not more than two members of the Covered Person's Immediate Family at one time. Family travel by personal auto is reimbursed at mileage rates used by the Internal Revenue Service.
- (3) Lost earnings by the Covered Person's one parent or spouse, due to and in connection with the Covered Accident, will be reimbursed for up to {13-52} weeks, up to {\$100-\$500} per week or {50-75%} of the average weekly wage for the year proceeding the Accident.]

[Education Benefit

If a Covered Person suffers loss of life for which Accidental Death Benefits are payable under this Policy and such Covered Person had the Family Plan in force, the Company will pay an additional benefit as shown in the Schedule of Benefits to or on behalf of his or her Covered Dependent child who, on the date of the Covered Accident, was:

- 1) under age 23 and Covered Person under this Policy; and
- 2) enrolled as a full-time student in any accredited college; university; or other institution of higher learning; or a vocational or licensed technical school beyond the 12th grade level on the date of the Covered Person's loss of life; or
- 3) at the 12th grade level and subsequently enrolls as a full-time student at an accredited college; university; or other institution of higher learning; or a vocational or licensed technical school within 365 days after the date of the Covered Person's loss of life.

Education Benefits are payable once a year for not more than four consecutive years, but only while the Covered Person's Covered Dependent Child continues as a full-time student (proof of enrollment for each year will be required).

If, on the date of the Covered Person's loss of life, the Covered Person had no Covered Dependent Child that qualified, a lump sum benefit as shown in the Schedule of Benefits will be paid to the Covered Person's designated beneficiary.

"Child" means a Covered Person's unmarried child under age 23 who is: (a) not regularly employed on a full-time basis; and (b) primarily dependent upon the Covered Person for support and maintenance. The term "child" as used herein means a Covered Person's natural child; adopted child (or child placed in the Covered Person's home for purposes of adoption); foster child; stepchild; or other child for whom the Covered Person has legal guardianship (proof will be required). A child must reside with the Covered Person in a parent-child relationship and be eligible to be claimed as an exemption on the Covered Person's federal income tax return. In the event the Covered Person shares physical custody of the child with another parent, the requirement that the child reside with the Covered Person will be waived.]

[Emergency Medical Benefit

We will pay Emergency Medical Benefits as shown in the Schedule of benefits for Covered Expenses insured for emergency medical services to treat a Covered Person. Benefits are payable up to the Total Benefit Maximum shown in the Schedule of Benefits if the Covered Person:

1. suffers a Medical Emergency during the course of the trip; and
2. is traveling {100} miles or more away from his or her place of residence or permanent assignment.

Covered Expenses are:

1. [Emergency medical payments: expenses for on-site medical and hospital expenses]
2. [Medical expense guarantee: expenses for guarantee of payment to a medical provider]
3. [Hospital admission guarantee: expenses for guarantee of payment to a Hospital or treatment facility]

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar treatment, services, or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic means, all expenses in advance, and services are rendered by Our assistance provider.

“Medical Emergency” means a condition caused by Injury that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that the failure to receive immediate medical attention would place the health of the person in serious jeopardy.]

[Emergency Medical Evacuation [and Repatriation] Benefit

We will pay Covered Expenses, up to expenses incurred to the Maximum Benefit shown in the Schedule of Benefits, subject to the following conditions for emergency medical evacuation, if:

1. The Covered Person suffers a Covered Loss resulting directly; and independently of all other causes; from a Covered Accident that occurs while traveling from his or her principal residence to another city or foreign country, with at least {100} miles distance.
2. The Covered Person’s attending Physician certifies an emergency need to send the Covered Person, under medical supervision, to [the nearest] [a different] medical facility.

Eligible expenses include:

1. charges for ambulance services required while transporting the Covered Person to the nearest appropriate treatment facility; or
2. charges for medical services required to send the Covered Person to the nearest appropriate treatment facility; or
3. [reimbursement of [economy] [business] [first] class transportation charges for return of the Covered Person from the treatment facility to home, paid for by the Covered Person within one year from the date he or she was first scheduled to return from the trip. Any refunds paid or payable from the unused transportation tickets will reduce benefits]; or
4. charges for necessary travel expenses of an escort, that are limited to food; hotel room; and economy class transportation charges; and
5. only the charges incurred that are Medically Necessary and do not exceed the Usual and Customary Charges for similar treatment; services; or supplies in the locality where the expense is incurred; and do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless: We authorize in writing, or by an authorized electronic means, all expenses in advance, and services are rendered by Our assistance provider. The Covered Person must, at his or her own expense, furnish: travel invoices; medical reports; or records, or other documents We require to determine if

benefits are payable. Benefits will be paid to the party who actually paid for the expenses upon Our receipt of satisfactory proof that the expense was paid.

If the Covered Person pays eligible expenses for a Covered Loss for which We believe a third party is liable, We will pay the benefits for emergency medical evacuation. However, if the Covered Person recovers payment from the third party, he or she must refund to Us the lesser of:

1. the amount We paid for the eligible expenses; and
2. an amount equal to the sum received from the third party for such expenses.

Benefits will not be paid for any of the following:

1. expenses that exceed the Maximum Benefit;
2. services not pre-approved by Us, or for services performed by a vendor not authorized by Us; or 3. expenses paid or payable by any Workers’ Compensation, occupational disease or similar law that would pay emergency medical evacuation expenses in the absence of this benefit.]

[Home Alteration and Vehicle Modification Benefit

We will pay this benefit as shown in the Schedule of Benefits, subject to the following conditions when the Covered Person suffers a Covered Loss, other than loss of life, resulting directly; and independently of all other causes; from a Covered Accident.

This benefit will be payable if all of the following conditions are met:

1. Prior to the date of the Covered Accident causing such a Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and [or] vehicle; and
2. As a direct result of such Covered Loss the Covered Person now requires such adaptive devices or adaptation of residence and [or] vehicle to maintain an independent lifestyle; and
3. The Covered Person requires home alteration or vehicle modification within one year of the date of the Covered Accident.]

[Rehabilitation Expense Benefit

If a Covered Person suffers a loss for which [Accidental Dismemberment,] [Coma,] [Loss of Use,][Paralysis,][Severe Burn] Benefits are payable, as shown in the Schedule of Benefits, under this Policy, the Company will reimburse the Covered Person for expenses incurred within {Variable e.g. two} years after the date of the [Accident] causing such loss, as stated herein, per Covered Accident which are charged for:

1. physical; occupational; speech or hearing therapy; or other rehabilitation training for which measurable improvement is expected within a reasonable time; and
2. medically necessary services or supplies related to rehabilitation therapy.

The therapy, training, services or supplies must:

1. meet generally accepted standards of medical practice; and
2. be provided by or under the supervision of a Physician.

Only one Rehabilitation Expense Benefit will be paid regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

The Company will not reimburse expenses:

1. for which no charge would have been made if no insurance existed;
2. in excess of the usual, reasonable and customary charges for similar services in the locality where the services are received {for hospital room and board charges, does not exceed the most common charge for semi-private room and board in the hospital where the expense is incurred}; or
3. as the result of an Injury caused by an Accident for which the Covered Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.]

[Repatriation Benefit

We will pay Eligible Expenses, as shown in the Schedule of Benefits, incurred for the return of the Covered Person's remains to his or her place of residence in his or her home country and state if the Covered Person's death results directly; and independently of all other causes; from a Covered Accident outside of his or her home state or more than {100} miles from the Covered Person's place of residence.

"Eligible Expenses" means costs, pre-approved by Us and incurred for embalming; cremation; coffin or urn; transportation of the body or remains; necessary travel expenses of an escort. Necessary travel expenses are limited to food; hotel room; and economy class transportation charges.]

(These benefits are optional and may be included at the option of the Policyholder.)

