

**State:** Arkansas **Filing Company:** Zurich American Insurance Company  
**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only  
**Product Name:** UVA Policy -Revised Statement of Variables  
**Project Name/Number:** UVA Policy -Revised Statement of Variables/CW AH 35498

## Filing at a Glance

Company: Zurich American Insurance Company  
Product Name: UVA Policy -Revised Statement of Variables  
State: Arkansas  
TOI: H02G Group Health - Accident Only  
Sub-TOI: H02G.000 Health - Accident Only  
Filing Type: Form  
Date Submitted: 12/05/2012  
SERFF Tr Num: ZURC-128794707  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: CW AH 35498  
  
Implementation: On Approval  
Date Requested:  
Author(s): Diana Crown  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 12/06/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: UVA Policy -Revised Statement of Variables Status of Filing in Domicile: Not Filed  
 Project Number: CW AH 35498 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small and Large  
 Group Market Type: Employer Overall Rate Impact:  
 Filing Status Changed: 12/06/2012 Deemer Date:  
 State Status Changed: 12/06/2012 Submitted By: Diana Crown  
 Created By: Diana Crown  
 Corresponding Filing Tracking Number:

### Filing Description:

This is a revised Statement of Variables for our Group Accident Insurance product, which was previously filed with and approved by your Department under SERFF Tracking # USPH&#8722;6U2S9Q804/00 effective 11-13-2006 .

In order to meet the needs of our customers and to remain in compliance with our filing, we have revised the statement of variables to change some of the benefit variability explanations and ranges.

For your convenience, we have included redlined and clean versions of the revised Statement of Variables.

Brackets in red font and highlighted in yellow have been added to the SOV to show additional requested variability that was not included in the original filing.

As indicated in our original filing, the Group Accident Insurance product is designed to provide accidental benefits for Business, Pleasure, and Occupational trips by Covered Persons.

The Group Accident Insurance product will be marketed to approved groups in your state, and may be marketed through brokers, consultants, third party administrators and sales employees.

## Company and Contact

### Filing Contact Information

Diana Crown, Regulatory Services Analyst diana.crown@zurichna.com  
 1400 American Lane 847-706-2621 [Phone]  
 Schaumburg, IL 60196

### Filing Company Information

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

## Filing Fees

**State:** Arkansas **Filing Company:** Zurich American Insurance Company  
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Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Arkansas's fee is \$50.00 per filing.  
Per Company: No

Company	Amount	Date Processed	Transaction #
Zurich American Insurance Company	\$50.00	12/05/2012	65455478

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/06/2012	12/06/2012

SERFF Tracking #:

ZURC-128794707

State Tracking #:

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State:

Arkansas

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## Disposition

Disposition Date: 12/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Revised Statement of Variables	Approved-Closed	Yes
Supporting Document	Redline copy and Explanatory Memorandum	Approved-Closed	Yes

**SERFF Tracking #:**

ZURC-128794707

**State Tracking #:****Company Tracking #:**

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Flesch Certification	Approved-Closed	12/06/2012
Bypass Reason:	Not applicable		

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Application	Approved-Closed	12/06/2012
Bypass Reason:	Not applicable		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Revised Statement of Variables	Approved-Closed	12/06/2012
Comments:			
Attachment(s):	U-VA-1001-B CW Final.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Redline copy and Explanatory Memorandum	Approved-Closed	12/06/2012
Comments:			
Attachment(s):	UVA SOV Redline.pdf U-VA Revised SOV Explanatory Memorandum Final.pdf		

**STATEMENT OF VARIABLES  
GROUP ACCIDENT POLICY  
U-VA-100-A CW**

**NOTE: THIS POLICY IS DEVELOPED FOR USE IN BASIC, VOLUNTARY and BUSINESS TRAVEL ACCIDENT POLICIES. [INSURED] AND [COVERED PERSON] WILL ALWAYS BE IN OR OUT. [DOMESTIC PARTNER] WILL ALWAYS BE IN OR OUT.**

<p><b>POLICYHOLDER:</b> [John Doe Corporation] [123 Main Street] [Anywhere, XX 10011]</p> <p>[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES:]</p> <p><b>POLICY NUMBER:</b> [ABC-1234567] <b>POLICY DATE:</b> [January 1, 2006] [ to Continuous] (All Insurance begins and ends at 12:01 a.m. at <b>Policyholder's</b> Address)</p> <p><b>CONTRACT SITUS:</b> [ ]</p>	<p>Name of <b>Policyholder</b> will be inserted. Address of <b>Policyholder</b> will be inserted. City and State of <b>Policyholder</b> will be inserted.</p> <p>This will be either in or out.</p> <p>Policy number of <b>Policy</b> will be inserted. Effective date will be inserted. If not continuous, an expiration date will also be inserted.</p> <p>State <b>Policy</b> is issued.</p>
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**SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE**

<p>[completion of the <b>Service Waiting Period</b> as indicated below, and]</p>	<p>This will be either in or out. If in, <b>Service Waiting Period</b> will be decided by the <b>Policyholder</b>.</p>
<p><b>Class I:</b> [All <b>Active</b> full-time employees of the <b>Policyholder</b> working a minimum of [30 hours] per week.]</p> <p><b>[Class II:</b> [All <b>Active</b> salaried employees of the Policyholder.]]</p> <p><b>[Class III:</b> [All <b>Active</b> hourly employees of the Policyholder.]]</p>	<p>Class definitions are variable and defined by the <b>Policyholder</b> based on elements relating to the relationship between the organization and insureds/covered persons.</p> <p>If there is more than one Class eligible under the Policy a Schedule of Benefits may be presented for each Class if benefit applicability, amounts and duration differ by class or it may be presented in the aggregate.</p> <p>This will be in or out. If in, range is 1-60.</p> <p>An example of what may be included is provided to the left.</p>
<p><b>[ELIGIBILITY OF INSURED'S DEPENDENTS:</b> Employees who enroll may elect to cover their eligible <b>Dependents</b>. An eligible <b>Dependent</b> includes the <b>Insured's</b> legally married <b>Spouse[/Domestic Partner]</b> and <b>Dependent Child(ren)</b> of the <b>Insured</b> [or <b>Spouse[/Domestic Partner]</b>. ] A legally married <b>Spouse[/Domestic Partner]</b> will not be eligible as a <b>Dependent</b> if he or she is also an <b>Insured</b> under this <b>Policy</b>. ] If the <b>Insured</b> and his or her legally married <b>Spouse[/Domestic Partner]</b>, legally separated <b>Spouse[/Domestic Partner]</b>, former <b>Spouse[/Domestic Partner]</b> are both <b>Insured's</b> under this <b>Policy</b>, only one may select a <b>Plan</b> covering their mutual <b>Dependents</b>. ]]</p>	<p><b>ELIGIBILITY OF INSURED'S DEPENDENTS</b> will be either in or out. Eligibility of Insured's Dependents is variable and determined by the <b>Policyholder</b>, and may vary by Class of <b>Insured</b> or <b>Covered Person</b>.</p> <p>An example of what may be included is provided to the left.</p>