[Contagious and Infectious Disease Benefit

We will pay the Contagious and Infectious Disease benefits shown in the Schedule of Benefits if You suffer a condition that manifests itself as any contagious or infectious disease, if the first symptoms are diagnosed:

1. while You are covered under the Policy; and
2. within {30 days} of Emergency Duty.

"Emergency Duty" means responding in the line of duty to a fire or emergency call.

[Benefits will not be paid for influenza, la grippe, pneumonia or common colds.]

[Cosmetic Disfigurement From Burns Benefit

We will pay the Cosmetic Disfigurement from Burns Benefit shown in the Schedule of Benefits if You suffer

third or fourth degree burns in one or more areas of the body.

The benefit payable for any one loss is determined by the following formula:

1. Identify the Area Classification Factor on the Cosmetic Burn Chart shown below;
2. Multiply the Area Classification Factor by the Maximum Allowable Percentage for Area Surface Burned (or a percentage proportional to the total amount of the Body Part actually burned);
3. Multiply the result of (2) by the Maximum Benefit Amount to determine the amount of the Maximum Benefit Amount Payable under this benefit.

Cosmetic Burn Chart

[Body Part	Area Classification	Maximum Allowable % For Area Surface Burned	Percentage of Maximum Benefit Amount Payable*
Face, Neck, Head	11	99%	99%
Hand & Forearm	5	4.5%	22.5%
Upper Arm	3	4.5%	13.5%
Torso (Front or Back)	2	18%	36%
Thigh	1	9%	9%
Lower Leg (Below Knee)	3	9%	27%]

*The percentage shown is based on 100% of the Body Part identified as being burned. If less than 100% of the Body Part is burned, an appropriate corresponding percentage of the Allowable Percentage is to be used in determining the percentage of the Maximum Benefit Amount payable.]]

[Heart or Circulatory Malfunction Benefit

We will pay Heart or Circulatory Malfunction benefits shown in the Schedule of Benefits if You suffer a sudden Heart or Circulatory Malfunction and the first symptoms of the malfunction are medically diagnosed:

1. while You are covered under the Policy; and
2. within {48 hours} of Emergency Duty.

[Benefits will not be paid for if You, within {5 years of the date of Emergency Duty} were medically diagnosed as having, or received treatment for:

1. a Heart or Circulatory Malfunction; or
2. hypertension, angina, or other heart or circulatory condition.

Symptoms, such as shortness of breath, heart pain, or numbness of a limb are covered during the first {48 hours} following Emergency Duty. These symptoms are not covered beyond the {48 hour} period unless:

1. they first occurred within 48 hours of Emergency Duty; and
2. an actual malfunction of the heart or circulatory system is subsequently diagnosed.

"Emergency Duty" means responding in the line of duty to a fire or emergency call.]]

[Influenza, La Grippe and Pneumonia Benefit

We will pay the Influenza, La Grippe and Pneumonia benefits shown in the Schedule of Benefits if You suffer a condition that manifests itself as influenza, la grippe or pneumonia, if the first symptoms are diagnosed:

1. while You are covered under the Policy; and
2. within {7 days} of Emergency Duty.

"Emergency Duty" means responding in the line of duty to a fire or emergency call.

[Benefits will not be paid for any contagious or infectious disease or a common cold.]]

[SECTION VII – SCOPE OF COVERAGE]

Accident Medical [and Dental] Expense Benefits will be paid according to the following basis.

(Benefits may be available on a primary, limited primary, primary excess, full excess or coordinated basis at the election of the policyholder. Based on this election the appropriate text will be included in the policy when issued.)

[Primary Benefits

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable [Deductible]; [Coinsurance Factor]; [Benefit Period]; [and] [Co-payment] as shown on the Schedule of Benefits. Such benefits will be paid on a primary basis, regardless of any other coverage the Covered Person may have. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable [and sub-limits] under the Policy are shown on the Schedule of Benefits.]

[Limited Primary Benefits

We pay the first {\$100 to \$1,000} of Covered Accident Medical Expenses:

1. after You satisfy any Deductible; and
2. based on Our pro rata share.

"Pro rata" means the portion of the total benefits payable under this policy, in the absence of other insurance, relative to the total benefits payable under all Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.

No further benefits will be paid until You have incurred an additional {\$500-\$10,000} of Covered Expenses. We then pay Covered Expenses described in this Policy without regard to any other Health Care Plan.]

[Primary Excess Benefits

If a Covered Person incurs Covered Expenses, We will pay the first {\$100 to \$1000}, subject to any applicable [Deductible]; [Coinsurance Factor]; [Benefit Period]; [and] [Co-payment] shown on the Schedule of Benefits. Additional Covered Expenses will be paid only when they are in excess of amounts payable by any other Health Care Plan; regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable [and sub-limits] under the Policy are shown on the Schedule of Benefits.

[Failure by a Covered Person to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of Covered Expense to {50%} of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after a Covered Accident. Such Covered Accident must occur outside the geographic area served by the primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.]

"Health Care Plan" means: any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. group or blanket insurance, whether on an insured or self-funded basis;
2. hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis;
4. group labor management plans;
5. employee benefit organization plan;
6. professional association plans on a group basis;
7. any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of

- 1974 as amended; or
8. automobile no-fault coverage (unless prohibited by law).]

[Full Excess Benefits

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable [Deductible]; [Coinsurance Factor]; [Benefit Period]; [and] [Co-payment] shown on the Schedule of Benefits that are in excess of amounts payable by any other Health Care Plan; regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable [and sub-limits] under the Policy are shown on the Schedule of Benefits.

[Failure by a Covered Person to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of Covered Expense to {50%} of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after a Covered Accident. Such Covered Accident must occur outside the geographic area served by the primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.]

"Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. group or blanket insurance, whether on an insured or self-funded basis;
2. hospital or medical service organizations on a group basis;
3. Health Maintenance Organizations on a group basis;
4. group labor management plans;
5. employee benefit organization plan;
6. professional association plans on a group basis;
7. any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
8. automobile no-fault coverage (unless prohibited by law).]

[Coordination of Benefits

If You are eligible for benefits under this policy and any other plan, We will pay benefits as explained in this provision.

"Plan" means a group insurance plan; or health service corporation group membership plan; or any other group benefit plan providing medical or dental care benefits or services. These group coverages include: a) group or blanket insurance coverage; or any other group type contract or provision; b) service plan contracts, group practice and other pre-payment group coverage; c) any coverage under labor-management trustee plans; union welfare plan; employer and employee plans; and coverage under any government program; including Medicare; and any coverage required or provided by law. A primary plan pays benefits first. A secondary plan pays a reduced amount of benefits that when added to the benefits paid by the primary plan will not be more than the Allowable Expenses.

"Allowable Expenses" means any necessary; reasonable; and customary item of expense, a part of which is covered by at least one of the Plans covering You.

During any Policy year or benefit period, the sum of the benefits that are payable by Us and those benefits that are payable from another Plan may not be more than the Allowable Expenses. During any Policy year or benefit period, We may reduce the amount We pay so that this reduced amount plus the amount payable by the other Plans will not be more than the Allowable Expenses.

Allowable Expenses under the other Plan include benefits that would have been payable if a claim had been made.

However, if: 1) the other Plan contains a section that provides for determining its benefits after Our benefits have been determined; and 2) the order of benefit determination stated in this Policy would

require Us to determine benefits before the other Plan, then the benefits of such other Plan will be ignored in determining the benefits We will pay.

This Policy determines its order of benefits using the first of the following rules that applies:

1. If the other Plan does not have a Coordination of Benefits, that Plan pays first.
2. The benefits of the Plan that covers the person as an employee; member; or subscriber are determined before those of the Plan that covers the person as a Dependent.
3. If this Policy and another Plan cover the same child as a Dependent of different parents who are not divorced are separated or divorced:
 - a. the benefits of the Plan of the parent whose birthday falls earlier in the year (without regard to the year of birth) are paid before the benefits of the Plan of the parent whose birthday falls later in the year;
 - b. if both parents have the same birthday, the benefits of the Plan that covered the parent longer pays benefits before the benefits of the Plan that covered the other parent for a shorter time.

However, if the Plans do not agree on the order of benefits, the rule of the other Plan will determine the order of benefits.

4. If two or more Plans cover a person as a Dependent child of divorced or separated parents, benefits will be determined in this order:
 - a. first; the Plan of the parent with custody of the child;
 - b. then; the Plan of the spouse of the parent with custody of the child; and
 - c. finally; the Plan of the parent not having custody of the child.
5. If none of the above rules determines the order of benefits, the benefits of the Plan that covered an employee; member; or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

In order to determine how this provision should apply, We may without further consent or notice release to, or obtain from, any other insurance company or organization, any necessary information. Any person claiming benefits under the Policy shall give Us the information We need to implement this provision. We will give the Insured notice of this exchange of claim and benefit information when the claim is filed.

Whenever payments are made by another Plan, that should have been paid under this Policy, We shall pay any amount required to satisfy Our share of the benefits paid. Any amounts paid in this way will be considered benefits paid under the Policy. Any payment made in good faith will end our liability to the extent of the payment.

If We pay benefits for Allowable Expenses that exceed our obligation under this provision, We may recover the excess payment. We may recover these excess payments from any person for whom benefits were paid; or from any person or organization to which benefits were paid; or from any other insurer, service plan or other organization.]

[SECTION VIII - PREMIUM]

The Company provides insurance in return for premium payments. The premium showed in the Schedule of Benefits is payable to the Company in the manner described in the schedule; and is based on: rates currently in force; the plan; and the amount of insurance in force. Premium is due on the Policy Effective Date. After that premium will be due monthly or quarterly unless otherwise stated in the Policy.

The Company has the right to rely upon the accuracy of the Policyholder's calculations; and require the Policyholder to furnish a census from time to time but not more than twice in a 12 month period. If, at any time, it is determined that additional premium or a premium credit is due, the Policyholder will pay the additional premium or apply the premium credit at the next premium due date.

If any premium payment is not paid when due, the Policy will be cancelled as of the premium due date; except as provided under the Grace Period section.

Changes in Premium Rate

The Company may change the premium rates from time to time with at least {31 days} advanced written or authorized

electronic notice. [No change in rates will be made until {12 months} after the Policy Effective Date.] [An increase in rates will not be made more than once in a {12 month} period.] However, the Company reserves the right to change rates at any time if any of the following events occur:

- 1) A change in the terms of the Policy.
- 2) A subsidiary; division; affiliated organization; or eligible class is added or deleted to the Policy.
- 3) A change in any federal; or state law; or regulation affecting this Policy and our benefit obligation.
- 4) A change in the factors bearing on the risk assumed.
- 5) A misrepresentation in the information relied on in establishing the rate for this Policy.
- 6) The number of Covered Persons or persons eligible for coverage or Estimated Volume of Insurance increases or decreases by more than 10% since the later of the Policy Effective Date or the date of the last renewal of this Policy.
- 7) The Policyholder fails to provide sufficient information, as required by Us, to confirm adequacy and accuracy of premiums and rates being paid.
- 8) [A change in the experience rating.]

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a prorated adjustment will apply from the date of the change to the next Premium Due Date.

Grace Period

After the payment of the first premium, this Policy will have a {31} day grace period. This means that if premium is not paid on or before the date it is due, it may be paid during the {31} day grace period. During this time, this Policy will stay in force provided the Policyholder pays all the premiums due by the last day of the grace period; unless the Policyholder gives Us written notice of the discontinuance of the coverage in advance of the date of discontinuance and in accordance with the terms of the Policy. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the grace period.

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during its regularly scheduled business hours, in order to determine the accuracy of premiums paid.

[New Subsidiary or affiliate company

The premium for this Policy applies only to the Policyholder's organization as composed on the Policy Effective Date as described in the Policy; or as thereafter amended.

The eligible persons of any corporation; partnership; or sole proprietorship acquired by the Policyholder after the Policy Effective Date through merger; stock purchase; exchange of stock; or otherwise may be covered under this Policy subject to the following conditions:

- 1) the Policyholder must report, in writing, the name of the newly acquired entity and all underwriting information necessary to determine any additional premium required; and
- 2) Underwriting and acceptance of the new entity by the Company; and
- 3) the Policyholder must agree to, and must pay, any required additional premium.]

[Reinstatement

The Policy may be reinstated within {31 days} of lapse if it has lapsed for nonpayment of premium, if: the Policyholder submits written application to the Company; the Company accepts the application; and the Policyholder makes payment of all overdue premiums.]

[CONTINUATION OF INSURANCE

(Continuation of Insurance provisions are optional at the case or class level.)

[Insurance for a Dependent may be continued if insurance would otherwise end because of the death of a Covered Person. In this event, to continue insurance a Dependent must:

- 1) submit a written (or authorized electronic) request for continued insurance within {31 days} of the Covered Person's death;
- 2) meet all other eligibility requirements[; and]
- 3) [pay the required premium.]

This insurance will end on the first of the following dates to occur:

- 1) the Dependent is no longer eligible, except for the death of the Covered Person;
- 2) [the required premium is not paid]; or]
- 3) [the end of the Maximum Benefit Period shown for this benefit.]

(The following Continuation of Insurance provision may be included in lieu of the Reinstatement of Insurance and Portability provisions)

[If the Covered Person's Active Service ends due to: [a layoff;] [an Employer approved leave of absence;] [or an Employer approved family medical leave] coverage for [a Covered Person and his or her Covered Dependents] will continue, if the required premium is paid, until the earliest of the following dates:

- 1) the end of the Maximum Benefit Period shown for this benefit;
- 2) the date the Covered Person fails to return to work as required by his or her Employer; or
- 3) the date the Covered Person and any Covered Dependents are no longer eligible.]

[If the Covered Person's Active Service ends because he or she is on active duty in the armed forces, insurance will continue for [a Covered Person and his or her Covered Dependents], if the required premium is paid, until the earlier of the following dates:

- 1) the end of the Maximum Benefit Period shown for this benefit;
- 2) the date the Covered Person fails to return to work as set forth in the Uniform Services Employment and Reemployment Rights Act of 1992, and as may be later amended.]

[Any change in benefits that occurs during a period of continuation will apply on the date the Covered Person returns to Active Service.]]

{This provision is optional on the case or class level.}

[PORTABILITY OPTION

If the Covered Person's [employment;] [membership] with the Policyholder ends prior to age {60}, he or she may continue insurance [up to the Maximum Benefit shown in the Schedule of Benefits]. To continue insurance, the Covered Person must [submit a request for insurance and] pay the required premium. If a Covered Person does not continue insurance [within 31 days after employment;] [membership ends], he or she may not elect to continue coverage at a later date. A Covered Person who continues insurance in this manner will become a Former Covered Person.

[If a Covered Person continues coverage, he or she may also continue coverage for a Dependent if they are covered under the Policy on the date coverage would otherwise end. If a Former Covered Person later acquires a Dependent, he or she may elect coverage for them by: submitting a request for insurance; and paying the required premium.]

Coverage will be effective on the date we receive the required premium payment. It will end on the earliest of the following dates.

- 1) [The date We cancel coverage for all members of the Covered Person class.]
- 2) The end of the period for which premiums are paid.
- 3) [The date the Covered Person is age {60}.]
- 4) [The date the Maximum Benefit Period for this benefit ends.]

[Coverage for a Dependent will end on the earliest of the following dates.

- 1) The date We cancel coverage for all Dependents of the Covered Person's class.
- 2) [When the Covered Person's coverage ends.]
- 3) [The date the Maximum Benefit Period for this benefit ends.]
- 4) The date he or she no longer qualifies as a Dependent.]]