<p><b>[SERVICE WAITING PERIOD:</b> [[30 days] of active continuous service]]</p>	<p><b>SERVICE WAITING PERIOD</b> will be either in or out. The <b>SERVICE WAITING PERIOD</b> is variable and defined by the <b>Policyholder</b> based on elements relating to the relationship between the organization and insureds/covered persons. It may vary by Class of <b>Insured</b> or <b>Covered Person</b>.</p> <p>An example of what may be included is provided to the left. If in, the range of active continuous service will range 0-730 days.</p>
<p><b>[EFFECTIVE DATE OF INSURANCE FOR THE INSURED:</b> [A. For eligible individuals hired prior to [January 1, 2006]: [January 1, 2006], provided the completed enrollment material is received by the <b>Policyholder</b> on or prior thereto.]</p> <p>[B. For eligible individuals hired on or after [January 1, 2006]: [on the first day of the month following the date the completed enrollment form is received by the <b>Policyholder</b>] [upon] [on the first day of the month following] completion of the required <b>Service Waiting Period</b> indicated above, provided the completed enrollment material is received by the <b>Policyholder</b> prior thereto.]</p>	<p>The <b>EFFECTIVE DATE OF INSURANCE FOR THE INSURED</b> section is variable and defined by the <b>Policyholder</b> based on elements relating to the relationship between the organization and insureds/covered persons. It may vary by Class of <b>Insured</b> or <b>Covered Person</b>.</p> <p>Examples of what may be included are provided to the left.</p>

**SECTION II – SCHEDULE**

<p><b>COVERAGES:</b> [24 Hour <b>Accident</b> Protection Excluding Corporate Owned or Leased Aircraft H1]</p>	<p><b>Classes Covered</b> [All]</p> <p>The appropriate <b>Coverage(s)</b> will be inserted as well as <b>Classes Covered</b>.</p>
<p><b>BENEFITS: Principal Sum</b> <b>ACCIDENTAL DEATH BENEFIT</b> (same for <b>ACCIDENTAL DISMEMBERMENT BENEFIT</b>)</p> <p>[<b>Class I:</b> [An employee may purchase an amount of <b>Principal Sum</b> from a minimum of [\$50,000] to a maximum of [\$500,000] in increments of [\$10,000]. [However, amounts applied for in excess of [\$150,000] must not exceed [ten (10)] times the employee's <b>Base Annual Earnings</b>*.]]</p> <p>[<b>Class II:</b> [[Three (3)] times the employees <b>Base Annual Earnings</b>* to a maximum of [\$500,000].]</p> <p>[<b>Class III:</b> [\$100,000]</p>	<p>The <b>Principal Sum</b> section is intended to be free form, determined by <b>Us</b> and the <b>Policyholder</b> based on the specific needs of the <b>Policyholder</b>. For instance, a minimum may or may not be desired; the available options may be multiples of salary in lieu of a range of dollar amounts; the available options may be a combination thereof; when the available options are multiples of salary, the salary may be rounded up or down, the total of the multiples may be rounded up or down, etc.; not all <b>Policyholders</b> use the terminology “Base Annual Earnings” – other terms such as “Salary” should be acceptable consistent with the intent above.</p> <p>If the wording at left is used,      [\$ 50,000] The range will be \$ 1,000 - \$25,000,000      [\$500,000] The range will be \$ 1,000 - \$25,000,000      [\$ 10,000] The range will be \$ 1,000 - \$25,000,000      [\$150,000] The range will be \$ 1,000 - \$25,000,000      [ten (10)] The range will be 1-20 times</p> <p>If the wording at left is used,      The range will be one (1) – twenty (20)      The range will be \$1,000 - \$25,000,000</p> <p>If the wording at left is used,      The range will be \$1,000 - \$25,000,000</p>

<p>[*<b>Base Annual Earnings</b> means the employee's base annual pay [excluding overtime, bonuses, [commissions] and special compensation.]]</p>	<p>The <b>Base Annual Earnings</b> definition is intended to be free form, determined by <b>Us</b> and the <b>Policyholder</b> based on the specific needs of the <b>Policyholder</b>. Not all <b>Policyholders</b> use the terminology “Base Annual Earnings” – other terms such as “Salary” should be acceptable consistent with the intent above.</p>												
<p>[The <b>Principal Sum</b> for <b>Covered Dependents</b> will be a percentage of the <b>Insured's Principal Sum</b>, as follows:</p> <table border="0"> <thead> <tr> <th><b>Plan Selected</b></th> <th><b>% Spouse[/Domestic Partner]</b></th> <th><b>% Child(ren)</b></th> </tr> </thead> <tbody> <tr> <td><b>Spouse[/Domestic Partner] only:</b></td> <td>[50%]</td> <td>0</td> </tr> <tr> <td><b>Dependent Child(ren) only</b></td> <td>0</td> <td>[15%]</td> </tr> <tr> <td><b>Spouse[/Domestic Partner] and Dependent Child(ren)</b></td> <td>[40%]</td> <td>[10%]</td> </tr> </tbody> </table> <p>[Maximum of [\$25,000] [<b>Principal Sum</b>] [<b>Accidental Death Benefit</b>] for <b>Dependent Child(ren)</b>.]</p> <p>[For <b>Covered Dependent Child(ren)</b> the indicated percentage applies to <b>Loss of Life</b> only.]</p>	<b>Plan Selected</b>	<b>% Spouse[/Domestic Partner]</b>	<b>% Child(ren)</b>	<b>Spouse[/Domestic Partner] only:</b>	[50%]	0	<b>Dependent Child(ren) only</b>	0	[15%]	<b>Spouse[/Domestic Partner] and Dependent Child(ren)</b>	[40%]	[10%]	<p>This will be in for <b>Voluntary</b> policy only.</p> <p>[50%] The range will be 1% - 100%</p> <p>[15%] The range will be 1% - 100%</p> <p>[40%] The range will be 1% - 100%</p> <p>[10%] The range will be 1% - 100%</p> <p>If in:  [Maximum of [\$25,000] The range will be \$1,000-\$250,000.  [<b>Principal Sum</b>] will be either in or out.  [<b>Accidental Death</b> benefit] will be either in or out.</p> <p>[For <b>Covered Dependent Child(ren)</b>.....  This will be in for <b>Voluntary</b> policy only.</p>
<b>Plan Selected</b>	<b>% Spouse[/Domestic Partner]</b>	<b>% Child(ren)</b>											
<b>Spouse[/Domestic Partner] only:</b>	[50%]	0											
<b>Dependent Child(ren) only</b>	0	[15%]											
<b>Spouse[/Domestic Partner] and Dependent Child(ren)</b>	[40%]	[10%]											
<p>[The <b>Principal Sum</b> for <b>Covered Dependents</b> will be [a choice of] the following amounts:</p> <p><b>Spouse[/Domestic Partner]:</b> [\$50,000] [\$75,000] [\$100,000]</p> <p><b>Dependent Child(ren):</b> [\$10,000] [\$15,000] [\$20,000] [\$25,000]</p> <p>[In no event shall the amount be greater than the <b>Insured's Principal Sum</b>.]</p>	<p>This will be in for <b>Voluntary</b> policy only.  [/<b>Domestic Partner</b>]: This will either be in or out.</p> <p><b>Spouse Coverage</b> will range from \$1,000 - \$2,000,000  <b>Dependent Child(ren)</b> will range from \$1,000 - \$250,000</p> <p>[In no event shall the amount..... This will be either in or out.</p>												
<p>At age [70], [for the <b>Insured</b> only,] the <b>Principal Sum</b> shall be reduced based on the [<b>Covered Person's</b>] [<b>Insured's</b>] previous <b>Principal Sum</b> per the following schedule</p> <table border="0"> <thead> <tr> <th><b>Age at Date of Loss</b></th> <th><b>Percent of Principal Sum</b></th> </tr> </thead> <tbody> <tr> <td>[70-74]</td> <td>[65%]</td> </tr> <tr> <td>[75-79]</td> <td>[45%]</td> </tr> <tr> <td>[80-84]</td> <td>[30%]</td> </tr> <tr> <td>[85 &amp; Over]</td> <td>[15%]</td> </tr> </tbody> </table>	<b>Age at Date of Loss</b>	<b>Percent of Principal Sum</b>	[70-74]	[65%]	[75-79]	[45%]	[80-84]	[30%]	[85 & Over]	[15%]	<p>[70] The range will be age 55 and over.  [for the <b>Insured Only</b>] will be either in or out.</p> <p><b>Age at Date of Loss:</b>  The range will be age 55 and over.</p> <p><b>Percent of Principal Sum:</b>  The range will be 99% - 1%.</p>		
<b>Age at Date of Loss</b>	<b>Percent of Principal Sum</b>												
[70-74]	[65%]												
[75-79]	[45%]												
[80-84]	[30%]												
[85 & Over]	[15%]												
<p>[<b>Aggregate Limit of Liability</b> per [air travel] <b>Covered Accident</b> [\$0.00]]</p>	<p>This will be in for <b>Basic</b> or <b>BTA</b> policy only. If in [air travel] will either be in or out.  [\$0.00] The range will be \$10,000 - \$500,000,000</p>												

<p><b>[Escalator Clause</b>  <b>We will increase the Accidental Death Benefit for the Insured</b> at an amount equal to [2%] of the <b>Insured's Principal Sum</b> for each year the <b>Insured</b> remains continuously covered under this <b>Policy</b> for a maximum of [five (5)] years. [If the <b>Insured</b> selected a <b>Plan</b> covering his or her <b>Dependent(s)</b>, the <b>Principal Sum</b> for his or her <b>Dependent(s)</b> will be calculated from the <b>Insured's</b> original <b>Principal Sum</b>, and therefore this increase does not affect the <b>Dependent's Accidental Death Benefit(s)</b>.]  The first increase will take effect one year from the <b>Policy</b> anniversary date that is equal to or later than the date the <b>Insured</b> became eligible for benefits under this <b>Policy</b>. Future increases will take effect on subsequent <b>Policy</b> anniversary dates. The increase will be based on the <b>Insured's Principal Sum</b> on the day immediately prior to the <b>Policy</b> anniversary date.]]</p>	<p>This will be either in or out.  If in:  [2%] The range will be 1% - 100%.  [5] years The range will be 1 – 10 years.    [If the <b>Insured</b> selected a <b>Plan</b> covering his or her <b>Dependent(s)</b>.....] For <b>Voluntary</b> policies, this will be in or out.</p>
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<p><b>[ACCIDENTAL DISMEMBERMENT [AND COVERED LOSS OF USE] [AND PLEGIA] BENEFIT</b>  <b>Principal Sum:</b>  [Same as above.]] etc.</p>	<p><b>Classes Covered</b>  [All]</p>	<p><b>BENEFITS</b> will be either in or out. If in, benefits that <b>Policyholder</b> has opted for will be included on the Schedule page.</p>
<p><b>[ADDITIONAL BENEFITS:</b>  [Seat Belt] [Rehabilitation Benefit] etc.</p>		<p><b>ADDITIONAL BENEFITS</b> will be either in or out. If in, additional benefits that <b>Policyholder</b> has opted for will be included on the Schedule page.</p>
<p><b>[ADDITIONAL ENDORSEMENTS:</b>  [ Administrative Change Endorsement]</p>		<p><b>ADDITIONAL ENDORSEMENTS</b> will be either in or out. If in, additional endorsements and Form Number that <b>Policyholder</b> has opted for will be included on the Schedule page.</p>
<p>Premium Due Date [First Date of each month] [Effective date of <b>Policy</b>]</p>		<p>(Premium due date will be determined by the needs of the <b>Policyholder</b> and/or <b>Us</b>, and may be a date other than the “First Date of each month” or “Effective date of <b>Policy</b>”).</p>



[ <b>Chartered Aircraft</b> [ten (10)] consecutive days [fifteen (15)] days [one (1)] year period.]	This will be either in or out. If in, The range will be 1 – 365 days The range will be 1 -365 days The range will be 1 - 10 years
[ <b>Controlled</b> by, as used in the <b>Coverages</b> Section for [25] or more hours a [one (1)] year period [100] hours	This will be either in or out. If in The range will be 1 - 500 hours The range will be 1 - 10 years The range will be 1 - 500 hours
<b>Coverd Person ...</b> [,and his or her <b>Spouse[/Domestic Partner]</b> and/or <b>Dependent Child(ren)</b> if a <b>Plan</b> covering the <b>Spouse [/Domestic Partner]</b> and/or <b>Dependent Child(ren)</b> is selected.]	This section of this definition will only be used in a <b>Voluntary</b> policy.
<b>Dependent</b> definition..... [The <b>Dependent</b> will only be a <b>Covered Dependent</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]	Will only be used in a <b>Voluntary</b> policy.
<b>Dependent Child(ren)</b> definition.... or those unmarried <b>Child(ren)</b> [as defined in the <b>Policyholder's</b> [medical] plan as on file and approved by <b>Us</b> ] [more than 50% of] [19 (nineteen)] years of age; 2) less than [25 (twenty-five)] years of age prior to age [19] became incapable of	This will be either in or out. This will be either in or out. This will either be in or out. The range will be 19-26 years The range will be 23-30 years The range will be 19-26 years
[The <b>Child(ren)</b> will only be <b>Covered Dependent Child(ren)</b> if a <b>Plan</b> covering <b>Dependent Child(ren)</b> is selected.]	Will only be used in a <b>Voluntary</b> policy.
[ <b>Domestic Partner</b> and all remaining brackets in definition	This will be either in or out.
[ <b>Domestic Partner</b> and all remaining brackets in definition	This will be either in or out.
[ <b>Foreign National</b>	This will be either in or out.
[ <b>Owned Aircraft</b> [or a related company]	This will be either in or out. This will be either in or out.
[ <b>Service Waiting Period</b>	This will be either in or out.
<b>Specialized Aviation Activity</b>	Each bracket defining which activity will be included in <b>Policy</b> will be either in or out.
<b>Spouse</b> definition [under age 70]. [It also includes the <b>Insured's Domestic Partner</b> [under age 70] as defined in the Definitions Section of this <b>Policy</b> .]  [A <b>Spouse[/Domestic Partner]</b> will only be a <b>Covered Spouse [/Domestic Partner]</b> if a <b>Plan</b> covering the <b>Insured's Spouse [/Domestic Partner]</b> is selected.]]	The range will be 65 and over This will be either in or out. If in, the range of [under age 70] will be 65 and over  Will only be used in a <b>Voluntary</b> policy.
[ <b>Under lease</b> than [ten (10)] consecutive days [fifteen (15)] days a [one (1)] year period	This will be either in or out. If in, The range will be 1-365 days The range will be 1-365 days The range will be 1-10 years