{This provision is optional on the case or class level.}

[CONVERSION PRIVILEGE

If a Covered Person's insurance or any portion of it ends for a reason other than the non-payment of premium; [age; the termination of the Policy; or termination of coverage for the Covered Person's class], he or she may apply for conversion insurance.

The Covered Person may choose any type of Accident insurance We have available for persons of his or her age in the amount applied for, except:

- 1) he or she may not apply for an amount greater than: the coverage in force under the Policy less the amount of any other group Accident insurance for which he or she becomes eligible within {31 days} after the date coverage under the Policy ends; or {50,000; 100,000} and
- 2) the conversion insurance will only contain Accidental Death and Dismemberment Benefits.

The Covered Person must apply for conversion insurance within {31 days} after his or her coverage under the Policy ends. Premiums will be based on the table of rates in force at that time for such policies based on the Covered Person's age and class of risk. The Covered Person will not be required to provide evidence of insurability.

[If the Covered Person dies within the {31 day} period for conversion as the result of a Covered Accident, We will pay the benefit he or she would have been entitled to convert. The policy will only contain Accidental Death and Dismemberment Benefits.]

[If the Covered Person's coverage ends because the Policy is terminated or coverage for the Covered Person's class ends, and he or she has been covered under the Policy for at least {5} years, he or she may apply for conversion insurance. However, the amount of insurance he or she may apply for will be limited to the lesser of:

- 1) the amount of insurance in force under the Policy; or
- 2) {\$5,000}.]

[SECTION IX] - CLAIMS PROVISIONS

NOTICE OF CLAIM: Written notice of claim; death; or injury must be given to the Company or its designated representative within {20} days after a Covered Loss begins or as soon as reasonably possible. Failure to give notice within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably practicable. [Notice can be given to the Company at [*Insert Address Attn: Claims Department*]]. Notice should include the Covered Person's name, address, Policyholder name and Policy Number.

CLAIM FORMS: When the Company receives a notice of claim, the Company will send forms for filing proof of loss. If claim forms are not sent within 15 days the claimant will be deemed to have satisfied the requirements of written proof of loss by sending the written proof as shown below. Proof of loss must describe the occurrence, extent and nature of the loss.

PROOF OF LOSS: Written proof of loss must be given to the Company within 90 days after the date of loss. In the case of claim for loss of time for disability, written proof of the loss must be furnished to the Company within thirty (30) days after the commencement of the period for which the Company is liable, and the subsequent written proofs of the continuance of the disability must be furnished to the Company every ninety days. Failure to furnish proof within the time shall not invalidate or reduce any claim, if it shall be shown not to have been reasonably possible to furnish the proof and that the proof was furnished as soon as was reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

BENEFICIARY: The Covered Person may designate a beneficiary. The Covered Person has the right to change the beneficiary from time to time by written notice. If it is necessary to designate a beneficiary for a minor, the parent or guardian may exercise that right. The change will be effective when We receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

[The Insured is the beneficiary for any Covered Dependent.]

PAYMENT OF CLAIMS: The Company, or its designated representative, will pay a claim after receipt of acceptable proof of loss. Benefits for loss of life are payable to Covered Person's beneficiary. The designation shall be as follows:

- 1) Beneficiaries designated in writing by the Covered Person for this Policy on file with the Policyholder, if any, otherwise;
- 2) Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise;

[If a beneficiary is not otherwise designated by the Covered Person, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- 1) the Covered Person's Spouse [or Domestic Partner];
- 2) the Covered Person's child or children jointly;
- 3) a Covered Person's parents jointly if both are living or the surviving parent if only one survives;
- 4) a Covered Person's brothers and sisters jointly; or
- 5) the Covered Person's estate.]

[All other claims will be paid to the Covered Person. In the event the Covered Person is a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangements to pay claims to the Covered Person's legal guardian, committee or other qualified representative. All or a portion of all other benefits provided by this Policy may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to the Covered Person.]

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

[RECOVERY OF OVERPAYMENT: If benefits are [overpaid; or paid in error] We have the right to recover the amount [overpaid; or paid in error] by any of the following methods.

- 1) A request for lump sum payment of the amount [overpaid; or paid in error]; or
- 2) Offset or reduction of any proceeds payable under this Policy by the amount [overpaid; or paid in error.]]

[RIGHT OF RECOVERY: A Covered Person may incur charges due to an Injury for which benefits are paid by this Policy. The injury may be caused by the act or omission of another person. If so, the Covered Person may have a claim against that other person for payment of expense-incurred charges. If Recovery under the claim is made, the Covered Person must repay Us the Recovery made from: 1) another person; 2) insurance companies; or 3) other organizations.

Recovery means monies paid to the Covered Person through judgment, settlement or otherwise to compensate for all losses caused by the Injury.

[Net Recovery means the Covered Person's Recovery less attorney's fees and court costs incurred in making the Recovery. Refund means repayment to Us for benefits paid.]

TIME OF PAYMENT OF CLAIMS: Benefits for loss covered by this Policy, other than benefits that require periodic payment, will be paid immediately upon the Company's receipt of due written proof of such loss. Benefits for loss covered by this Policy that require periodic payment shall be paid not later than at the expiration of each period of thirty (30) days during the continuance of the period for which the Company is liable provided that the Company receives due written proof of such loss. Any balance remaining unpaid at the termination of the period will be paid immediately upon receipt of the proof.

[NEWLY ACQUIRED ORGANIZATIONS: The Premium shown on the Schedule of Benefits applies only to the Policyholder and any affiliates or subsidiaries covered on the Policy Effective Date. However, eligible employees of organizations acquired by the Policyholder during the Policy Term may be covered based on the Policyholder:

- 1) Reporting to the Company within 60 days of the acquisition, the name of the newly acquired organization; and
- 2) Providing any underwriting information We may need to calculate the premium; and
- 3) Paying the required additional premium, if any to Us.]

[SCHEDULE OF AFFILIATES: Eligible Persons employed by an affiliate or subsidiary of the Policyholder as of the Policy Effective Date are covered under the Policy. The coverage will begin and end in accordance with the Effective Date of Insurance and Termination Date of Insurance in the Policy. A list of these affiliates and subsidiaries must be kept on file with the Company.]

[PHYSICAL EXAMINATIONS [AND AUTOPSY]: We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. [We also have the right to request an autopsy in the case of death, unless the law forbids it.] We will pay the cost of the examination or autopsy.]

[SUBROGATION: To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company. The Company has the right to offset future benefits payable to the Covered Person under this Policy against any such Recovery.]

[SECTION X -GENERAL POLICY PROVISIONS]

ASSIGNMENT: This Group Policy is not assignable, whether by operation of law or otherwise. Benefits may be assigned. No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.

CERTIFICATES OF INSURANCE: Where it is required by law, or upon request of the Policyholder, the Company will make available to all Covered Persons certificates outlining the benefits; conditions; exclusions; and limitations of this Group Policy.

CLERICAL ERROR: Clerical error in keeping any records pertaining to the coverage, whether by the Policyholder or by the Company, will not invalidate coverage otherwise validly in force; nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to the Company and is rectified promptly upon discovery. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms. After an error is found, the Company will take appropriate action, which may include adjusting, collecting or refunding premium.

CONFORMITY WITH STATE LAWS: On the effective date of this Policy, any provision of this Policy in conflict with the laws of the state where it is issued is amended to conform to the minimum requirements of such laws.

ENTIRE CONTRACT/CHANGES: This Policy, including any endorsements; amendments; and attached papers; the signed application of the Policyholder; and any individual applications of Covered Persons is the entire contract between the Policyholder and the Company. A copy of the application, if any, of the Policyholder shall be attached to the Policy when issued. All statements made by the Policyholder or by a Covered Person are deemed, in the absence of fraud, representations and not warranties. No such statement will cause the Company to void the insurance under this Policy or be used as a defense of a claim, unless it is contained in a written application.