#### SECTION IV – COVERAGES

[ <b>24 HOUR ACCIDENT PROTECTION BUSINESS AND PLEASURE</b> [ <b>EXCLUDING</b> ] [ <b>INCLUDING</b> ] <b>CORPORATE OWNED OR LEASED AIRCRAFT,</b> [ <b>AND SUBSTITUTE AIRCRAFT,</b> ] [ <b>PASSENGER ONLY</b> ] [ <b>PASSENGER AND CREW</b> ] <b>H-1</b>	This will coverage will be either in or out. If in, each bracketed item in this <b>Coverage</b> will be either in or out.
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<p>Hazard Limitations: Air travel Coverage is limited to a loss sustained during a trip, while the <b>[Covered Person]</b> <b>[Insured]</b> is a passenger, [pilot, operator, member of the crew or cabin attendant,] riding in or on, boarding or getting off:</p>	<p>Each bracketed item will be in or out.</p>
<p><b>Hazard Exclusions:</b></p> <p><b>Coverage</b> is not provided:</p> <p><b>A.</b> [If the <b>[Covered Person]</b><b>[Insured]</b> is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</p> <p><b>B.</b> ]Unless <b>We</b> have previously consented in writing to the use, <b>Coverage</b> is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <p><b>[1.</b> any aircraft other than those expressly stated in this <b>Coverage</b>;<b>]</b></p> <p><b>[2.</b> any aircraft <b>[Owned</b> or] <b>[Controlled</b> by, or] <b>[Under lease</b> to] the <b>Policyholder</b> [except the following aircraft, [including <b>Substitute Aircraft</b>]]:</p> <p style="padding-left: 40px;">[Description of Aircraft]</p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the <b>Policyholder's</b> consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.<b>]</b></p> <p><b>[3.</b> any aircraft <b>Owned</b> or <b>Controlled</b> by, or <b>Under lease</b> to an <b>Insured</b> [or a member of [a <b>Covered Person's</b>][an <b>Insured's</b>] [family or] household];<b>]</b></p> <p><b>[4.</b> any aircraft operated by [the <b>Policyholder</b> [except those indicated in 2. above, [including <b>Substitute Aircraft</b>]]or] one of the Policyholder's employees [including members of an employee's [family or] household];<b>]</b></p> <p><b>[5.</b> any aircraft engaged in a <b>Specialized Aviation Activity</b>;<b>]</b></p> <p><b>[6.</b> any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].<b>]</b></p>	<p>[If the...] will be in or out. [except those aircraft...] will be in or out.</p> <p>Each item 1-6 will be either in or out. Within each item, bracketed items will be either in or out.</p> <p>Aircraft description will be inserted.</p>
<p><b>[Hazard Definitions:</b></p> <p><b>[Substitute Aircraft</b> means an aircraft, which is not owned by the <b>Policyholder</b>, and:</p> <ol style="list-style-type: none"> <li>1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;</li> <li>2. is the same class of aircraft as the specified aircraft; and</li> <li>3. is being used by the <b>Policyholder</b> because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]]</li> </ol> <p><b>[Note:</b> A complete updated list of all Corporate Aircraft must be provided to <b>Us</b> on each anniversary of the <b>Policy</b>.]</p> <p>Other Limitations and Exclusions that apply to this <b>Hazard</b> are in Section VII General Exclusions and Section VIII General Limitations.]</p>	<p>Each bracketed item will be in or out.</p>

<p><b>[24 HOUR ACCIDENT PROTECTION WHILE ON BUSINESS TRIP [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT,] [PASSENGER ONLY] [PASSENGER AND CREW]H-2</b></p> <p>[during a business trip][and during a Bona Fide Trip]</p> <p>[pilot, operator, member of the crew or cabin attendant,]</p>	<p>This coverage will be either in or out. If in, each bracketed item in this <b>Coverage</b> will be either in or out.</p> <p>These will be in or out.</p> <p>This will be in or out.</p>
<p><b>Hazard Exclusions:</b></p> <p><b>Coverage</b> is not provided:</p> <p><b>A.</b> [If the <b>Insured</b> is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</p> <p><b>B.</b> ][For an assignment by the <b>Policyholder</b> or relocation that exceeds [sixty (60)] days in duration. Note: If an assignment exceeds [sixty (60)] days in duration, the location of the assignment will be considered the place of permanent assignment, and the <b>Insured</b> will then have <b>Coverage</b> when traveling elsewhere on the <b>Business of the Policyholder</b>.</p> <p><b>C.</b> ]Unless <b>We</b> have previously consented in writing to the use, <b>Coverage</b> is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <ol style="list-style-type: none"> <li><b>1.</b> any aircraft other than those expressly stated in this <b>Coverage</b>;</li> <li><b>2.</b> any aircraft [<b>Owned</b> or] [<b>Controlled</b> by, or] [<b>Under lease</b> to] the <b>Policyholder</b> [except the following aircraft, [including <b>Substitute Aircraft</b>]: <ul style="list-style-type: none"> <li>[Description of Aircraft]</li> </ul> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the <b>Policyholder's</b> consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]]</p> </li> <li><b>3.</b> any aircraft <b>Owned</b> or <b>Controlled</b> by, or <b>Under lease</b> to an <b>Insured</b> [or a member of an <b>Insured's</b> [family or] household];</li> <li><b>4.</b> any aircraft operated by [the <b>Policyholder</b> [except those indicated in 2. above, [including <b>Substitute Aircraft</b>]]or] one of the <b>Policyholder's</b> employees [including members of an employee's [family or] household];</li> <li><b>5.</b> any aircraft engaged in a <b>Specialized Aviation Activity</b>;</li> <li><b>6.</b> any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]</li> </ol>	<p>Each bracketed item will be in or out.</p> <p>[sixty (60)] The range will be 1-730 days. [sixty (60)] The range will be 1-730 days.</p> <p>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</p> <p>Aircraft description will be inserted.</p>
<p><b>Hazard Definitions:</b></p> <ul style="list-style-type: none"> <li>• <b>Business of the Policyholder</b> means an assignment by or at the direction of the <b>Policyholder</b> to further the business of the <b>Policyholder</b>. It does not include an <b>Accident</b> occurring during usual travel to and from work; bona fide leaves of absence or vacation [; or a <b>Personal Deviation</b>]. [It does not include employees who are hired to operate a truck.] [It does include [a <b>Personal Deviation</b>] [and] [<b>Side Trips</b> of a personal nature.]]</li> <li>• [<b>Bona Fide Trip</b> means a trip that requires the <b>Insured</b> to travel outside the limits of the city or municipality where he or she normally works.]</li> <li>• [<b>Personal Deviation</b> means non-business activities undertaken while on the <b>Business of the Policyholder</b>, but unrelated to furthering the <b>Business of the Policyholder</b>.]</li> </ul>	<p>Each bracketed item will be in or out.</p>

<ul style="list-style-type: none"> <li>• <b>[Side Trip</b> means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; [and] 3) is taken during the course of the business trip[.] [; and 4) is limited to [72 hours]].]</li> <li>• <b>[Substitute Aircraft</b> means an aircraft, which is not owned by the <b>Policyholder</b>, and:       <ol style="list-style-type: none"> <li>1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;</li> <li>2. is the same class of aircraft as the specified aircraft; and</li> <li>3. is being used by the <b>Policyholder</b> because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]</li> </ol> </li> </ul> <p>[<b>Note:</b> A complete updated list of all Corporate Aircraft must be provided to <b>Us</b> on each anniversary of the <b>Policy</b>.]</p> <p>Other Limitations and Exclusions that apply to this <b>Hazard</b> are in Section VII General Exclusions and Section VIII General Limitations.]</p>	<p>[72 hours] The range will be 1 hour to 31 days.</p>
<p><b>[24 HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIED TRIP [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-3 [insert destination/description of trip]</b></p>	<p>This coverage will be either in or out. If in, each bracketed item in this <b>Coverage</b> will be either in or out.</p> <p>This will vary based on the destination/trip.</p>
<p><b>Hazard Limitations:</b></p> <p>Air travel <b>Coverage</b> is limited to a loss sustained during the trip, while the <b>Insured</b> is a passenger, [pilot, operator, member of the crew or cabin attendant,] riding in or on, boarding or getting off:</p>	<p>This will be in or out.</p>
<p><b>Hazard Exclusions:</b></p> <p><b>Coverage</b> is not provided:</p> <p>A. [If the <b>Insured</b> is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</p> <p>B.] [For travel or activities by the <b>Insured</b>, which deviate from the requirements for making the specified trip, or travel that is an extension of the specified trip. [This includes [a <b>Personal Deviation</b>] [and] [<b>Side Trips</b> of a personal nature.] [This does not include [a <b>Personal Deviation</b>] [and] [<b>Side Trips</b> of a personal nature.]</p> <p>C.] Unless <b>We</b> have previously consented in writing to the use, <b>Coverage</b> is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <p><b>[1.</b> any aircraft other than those expressly stated in this <b>Coverage</b>;</p> <p><b>[2.</b> any aircraft [<b>Owned</b> or] [<b>Controlled</b> by, or] [<b>Under lease</b> to] the <b>Policyholder</b> [except the following aircraft, [including <b>Substitute Aircraft</b>]:</p> <p style="padding-left: 40px;">[Description of Aircraft]</p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the <b>Policyholder's</b> consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]</p>	<p>Each bracketed item will be in or out.</p> <p>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</p> <p>Aircraft description will be inserted.</p>

<p><b>3.</b> any aircraft <b>Owned</b> or <b>Controlled</b> by, or <b>Under lease</b> to an <b>Insured</b> [or a member of an <b>Insured's</b> [family or] household];</p> <p><b>4.</b> any aircraft operated by [the <b>Policyholder</b> [except those indicated in 2. above, [including <b>Substitute Aircraft</b>]]or] one of the Policyholder's employees [including members of an employee's [family or] household];</p> <p><b>5.</b> any aircraft engaged a <b>Specialized Aviation Activity</b>;</p> <p><b>6.</b> any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].</p>	
<p><b>[Hazard Definitions:</b></p> <ul style="list-style-type: none"> <li>• <b>[Personal Deviation</b> means [non-business] activities undertaken while on the specified trip, but unrelated to the specified trip.]</li> <li>• <b>[Side Trip</b> means [non-business] travel of a personal nature that: 1) is incidental to the specified trip; 2) would not have been taken if not for the specified trip; [and] 3) is taken during the course of the specified trip[.] [; and 4) is limited to [72 hours]].]</li> <li>• <b>[Substitute Aircraft</b> means an aircraft, which is not owned by the <b>Policyholder</b>, and:       <ol style="list-style-type: none"> <li>1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;</li> <li>2. is the same class of aircraft as the specified aircraft; and</li> <li>3. is being used by the <b>Policyholder</b> because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]]</li> </ol> </li> </ul> <p><b>[Note:</b> A complete updated list of all Corporate Aircraft must be provided to <b>Us</b> on each anniversary of the <b>Policy</b>.]</p> <p>Other Limitations and Exclusions that apply to this <b>Hazard</b> are in Section VII General Exclusions and Section VIII General Limitations.]</p>	<p>Each bracketed item will be in or out.</p> <p>[72 hours] The range will be 1 hour to 31 days.</p>
<p><b>[FULL OCCUPATIONAL COVERAGE [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-4 [pilot, operator, member of the crew or cabin attendant,]</b></p>	<p>This coverage will be either in or out. If in, each bracketed item in this <b>Coverage</b> will be either in or out.</p> <p>This will be either in or out.</p>

<p><b>Hazard Exclusions:</b></p> <p><b>Coverage</b> is not provided:</p> <p>A. [If the <b>Insured</b> is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</p> <p>B.] Unless <b>We</b> have previously consented in writing to the use, <b>Coverage</b> is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</p> <p>[1. any aircraft other than those expressly stated in this <b>Coverage</b>;</p> <p>[2. any aircraft [<b>Owned</b> or] [<b>Controlled</b> by, or] [<b>Under lease</b> to] the <b>Policyholder</b> [except the following aircraft, [including <b>Substitute Aircraft</b>]:</p> <p style="padding-left: 40px;">[Description of Aircraft]</p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the <b>Policyholder's</b> consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]</p> <p>[3. any aircraft <b>Owned</b> or <b>Controlled</b> by, or <b>Under lease</b> to an <b>Insured</b> [or a member of an <b>Insured's</b> [family or] household];</p> <p>[4. any aircraft operated by [the <b>Policyholder</b> [except those indicated in 2. above, [including <b>Substitute Aircraft</b>]]or] one of the Policyholder's employees [including members of an employee's [family or] household];</p> <p>[5. any aircraft engaged in a <b>Specialized Aviation Activity</b>;</p> <p>[6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]</p>	<p>Each bracketed item will be in or out.</p> <p>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</p> <p>Aircraft description will be inserted.</p>
<p><b>Hazard Definitions:</b></p> <p>2. leaves of absence or vacations[.] [; or</p> <p>3. a [<b>Personal Deviation</b>] [or] [<b>Side Trip</b> of a personal nature], during a <b>Bona Fide Trip</b>, that is not at the direction of and in furtherance of the economic interest of the <b>Policyholder</b>.]</p> <p>[It does not include employees who are hired to operate a truck.]</p> <p>[It does include [a <b>Personal Deviation</b>] [and] [<b>Side Trips</b> of a personal nature.]</p> <ul style="list-style-type: none"> <li>• [<b>Personal Deviation</b> means non-business activities undertaken while on the <b>Bona Fide Trip</b>, but unrelated to the <b>Bona Fide Trip</b>.]</li> <li>• [<b>Side Trip</b> means non-business travel of a personal nature that: 1) is incidental to the <b>Bona Fide Trip</b>; 2) would not have been taken if not for the <b>Bona Fide Trip</b>; [and] 3) is taken during the course of the <b>Bona Fide Trip</b>[.] [; and 4) is limited to [72 hours]].]</li> <li>• [<b>Substitute Aircraft</b> means an aircraft, which is not owned by the <b>Policyholder</b>, and: <ul style="list-style-type: none"> <li>1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;</li> <li>2. is the same class of aircraft as the specified aircraft; and</li> <li>3. is being used by the <b>Policyholder</b> because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]</li> </ul> </li> </ul> <p>[<b>Note:</b> A complete updated list of all Corporate Aircraft must be provided to <b>Us</b> on each anniversary of the <b>Policy</b>.]</p>	<p>Each bracketed item will be in or out.</p> <p>[72 hours] The range will be 1 hour to 31 days.</p>