Valid changes to this Policy may be made at any time by an endorsement or amendment signed by Us, provided that any such amendment which reduces or eliminates coverage was either requested in writing by the Policyholder or signed by the Policyholder. The Company may also, upon 31 days written notice to the Policyholder, change or modify the provisions of this Policy to comply with any applicable requirements of the Internal Revenue Service and any state or other federal law or regulation. No agent may change this Policy or waive any of its provisions.

INSOLVENCY: The insolvency; bankruptcy; financial impairment; receivership; voluntary plan of arrangement with creditors; or dissolution of the Policyholder will not impose upon the Company any liability other than the liability defined in this Policy. The insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Covered Persons under the Plan.

INCONTESTABILITY: Except for nonpayment of premiums, We will not contest the validity of a Covered Person's coverage after it has been in force for two years from its date of issue. No statement made by a Covered Person

relating to his insurability shall be used to contest the validity of his insurance after the insurance has been in force for two years during his lifetime, exclusive of any period of disability; nor unless it is contained in a written application signed by him.

LEGAL ACTION: No legal action may be brought to recover on this Policy until there has been full compliance with all the terms of this Policy. All Policy terms will be interpreted under the laws of the state in which this Policy was issued. No legal action may be brought to recover on this Policy before 60 days following the date written Proof of Loss was given to Us. No legal action may be brought against the Company more than three (3) years after the time required for written Proof of Loss.

MISREPRESENTATION AND FRAUD: This entire Group Policy will be void, whether before or after a loss, if the Company determines that the Policyholder; Covered Person; or its agent has concealed or misrepresented any material fact or circumstance concerning this Policy, including any claim or any case of fraud by the Policyholder; Covered Person; Third Party Administrator; or other agent relating to this Policy.

MISSTATED DATA: The Company has relied upon the underwriting information provided by the Policyholder; its Third Party Administrator; or other Agent in the issuance of this Policy. Should subsequent information become known which, if known prior to issuance of this Policy, would have affected the rates; deductibles; terms; or conditions for coverage, the Company will have the right to revise the rates; deductibles; terms; or conditions as of the Effective Date of issuance, by providing written notice to the Policyholder.

PAYMENT OF PREMIUM: The Company provides insurance in return for the payment of premiums. The Premiums are to be paid to the Company by the Policyholder. The first Premium is due on the Policy Effective Date. After that premiums will be due monthly unless shown otherwise in the Schedule of Benefits. If any premium is not paid when due, the Policy will be cancelled as of the Premium Due Date; except as provided in the Policy Grace Period provision.

WAIVER: Failure of the Company to strictly enforce its rights under this Policy at any time or under any circumstance shall not constitute a waiver of such rights by the Company at any time under the same or different circumstances.

WORKERS' COMPENSATION: This Group Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits; and does not satisfy any requirements for coverage by any Workers' Compensation Act or similar law.

[SECTION XI] – EXCLUSIONS

{Exclusions are variable and may be deleted based on the plan of benefits selected by the Policyholder}

This Policy does not cover any loss or Injury resulting or caused, in whole or part, from:

1. [Suicide or attempted suicide; self-destruction or attempted self-destruction; while sane or insane.]
2. [Intentionally self-inflicted injury.]
3. [War or any act of war [or invasion]; declared or undeclared.]
4. [Service, [training], or active duty in the armed forces; National Guard; military; naval; or air service; or organized reserve corps of any country or international organization.]
5. [Sickness; disease; bodily or mental infirmity; or any bacterial or viral infection; or medical or surgical treatment thereof, except for [any bacterial infection that results from: accidental ingestion of contaminated food substances; or] pyogenic infections that result from an accidental external cut or wound.]
6. [Medical; surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap; or negligence; including malpractice.]
7. [Loss; Injury; or Illness occurring after Termination of Coverage.]
8. [Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline]
9. [Asphyxiation from voluntarily or involuntarily inhaling gas or substance that can be used to produce a poisonous; asphyxiating; or irritant atmosphere and not the result of the Covered Person's job.]
10. [Alcoholism; drug addiction; or the use of any drug or narcotic except as prescribed by a Physician.]
11. [Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician.]
12. [Intoxication or being under the influence of any drug or narcotic. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.]
13. [Disease or disorder of the body or mind.]

14. [Violation of or attempt to violate any duly-enacted law or regulation; or commission or attempt to commit an assault; felony; or other illegal activity.]
15. [Conditions that are not caused by a Covered Accident.]
16. [Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.]
17. [Injuries paid under Workers' Compensation, Employer's liability laws; or similar occupational benefits; or while engaging in activity for monetary gain from sources other than the Policyholder.]
18. [Occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law.]
(Variable; e.g., for occupational coverage only)
19. [Injuries that result from a non-occupational accident.]
20. [A Covered Accident 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, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.]
21. [Travel or activity outside the United States.]
22. [Accidents arising out of or during the course of the Covered Person's primary occupation.]
23. [Injury resulting from maintenance, repair or cleaning of firearms.]
24. [Injury sustained while traveling to or from hunting.]
25. [Illegal or unlicensed hunting or hunting in any unauthorized or restricted area. This will include hunting without any licenses or permits required in the locale where the hunt is occurring or without any required current license or permit for any weapon used in the hunt.]
26. [Injury sustained in consequence of the illegal use of firearms.]
27. [Participation in any motorized vehicular race or speed contest.]
28. [Travel in or on any [off road and on road] motorized vehicle not requiring licensing as a motor vehicle.]
29. [A Covered Accident if the Covered Person is the operator of a motor vehicle; and does not possess a valid motor vehicle operator's license.]
30. [Aggravation or re-injury of a prior injury that the Covered Person suffered prior to coverage effective date, unless We receive and approve a written medical release from the Covered Person's Physician.]
31. [Heart attack; stroke; or other circulatory disease or disorder; whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.]
32. [Any occurrence while an Insured Person is incarcerated after conviction.]
33. [[Practice] [or] [play] in any sports activity [including: travel to and from activity and practice.
34. [To the extent We are prohibited from providing coverage or making payment by any type of travel restriction; trade restriction; economic sanction; or embargo imposed by the U.S. government.]
35. [Travel in, boarding or alighting from any aircraft Owned; Leased; Controlled; or Chartered by the Policyholder, or any of its subsidiaries or affiliates.]
36. [Actively participating in acts of terrorism, civil commotion or riots of any kind.]
37. [Travel or flight in or on any aircraft or {Variable e.g. vehicle for aerial navigation}, including boarding or alighting from:
 - a. [while riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or]
 - b. [while being used for any test or experimental purpose; or]
 - c. [while piloting; operating; learning to operate; or serving as a member of the crew thereof; or]
 - d. [while traveling in any such aircraft or device which is owned; chartered; controlled; or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household; or]
 - e. [being flown by the Covered Person or which the Covered Person is a member of the crew; or]
 - f. [being used for: i) {Variable e.g. crop dusting; spraying or seeding; giving and receiving flying instructions; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; bungee-cord jumping; parasailing; aerial photography or exploration; racing; endurance tests; stunts 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 solely because of the territory flown over or landed on.);]
 - g. [designed for flight above or beyond the earth's atmosphere];
 - h. [which is an ultra light; or glider];
 - i. [being used for the purpose of skydiving; or parachuting];
 - j. [being used by any military authority; except an aircraft used by the Air Mobility Command or its foreign equivalent.]]