Other Limitations and Exclusions that apply to this <b>Hazard</b> are in Section VII General Exclusions and Section VIII General Limitations.]	
<p><b>[SPECIFIED PILOT COVERAGE</b>  <b>[Pilot Name(s)]</b>  <b>[Aircraft Descriptions(s)]</b></p>	This will be either in or out. Name or descriptor will be inserted Aircraft description will be inserted.
<p><b>[BOMB SCARE/EXPLOSION COVERAGE</b>  <b>[or Fire Drill]</b>  <b>[Fire Drill means while participating in a Fire Drill conducted by the Policyholder for the purpose of emergency preparedness.]</b></p> <p>[For purposes of this <b>Bomb Scare/Explosion Coverage</b>, the <b>Aggregate Limit of Liability per Covered Accident</b> is [\$0.00].]</p>	This will be either in or out. This will be either in or out. This will be in or out.
<p><b>[COMMUTATION COVERAGE</b>  <b>[This Coverage will not be extended if the operator of the private passenger automobile in which the Insured was riding at the time he or she incurred such Covered Injury was either:]</b></p> <p><b>[1. under the influence of alcohol;</b>  a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.  b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication;]</p> <p><b>[Or,]</b>  <b>[2. ] under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage. ]]</b></p>	This will be either in or out. If in, each bracketed item will be either in or out.
<p><b>[EXPOSURE AND DISAPPEARANCE COVERAGE</b>  <b>[365 days]</b></p>	This will be either in or out. If in, The range will be 1 - 730 days
<p><b>[EXTRA-ORDINARY COMMUTATION COVERAGE</b>  <b>[This Coverage will not be extended if the operator of the private passenger automobile in which the Insured was riding at the time he or she incurred such Covered Injury was either:]</b></p> <p><b>[1. under the influence of alcohol;</b>  a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.  b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication;]</p> <p><b>[Or,]</b>  <b>[2. ] under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage. ]]</b></p>	This will be either in or out. If in, each bracketed item will be either in or out.
<p><b>[FAMILY TRAVELING WITH EMPLOYEE ON BUSINESS AND/OR RELOCATION TRIPS COVERAGE</b>  <b>Spouse [/Domestic Partner] : \$[50,000]</b>  <b>Dependent Child(ren): \$[25,000]</b></p>	This will be either in or out.  This will be either in or out. If in, The range will be \$1,000-\$2,000,000. The range will be \$1,000-\$250,000.
<p><b>[FELONIOUS ASSAULT COVERAGE</b>  <b>[a Fellow Employee]</b>  <b>[Fellow Employee means...than [forty-five (45)] days prior...]</b>  <b>[For purposes of this Felonious Assault Coverage, the Aggregate Limit of Liability per Covered Accident is [\$0.00].]</b></p>	This will be either in or out. If in, This will be in or out. The range will be 45 days - 5 years. This will be in or out. If in, The range will be \$10,000-\$500,000,000
<p><b>[HIJACKING or SKYJACKING COVERAGE</b>  <b>[or conveyance]</b></p>	This will be either in or out. This will be either in or out.

<p><b>[ON-PREMISES TERRORISM COVERAGE</b>  <b>[and Covered Loss of Use][and Plegia]</b>  [The benefit for this <b>On-Premises Terrorism Coverage</b> will be [15%] of the applicable <b>Principal Sum</b> subject to a maximum of [\$100,000].]</p> <p><b>[We may cancel this On-Premises Terrorism Coverage</b> by sending the <b>Policyholder</b>, at its most recent address in <b>Our</b> records, a [ten (10)] day notice of <b>Our</b> intent to cancel. Upon cancellation, <b>We</b> will return any unearned premium that the <b>Policyholder</b> has paid, but this is not a condition of termination. A change or termination in this <b>Coverage</b> will not affect a claim that begins while this <b>Coverage</b> is in force.]</p> <p>[For purposes of this <b>On-Premises Terrorism Coverage</b>, the <b>Aggregate Limit of Liability</b> per <b>Covered Accident</b> is [\$0.00].]</p>	<p>This will be either in or out.  These will be either in or out.  This will be in or out. If in, [15%] the range will be 1% - 100%; [\$100,000] the range will be \$25,000-\$25,000,000  This will be either in or out. If in, [ten (10)] The range will be 1 -365 days</p> <p>This will be either in or out. If in, The range will be \$10,000-\$500,000,000</p>
<p><b>[RESERVE CORPS/NATIONAL GUARD UNIT COVERAGE</b>  <b>[and Covered Loss of Use][and Plegia]</b></p> <ol style="list-style-type: none"> <li><b>[1.</b> attending any regularly scheduled or routine training of less than [sixty (60)] days, or the <b>Insured</b> is enroute to or from such training;</li> <li><b>[2.</b> attending a <b>Service School</b> or the <b>Insured</b> is enroute to or from such <b>Service School</b>;</li> <li><b>[3.</b> taking part in any authorized inactive duty training; <b>[or,</b></li> <li><b>[4.</b> taking part as a unit member in a parade or exhibition authorized by official orders;</li> </ol> <p>[No benefit will be payable for any loss that occurs during active duty.]</p>	<p>This will be either in or out. If in These will be in or out.  Each item 1 through 4 will be in or out. [sixty (60)] The range will be 1-365 days</p> <p>This will be either in or out.</p>
<p><b>[WAR RISK COVERAGE</b>  [countries in brackets]</p> <p><b>A.</b> the war or act of war causing the <b>Injury</b> does not occur within [any of the states of the United States of America (including the District of Columbia)] [or Canada,] [named country or countries,] [or the [Covered Person's] [Insured's] country of residence]. [or</p> <p>[For those countries listed above in Paragraph [A, [except for the United States of America, the District of Columbia,] [or Canada] [and the [Covered Person's] [Insured's] country of residence,]] [B] <b>Covered Loss</b> that results from an act of war shall be covered provided the <b>Policyholder</b> submits to <b>Us</b> [each calendar quarter] [on an annual basis] a report of actual exposure within those areas. Additional premium due will be calculated at the standard war risk rates then in force.]</p> <p>[This <b>War Risk Coverage</b> is subject to an <b>Aggregate Limit of Liability</b> of [\$2,000,000] per <b>Covered Accident</b>.]</p> <p>[<b>We</b> may, by giving [seven (7)] days written notice to the <b>Policyholder</b>, (1) require additional premium, to be calculated at the standard war risk rates utilized at the time of the exposure; (2) amend the list of countries above; <b>[or]</b> (3) cancel this <b>Coverage</b>.] Any revision or cancellation will not prejudice any claim that occurred prior to the effective date of the revision or cancellation. Any unearned premium at the time of a cancellation will be promptly calculated and returned to the <b>Policyholder</b> on a pro-rata basis, but the return of the unearned premium is not a condition of cancellation. <b>Our</b> failure to exercise any of <b>Our</b> rights under this <b>Coverage</b> will not be deemed a waiver of these rights.]</p>	<p>This will be either in or out.  Countries considered <b>War Risk</b> countries</p> <p>Bracketed items will be either in or out.</p> <p>This will be either in or out. If in, all bracketed items will be in or out.</p> <p>[each calendar quarter] [on an annual basis]:  This will be either each calendar quarter or on an annual basis. These are examples of the frequencies – actual terms used may vary based on the needs of the Policyholder and Us.</p> <p>This will be either in or out. If in, the range will be \$10,000-\$500,000,000</p> <p>This will be either in or out. If in, [seven (7)] The range will be 3-365 days</p> <p>Items (1), (2) and (3) will each be in or out.</p> <p>This will be either in or out.</p>