[In addition to the exclusions above, We will not pay Accident Medical Expense or Additional Accident Benefits for

any loss, treatment or services resulting from or contributed to by:

1. [Pre-Existing Conditions.]
2. [Treatment by persons employed or retained by a Policyholder; or by any Immediate Family; or member of the Covered Person's household.]
3. [Treatment of sickness; disease; or infections except pyogenic infections or viral or bacterial infections that result from the accidental ingestion of contaminated food substances.]
4. [Treatment of hernia; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; hernia; detached retina unless caused by an Injury; or mental disorder; or psychological or psychiatric care or treatment (except as provided in the Policy); whether or not caused by a Covered Accident.]
5. [Pregnancy; childbirth; miscarriage; abortion; or any complications of any of these conditions.]
6. [Mental and Nervous Disorders (except as provided in the Policy).]
7. [Damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy).]
8. [Expense incurred for treatment of temporomandibular; or craniomandibular joint dysfunction; and associated myofascial pain (except as provided by the Policy).]
9. [Injury paid by Workers' Compensation; Employer's Liability Laws; or similar occupational benefits; or while engaging in activity for monetary gain from sources other than the Policyholder.]
10. [Injury or loss contributed to by the use of drugs unless administered by a Physician.]
11. [Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law; or the commission or attempt to commit an assault or a felony; or that occurs while the Covered Person is engaged in an illegal occupation.]
12. [Injury or death caused while riding in or on; entering into or alighting from; or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.]
13. [Participation in or practice for interscholastic tackle football (unless specifically covered under the Policy); intercollegiate sports; semi-professional sports; professional sports.]
14. [Covered medical expenses for which the Covered Person would not be responsible for in the absence of this Policy.]
15. [Conditions that are not caused by a Covered Accident.]
16. [Any elective treatment; surgery; health treatment; or examination; [including any service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States].]
17. [Orthopedic appliances used mainly to protect an Injury so that a Covered Person can take part in {Variable e.g. interscholastic; intercollegiate; and club sports}.]
18. [Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).]
19. [Treatment of Injuries that result over a period of time (such as blisters; tennis elbow; etc.), and that are a normal result of participation in the Covered Activity.]
20. [Treatment or service provided by a private duty nurse.]
21. [Replacement of {artificial limbs; eyes; and larynx}.]
22. [Blood, blood plasma;] [or blood storage;] except expenses by a Hospital for processing or administration of blood.]
23. [Cosmetic surgery; except for reconstructive surgery needed as the result of an Injury.]
24. [*{Variable, e.g. Any of the following may be included: Eyeglasses; contact lenses; hearing aids; wheelchairs; braces; appliances; examinations or prescriptions for them; or repair or replacement of [existing] artificial limbs; orthopedic braces; or orthotic devices}.*]
25. [Any treatment; service; or supply not specifically covered by the Policy.]
26. [Occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law.] (*Variable; e.g., for occupational coverage only*)
27. [Injuries that result from a non-occupational accident.]
28. [A Covered Accident 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, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.]

In addition, benefits will not be paid for:

29. [Services or treatment rendered by a Physician, Nurse or any other person who is:

- a. employed or retained by the Policyholder;
- b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
- c. living in the Covered Person's household;
- d. who is a parent, sibling, spouse or child of the Covered Person.]

30.[Any Hospital Stay or days of a Hospital Stay that are not appropriate for the condition and locality.]



ARCH INSURANCE COMPANY
(A Missouri Corporation)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICYHOLDER {ABC COMPANY}
POLICY NUMBER {123-45-6678899}
POLICY TERM {JANUARY 1, 2009 TO DECEMBER 31, 2009}
[NAMED INSURED {INSERT HERE}]
ENDORSEMENT NUMBER {99-6678899}
ENDORSEMENT EFFECTIVE DATE {JANUARY 1, 2009}

This Endorsement is made a part of the Policy to which it is attached as of the Effective Date shown above. This form applies only to Covered Accidents that occur on or after the Effective Date. This Endorsement ends at the same time as the Policy. This Endorsement is subject to all of the provisions, terms and limitations of the Policy, excepts as they are changed by it.

[Any changes in premium apply as of the first premium due date on or after the Effective date of this Endorsement.]

{Type Here}

IN WITNESS WHEREOF, Arch Insurance Company has caused this Endorsement to be executed and attested.

Martin J. Nilsen
Secretary

Mark D. Lyons
President



Arch Insurance Company

Countrywide Beneficiary Designation Form

Use this form to designate a beneficiary(ies) for your Accidental Loss of Life Benefit Amount. See page 2 for important information on choosing beneficiary(ies). Complete a new form if you want to designate a new or additional beneficiary(ies).

Insured Information

Insured Last Name First Name Middle Initial
Social Security Number Daytime Telephone Number

Beneficiary Information

- I am: (Please check appropriate box.)
[] Designating a beneficiary(ies) for the first time
[] Changing a previous designation

Table with 6 columns: Primary Beneficiary(ies) Full Name (Last, First, MI), Address, Birthdate, Social Security, Relationship to, Share %

Table with 6 columns: Contingent Beneficiary(ies) Full Name (Last, First, MI), Address, Birthdate, Social Security, Relationship to, Share %

Authorization

For the beneficiary designation(s) I have indicated, I understand that if one of my primary beneficiaries is not living when the benefit is paid, the amount will be divided equally among any remaining beneficiaries. I also understand that no amount will be paid to a contingent beneficiary as long as at least one of my primary beneficiaries is living. I understand that I must complete a new Beneficiary Designation Form if I want to change or revoke my beneficiary designation.

Insured Signature _____ Date _____

Please make a copy of this form for your records and return the original. (over)

Authorization

Designate a primary and contingent beneficiary for insurance coverage. Refer to the sample wording below for guidance. A contingent beneficiary receives payment in the event the primary beneficiary dies before you do. If you want more than one person to be your beneficiary, please indicate the percentage of the benefit each one should receive (must add up to 100%). If a beneficiary dies before you, his or her benefits will be shared equally among any remaining beneficiaries. Attach a separate signed and dated sheet of paper if you need more space. If you have a change in your family status (such as marriage; divorce; or the birth of a child), you may want to update your beneficiary designations.

Sample Beneficiary Designations

<i>TYPE OF BENEFICIARY</i>	<i>SAMPLE WORDING</i>
One beneficiary	Doe, John A.; Birthdate; SSN; Husband; 100%
Two beneficiaries	Doe, Mary A.; Birthdate; SSN; Mother; 50% Doe, Rich B.; Birthdate; SSN; Father; 50%
Two beneficiaries	Doe, Amy J.; Birthdate; SSN; Sister; 75%
in unequal shares	Doe, Mark F.; Birthdate; SSN; Brother; 25%
Three or more beneficiaries	Doe, Paul A.; Birthdate; SSN; Father; 50%
in unequal shares	Doe, James B.; Birthdate; SSN; Brother; 25% Doe, Jaclyn C.; Birthdate; SSN; Sister; 25%
Trustee	Mark Doe, trustee under trust agreement; Jane Doe Revocable Trust; xxx Main Street; Any Town, State 00000; dated Month day, year; and amendments or supplements thereto. Any payment to the trustee shall discharge the Plan from any and all liability to the extent of such payment.

If your beneficiary designations do not fit within the tables on the front of this form, feel free to write the appropriate designation(s) on a separate sheet of paper. Sign and date the separate sheet and attach it to this form.

- All beneficiary designations **must be legible and written in ink.**
- The beneficiary’s name must always be shown in full (Last; First; MI), and the relationship to you must be stated.
- If the designated beneficiary is not related to you, the relationship should be “friend.”
- The beneficiary section should never contain corrections or crossed-out words.
- The beneficiary designation should be specific. It should not include wording such as “either/or” ; and/or.”
- Your right to designate a beneficiary is subject to applicable state law.

Note: For specific legal implications regarding beneficiary designations, contact your attorney.

**ARKANSAS NOTICE TO POLICYHOLDERS
APPENDIX "A"**

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
425 West Capitol Avenue, Suite 3700
Little Rock, AR 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net

cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1, 000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

CONSUMER INFORMATION NOTICE

You may contact Arch Insurance Company at:

300 - Plaza Three, 3rd Fl.
Jersey City, NJ 07311
Tel: (201) 743-4000

You may contact the Arkansas Insurance Department at:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904
(501) 371-2600 or 1-800-282-9134

(If applicable)

You may contact your Agent at:

<i>SERFF Tracking Number:</i>	<i>WESA-126154316</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arch Insurance Company</i>	<i>State Tracking Number:</i>	<i>42398</i>
<i>Company Tracking Number:</i>	<i>05 GA0003 04 02 09</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Arch Group Accident Arkansas</i>		
<i>Project Name/Number:</i>	<i>05 GA003 04 02 09/05 GA003 04 02 09</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-126154316 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: 42398
Company Tracking Number: 05 GA0003 04 02 09
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Arch Group Accident Arkansas
Project Name/Number: 05 GA003 04 02 09/05 GA003 04 02 09

Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 05/28/2009

Comments:

Attached are Flesch Certification, Consumer Information Notice, Life & Health Guaranty Fund Notice, and Certification of Compliance with Rule 19.

Attachments:

AR Group Accident Signed Readability Cert .pdf
AR Group Accident Consumer Information Notice.pdf
AR Group Accident - Rule 49 Appendix A.pdf
AR Group Accident Signed Certificate of Compliance with Rule 19.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 05/28/2009

Comments:

Application Form 05 GA0001 04 02 09 is attached under the Form Schedule Tab.

Satisfied -Name: Statement of the Variables **Review Status:** Approved-Closed 05/28/2009

Comments:

statement of variables attached

Attachment:

AR Group Accident Statement of Variables.pdf

Satisfied -Name: Letter of authorization **Review Status:** Approved-Closed 05/28/2009

Comments:

letter with signed authorization attached

Attachment:

AR Group Accident Signed Letter of Authorization.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved-Closed 05/28/2009

Comments:

SERFF Tracking Number: WESA-126154316 *State:* Arkansas
Filing Company: Arch Insurance Company *State Tracking Number:* 42398
Company Tracking Number: 05 GA0003 04 02 09
TOI: H02G Group Health - Accident Only *Sub-TOI:* H02G.000 Health - Accident Only
Product Name: Arch Group Accident Arkansas
Project Name/Number: 05 GA003 04 02 09/05 GA003 04 02 09

Cover Letter is attached.

Attachment:

AR Group Accident Cover Letter 051809.pdf

READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #			Title	Flesch Score
05 GA0003 04	02	09	Arkansas Group Accident Policy	45.1
05 GA0004 04	02	09	Arkansas Group Accident Certificate	45.1
05 GA0002 00	02	09	Beneficiary Designation Form	46.3
05 GA0001 04	02	09	Arkansas Group Accident Application	51.9
05 GA0005 00	02	09	Amendment	53.9

Arch Insurance Company



May 6, 2009

Date

CONSUMER INFORMATION NOTICE

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Arkansas Insurance Department
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Little Rock, AR 72201-1904
(501) 371-2600 or 1-800-282-9134

(If applicable)

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APPENDIX "A"**

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ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

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DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

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COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net

cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1, 000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Arch Insurance Company

Home Office: 3100 Broadway, Suite 511, Kansas City, MO 64111
Administrative Office: 300 - Plaza Three, 3rd Fl., Jersey City, NJ 07311

CERTIFICATE OF COMPLIANCE

I certify that the attached submission meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.



Dated: May 6, 2009

Arch Insurance Company

Statement of Variables Arkansas Group Accident Policy (Form #05 GA0003 04 02 09) and related forms

Specific variability is throughout the forms in *{italics}*. We have included alternate text for those provisions where the text may vary to the extent the meaning or intent of the provision is different.

Please note variable information is contained in soft brackets. In no event will the information contained in these brackets be less favorable to an insured than the minimum standards set forth in your law. Language contained in hard brackets mean that they can be deleted or included in the policy depending on the coverages being provided.

Please note the following general comments regarding variable information.

General Statement

The Policyholder Name, Policy Number, Policy Effective Date, Policyholder Address, Policy Term and Policy Anniversary Date are variable. They will reflect the information unique to each Policyholder.

Section Numbers and Titles, and corresponding pages will be adjusted if a section is deleted.

Policy & Certificate Schedule Pages

We have illustrated the policy and certificate schedules. Variations will occur based on the nature of the group, the classes covered, the benefits offered and the applicability of certain provisions at either the case, class or benefit level. We consider any benefits, amounts, deductibles, co-payments, benefit durations, dates or application of benefits to be completely variable unless your law requires a limitation.

Eligible Persons

We intend to market this form to any group typically recognized as eligible for group insurance including employers, schools, volunteer groups, association groups, affinity groups, financial institutions, discretionary groups and out-of state trusts. Therefore, the description of eligible class may vary based on the nature of the group and classes covered. References to members of a group throughout the forms may vary accordingly, i.e. employee, student, member, participant, etc.

Effective Date Provisions

Coverage will be offered on a non-contributory group basis or we may also provide coverage or supplemental coverage on a contributory or voluntary basis. In these circumstances the text used would vary based on premium sources, the method of enrollment and the plans available. In some cases, it may be necessary to distinguish effective dates for each type of plan. For example, any coverage paid for by the employer is effective immediately upon becoming eligible; whereas, any coverage for which the employee pays premium is effective at a time after the required enrollment form and premium are received.

Combined Benefits

This policy is designed to provide accident benefits only. It may also be used to support the offering of accidental death and dismemberment (AD&D) benefits only or AD&D and accident medical expense benefits only. All of the benefits and provision that apply to a policyholder or participating organization may be included in the policy and certificate text when first issued. If any of the benefits or provisions become applicable after the initial effective date of coverage they will be issued as an endorsement.

Certificates

The content and format of certificates may vary in any of the following respects:

- a. Separate certificates may be issued for each of the classes eligible under the policy. In this case,

- any wording that does not relate to the rights or obligations of that class of insured may be omitted.
- b. Any wording that solely relates to the rights and obligations of the policyholder or participating organization may be omitted.
 - c. Connective words and phrases that only serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other substantive terms or conditions of the policy affecting the insurance provided may vary. This variation will occur as required to ensure the readability of the form where other variable material is changed. These wording changes will not be ambiguous or deceptive.
 - d. The order and grouping of provision may be modified. References to information contained on the certificate schedule may be expressed in the text of the provision as it relates to a particular class of insureds.
 - e. The print size, style, page size and layout may be modified to reflect various formats including 8.5x11 pages, booklet pages or brochure styles subject to the print and other requirements of your readability law.
 - f. Specific rates may be omitted or replaced with reference to the rates currently in force.
 - g. The inclusion of certain provisions and their wording may vary to meet the specifications of the product requested by our customers or to clarify the administration of the policy or other items as requested by our policyholders or participating organizations.
 - h. Wording may be changed to comply with future changes in your laws or regulations impacting the policy, or in the laws of the states where certificates under the policy are delivered.

Schedule of Benefits

Policyholder, Policy Number, Policy Effective Date, and Premium Due Date are variable. They will reflect the information unique to each Policyholder.

Class definitions are variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members, the employer and its employees, or the school and its students etc. 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.

Premiums are determined based on the plan design Selected by the Policyholder.

Accident Medical Expense Benefits and Additional Accident Benefits are optional and may apply on the case or class basis at the option of the Policyholder. Each Benefit listed in this section will be in or out depending on the coverage selected by the Policyholder.

Definitions

Standard Definitions appear without brackets. Any bracketed definition has the variability usage defined in *{italics}*.

Eligibility for Insurance

General description of eligible persons is described above. Variable text is defined in *{italics}*.