**SECTION V – BENEFITS**

<p><b>ACCIDENTAL DEATH BENEFIT</b> [365 days]</p>	<p>The range will be 1-365 days.</p>								
<p><b>[ACCIDENTAL DISMEMBERMENT [AND LOSS OF USE] [AND PLEGIA] BENEFIT</b> [or a <b>Covered Spouse</b> [/Domestic Partner]] [365 days]</p> <ol style="list-style-type: none"> <li>1. [Principal Sum]</li> <li>2. [Principal Sum]</li> <li>3. [Principal Sum]</li> <li>4. [Principal Sum]</li> <li>5. [Principal Sum]</li> <li>6. [50% of Principal Sum]</li> <li>7. [50% of Principal Sum]</li> <li>8. [25% of Principal Sum]</li> <li>9. [25% of Principal Sum]</li> </ol> <p>[A reduced benefit will be payable equal to [50%] of the applicable <b>Accidental Dismemberment Benefit</b> after [365 days],</p> <p><b>[Covered Loss of Use of</b></p> <ol style="list-style-type: none"> <li>1. Four Limbs [Principal Sum]</li> <li>2. Three Limbs [75% of Principal Sum]</li> <li>3. Two Limbs [66 2/3% of Principal Sum]</li> <li>4. One Limb [50% of Principal Sum]</li> </ol> <p><b>[Plegia</b></p> <ol style="list-style-type: none"> <li>1. Quadriplegia (total paralysis of all four limbs) [Principal Sum]</li> <li>2. Triplegia (total paralysis of three limbs) [75% of Principal Sum]</li> <li>3. Paraplegia (total paralysis of both lower limbs) [66 2/3% of Principal Sum]</li> <li>4. Hemiplegia (total paralysis of upper and lower limbs [50% of Principal Sum] on one side of the body)</li> <li>5. [Uniplegia (total paralysis of one limb)] [25% of Principal Sum]]</li> </ol> <p>[2. <b>Covered Loss of Use</b> means total paralysis of a <b>Limb</b> or <b>Limbs</b>, which [has continued for [12] consecutive months and] is determined by <b>Our</b> competent medical authority to be permanent, complete and irreversible. <b>Limb</b> shall mean an arm or a leg.]</p> <p>[3 <b>Plegia</b> must [continue for [12] consecutive months and] be determined by <b>Our</b> competent medical authority to be permanent, complete and irreversible paralysis of [two] or more limb[s]. A <b>Limb</b> means an arm or a leg. Proof of total paralysis may be required by <b>Us</b> on a periodic basis. Benefits are not payable for paralysis caused by a stroke.]</p>	<p>This will be either in or out.</p> <p>This will be either in or out. The range will be 1-365 days</p> <p>Each benefit 1-9 will be in or out. If in, The range will be 1%-200% The range will be 1%-200%</p> <p>This will be either in or out. If in, The range will be [1%-100%] The range will be 1-365 days</p> <p>This will be either in or out. If in, Each benefit 1-4 will be in or out. If in, The range will be 1%-200% The range will be 1%-200% The range will be 1%-200% The range will be 1%-200%</p> <p>This will be either in or out. If in, Each item 1-5 will be in or out. If in, The range will be 1% - 200% The range will be 1%-200% The range will be 1%-200% The range will be 1%-200%</p> <p>The range will be 1%-200%</p> <p>This will be either in or out. If in, The range will be 1-24 months</p> <p>This will be either in or out. If in, The range will be 1-24 months The range will be 1 – 4 limbs</p>								
<p><b>[ACCIDENTAL DISMEMBERMENT[AND COVERED LOSS OF USE] [AND PLEGIA] BENEFIT FOR DEPENDENT CHILDREN</b> [365 days]</p> <p><b>Percentage of Insured's Principal Sum</b></p> <ol style="list-style-type: none"> <li>1 [50%] to a maximum of \$[100,000]</li> <li>2. [50%] to a maximum of \$[100,000]</li> <li>3. [50%] to a maximum of \$[100,000]</li> <li>4. [50%] to a maximum of \$[100,000]</li> </ol>	<p>This will be either in or out. If in,</p> <p>The range will be 1-365 days Each item 1-9 will be in or out. If in, the ranges will be:</p> <table border="0"> <tr> <td>1%-200%</td> <td>\$1,000-\$1,000,000</td> </tr> <tr> <td>1%-200%</td> <td>\$1,000-\$1,000,000</td> </tr> <tr> <td>1%-200%</td> <td>\$1,000-\$1,000,000</td> </tr> <tr> <td>1%-200%</td> <td>\$1,000-\$1,000,000</td> </tr> </table>	1%-200%	\$1,000-\$1,000,000	1%-200%	\$1,000-\$1,000,000	1%-200%	\$1,000-\$1,000,000	1%-200%	\$1,000-\$1,000,000
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1%-200%	\$1,000-\$1,000,000								
1%-200%	\$1,000-\$1,000,000								
1%-200%	\$1,000-\$1,000,000								