Effective Date of Insurance

Variable text is defined in *{italics}*.

Termination Date of Insurance

Variable text is defined in *{italics}*.

Description of Benefits

The Description of Benefits explain the benefits available under the Policy. All benefits payable are shown in the Schedule of Benefits.

Accidental Death and Dismemberment Benefits are elected at the case level. These benefits may be offered for accidental death only or for any combination of the losses shown below. Benefits may be paid on the basis of a percentage of Principal Sum or a flat amount.

Accident Medical Expense Benefits are payable based on Usual and Customary Charges for actual

expenses incurred and payable under the Policy. Any deductibles, coinsurance, copayments, limits, etc. will be shown in the Schedule of Benefits. These benefits are optional and may be included at the option of the Policyholder on either a case or class basis.

The Additional Accident Benefits are optional and may be included at the option of the Policyholder on a case or class basis.

Variable text is defined in *{italics}*.

Scope of Coverage

Accident Medical and [Dental] Expense Benefits may be available on a primary, limited primary, primary excess, full excess or coordinated basis at the election of the policyholder. Based on this election the appropriate text will be included in the policy when issued.

Premium

Variable text is defined in *{italics}*.

Claim Provisions

Variable text is defined in *{italics}*.

General Policy Provisions

Variable text is defined in *{italics}*.

Exclusions

Exclusions are variable and may be deleted based on the plan of benefits selected by the Policyholder. In general, the following exclusions are designated as standard or optional:

Suicide or attempted suicide, self-destruction or attempted self-destruction while sane or insane. This is a standard exclusion that will appear as shown.

Intentionally self-inflicted injury. This is a standard exclusion that will appear as shown.

War or any act of war [or invasion], declared or undeclared. This is a standard exclusion that will appear as shown.

Service, [training], or active duty in the armed forces, National Guard, military, naval or air service or organized reserve corps of any country or international organization. This is a standard exclusion that will appear as shown.

Sickness; disease; bodily or mental infirmity; or any bacterial or viral infection; or medical or surgical treatment thereof, except for [any bacterial infection that results from: accidental ingestion of contaminated food substances; or] pyogenic infections that result from an accidental external cut or wound. This is an optional exclusion. It will appear as shown or be deleted.

Medical, surgical treatment, diagnostic procedure, administration of anesthesia or medical mishap or negligence, including malpractice. This is an optional exclusion. It will appear as shown or be deleted.

Loss, Injury or Illness occurring after Termination of Coverage. This is a standard exclusion that will appear as shown.

Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline. This is a standard exclusion that will appear as shown.

Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job. This is an optional exclusion. It will appear as shown or be deleted.

Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Physician. This is an optional exclusion. It will appear as shown or be deleted.

Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician. This is an optional exclusion. It will appear as shown or be deleted.

Intoxication or being under the influence of any drug or narcotic. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. This is an optional exclusion. It will appear as shown or be deleted.

Disease or disorder of the body or mind. This is an optional exclusion. It will appear as shown or be deleted.

Violation of or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault, felony, or other illegal activity. This is an optional exclusion. It will appear as shown or be deleted.

Conditions that are not caused by a Covered Accident. This is a standard exclusion that will appear as shown.

Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy. This is a standard exclusion that will appear as shown.

Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder. This is a standard exclusion that will appear as shown.

Travel or activity outside the United States. This is an optional exclusion. It will appear as shown or be deleted.

Participation in any motorized vehicular race or speed contest. This is an optional exclusion. It will appear as shown or be deleted.

Travel in or on any {off road and on road} motorized vehicle not requiring licensing as a motor vehicle. This is an optional exclusion. It will appear as shown or be deleted.

An Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license. This is an optional exclusion. It will appear as shown or be deleted.

Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage effective date, unless We receive a written medical release from the Covered Person's Physician. This is an optional exclusion. It will appear as shown or be deleted.

Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma. This is an optional exclusion. It will appear as shown or be deleted.

Any occurrence while an Insured Person is incarcerated after conviction. This is an optional exclusion. It will appear as shown or be deleted.

Practice or play in any sports activity, including travel to and from activity and practice. This is an optional exclusion. It will appear as shown or be deleted.

To the extent We are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the U.S. government. This is an optional exclusion. It will appear as shown or be deleted.

Travel in, boarding or alighting from any aircraft owned, leased, or controlled by {the Policyholder}, or any of its subsidiaries or affiliates. This is a standard exclusion that will appear as shown.

Actively participating in acts of terrorism, civil commotion or riots of any kind. This is an optional exclusion. It will appear as shown or be deleted.

Travel or flight in or on any aircraft or {Variable e.g. vehicle for aerial navigation}, including boarding or alighting from. This is a standard exclusion that will appear as shown.

www.archinsurance.com

Arch Insurance Group
300 – Plaza Three
Jersey City, NJ 07311-1107

T 201.743.4000
F 201.743.4005

May 6, 2009

Arch Insurance Company
Filing Designation #ARCH-09-025
FEIN#: 43-0990710
NAIC#: 1279 11150

Letter of Authorization
Filing of Forms, Rates and Rules

Dear Sir or Madame:

In accordance with the applicable statutes and regulations in your state, Darcy Lebau and Westmont Associates are hereby authorized to file form, rate and rate filings on behalf of Arch Insurance Company.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Carol Kennedy".

Carol Kennedy
Vice President & Director of Compliance



**WESTMONT
ASSOCIATES, INC.**

May 18, 2009

via *SERFF*

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

**Re: Arch Insurance Company
FEIN#: 43-0990710
NAIC#: 1279 11150
Arch Filing Designation # ARCH-09-025**

**Group Accident Insurance Policy – Form #05 GA0003 04 02 09
Group Accident Insurance Certificate – Form #05 GA0004 04 02 09
Group Accident Insurance Application – Form # 05 GA0001 04 02 09
Group Accident Beneficiary Designation – Form # 05 GA0002 00 02 09
Group Accident Insurance Amendment – Form # 05 GA0005 00 02 09**

Honorable Commissioner Bowman :

I respectfully submit the form filing referenced above on behalf of Arch Insurance Company ("Arch") for your review and approval prior to use in your state. Westmont Associates, Inc. has been requested to file these forms on behalf of Arch. Please see the enclosed authorization letter.

Group Accident Insurance Policy, Form #05 GA0003 04 02 09, covers a broad class of persons for specific losses related to specific activities. The subject forms are new and are not intended to replace any other forms currently in use.

Group Accident Insurance Policy, Form #05 GA0003 04 02 09, provides accident benefits on a Group basis to groups recognized as eligible groups under the laws of your state. Arch files these forms as variable, offering accidental death and dismemberment benefits, accident medical benefits and additional accident benefits either separately or in combination on a non-contributory or voluntary basis. The form as filed is more inclusive than the forms as they will be issued on a specific case or program. Variable data is bracketed and italicized and may vary on a case or program basis. Please see the enclosed Statement of Variability for Arch's explanation of how these forms may vary to accommodate different product offerings.

The Certificate of Insurance, Form #05 GA0004 04 02 09, will be issued 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. Application, Form #05 GA0001 04 02 09, will detail the benefits applicable to the organization and will be signed by the policyholder. Policy/Certificate Amendment, Form # 05 GA0005 00 02 09, 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 Group Accident Insurance product will be marketed by licensed agents, brokers, and third party administrators to eligible groups.

In accordance with Arkansas's filing requirements, enclosed please find:

- Flesch Certification
- Certificate of Compliance with Rule 19
- Arkansas Life & Health Guaranty Notice
- Consumer Information Notice
- Letter of Authorization
- Forms
- Statement of Variables

I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 856-216-0220, x 221 or at Darcy@Westmontlaw.com if you have any questions or require additional information.

Respectfully,

Darcy Lebau

Darcy Lebau