<p>5. [50%] to a maximum of \$[100,000]</p> <p>6. [25%] to a maximum of \$[ 50,000]</p> <p>7. [25%] to a maximum of \$[ 50,000]</p> <p>8. [12.5%] to a maximum of \$[ 25,000]</p> <p>9. [12.5%] to a maximum of \$[ 25,000]</p>	<p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p>
<p>[A reduced benefit will be payable equal to [50%] of the applicable <b>Accidental Dismemberment Benefit</b> after [365 days],</p>	<p>This will be either in or out. If in, The range will be 1%-100% The range will be 1-365 days</p>
<p>[Covered Loss of Use of</p> <p>1. Four <b>Limbs</b> [50%] to a maximum of \$[100,000]</p> <p>2. Three <b>Limbs</b> [37.5%] to a maximum of \$[75,000]</p> <p>3. Two <b>Limbs</b> [33%] to a maximum of \$[66,000]</p> <p>4. One <b>Limb</b> [25%] to a maximum of \$[50,000]</p>	<p>This will be either in or out. If in, each item 1-4 will be in or out. If in, the ranges will be</p> <p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p>
<p>[Plegia</p> <p>1. Quadriplegia [50%] to a maximum of \$[100,000] (total paralysis of all four <b>Limbs</b>)</p> <p>2. [Triplegia [37.5%] to a maximum of \$[75,000] (total paralysis of three <b>Limbs</b>)</p> <p>3. Paraplegia [33%] to a maximum of \$[66,000] (total paralysis of both lower <b>Limbs</b>)</p> <p>4. Hemiplegia [25%] to a maximum of \$[50,000] (total paralysis of upper and lower <b>Limbs</b> on one side of the body)</p> <p>5. [Uniplegia (total paralysis of one <b>Limb</b>)] [12.5%] to a maximum of \$[25,000]</p>	<p>This will be either in or out. If in, each item 1-5 will be in or out. If in, the ranges will be</p> <p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p> <p>1%-200% \$1,000-\$1,000,000</p>
<p>[2. <b>Covered Loss of Use</b> shall mean total paralysis of a <b>Limb</b> or <b>Limbs</b>, which [has continued for [twelve 12] consecutive months and] is determined by <b>Our</b> competent medical authority to be permanent, complete and irreversible. <b>Limb</b> shall mean an arm or a leg.]</p> <p>[3 <b>Plegia</b> must [continue for [twelve 12] consecutive months and] be determined by <b>Our</b> competent medical authority to be permanent, complete and irreversible paralysis of [two] or more <b>Limb[s]</b>. A <b>Limb</b> means an arm or a leg. Proof of total paralysis may be required by <b>Us</b> on a periodic basis. Benefits are not payable for paralysis caused by a stroke.]</p>	<p>This will be either in or out. If in, The range will be 1-24 months</p> <p>This will be either in or out. If in, The range will be 1-24 months</p> <p>The range will be one – four limbs.</p>

**[ACCIDENTAL DISMEMBERMENT AND COVERED LOSS OF USE  
BENEFIT**  
[365 days]

**Benefit**

1. [Principal Sum]
2. [Principal Sum]
3. [Principal Sum]
4. [Principal Sum]
5. [60% of Principal Sum]
6. [50% of Principal Sum]
7. [47.5% of Principal Sum]
8. [45% of Principal Sum]
9. [42.5% of Principal Sum]
10. [42.5% of Principal Sum]
11. [35% of Principal Sum]
12. [20% of Principal Sum]
13. [10% of Principal Sum]
14. [10% of Principal Sum]
15. [ 8% of Principal Sum]
16. [ 4% of Principal Sum]
17. [ 6% of Principal Sum]
18. [ 4% of Principal Sum]
19. [ 2% of Principal Sum]
20. [ 5% of Principal Sum]
21. [ 4% of Principal Sum]
22. [ 2% of Principal Sum]
23. [ 4% of Principal Sum]
24. [ 3% of Principal Sum]
25. [ 2% of Principal Sum]
26. [ 3% of Principal Sum each]
27. [ 2% of Principal Sum each]
28. [ 50% of Principal Sum]
29. [ 50% of Principal Sum]
30. [ 40% of Principal Sum]
31. [ 15% of Principal Sum]
32. [ 5% of Principal Sum]
33. [ 2% of Principal Sum]
34. [ 1% of Principal Sum each]
35. [30% of Principal Sum]
36. [25% of Principal Sum]
37. [25% of Principal Sum]
38. [20% of Principal Sum]
39. [40% of Principal Sum]
40. [7% of Principal Sum]

[A reduced benefit will be payable equal to [50%] of the applicable **Accidental Dismemberment Benefit** after [365 days],

This will be either in or out. If in,

The range will be 1-365 days

Each benefit 1-40 will be in or out. If in,

The range will be 1% - 200%

This will be either in or out. If in,

The range will be 1%-100%

The range will be 1-365 days

<p><b>[COMA BENEFIT]</b></p> <p>[365 days] [thirty-one (31)] days</p> <p>[The <b>Coma Benefit</b> is equal to [1%] of the [Covered Person's] [Insured's] <b>Principal Sum</b>, and will be paid each month the [Covered Person] [Insured] remains in a <b>Coma</b> following the initial [thirty-one (31)] day period. The <b>Coma Benefit</b> will end on the earliest of the following:</p> <ol style="list-style-type: none"> <li>1. the [Covered Person] [Insured] is no longer in a <b>Coma</b> which directly resulted from the <b>Injury</b>;</li> <li>2. the [Covered Person] [Insured] has received a <b>Coma Benefit</b> for [100] months.]</li> </ol> <p>[The <b>Coma Benefit</b> will be payable at [1%] of the [Covered Person's] [Insured's] <b>Principal Sum</b> per month for the first [11] months the [Covered Person] [Insured] remains in a <b>Coma</b>, following the initial [thirty-one (31)] day period. At the end of the [11] months of payment, if the [Covered Person] [Insured] remains in a <b>Coma</b>, We will pay a lump sum benefit equal to the <b>Principal Sum</b> payable under the <b>Accidental Death Benefit</b> less the amount of the [11] months of benefit already received.]</p>	<p>This will be either in or out. If in</p> <p>The range will be 1-365 days The range will be 1-365 days</p> <p>This will be in or out. If in, [1%] the range is 1% - 50%. [31] The range will be 1-365 days</p> <p>[100] the range is 2-100.</p> <p>This will be in or out. If in, [1%] the range will be 1% - 50%. [11] The range will be 2 – 100 months (for all three instances) [31] The range will be 1-365 days.</p>
<p><b>[HIV OCCUPATIONAL ACCIDENT BENEFIT]</b></p> <p>If an <b>Insured</b> suffers an <b>Injury</b> resulting in a <b>Covered Loss</b> while performing his or her job related duties, which causes him or her to acquire and test positive within [one year] of such <b>Accident</b> for Human Immunodeficiency Virus (HIV) and/or AIDS and related complex (ARC), We will pay an <b>HIV Benefit</b>.</p> <p>will be equal to [20%] shall not exceed [\$50,000] [The <b>HIV Benefit</b> will be paid in [twenty-four 24] equal monthly installments.]</p> <p>In order to receive the <b>HIV Benefit</b>, the <b>Insured</b> must:</p> <ol style="list-style-type: none"> <li>1. submit a workers compensation injury report to his or her employer within [forty-eight (48)] hours of the <b>Accident</b>. If the <b>Insured's</b> employer does not maintain workers compensation insurance, the <b>Insured</b> must complete an <b>Accident</b> report on a form that We will provide. The completed <b>Accident</b> report must be approved by the <b>Policyholder</b> within [forty-eight (48)] hours of the <b>Accident</b> and must be submitted to Us within [five (5)] days of the <b>Accident</b>; and</li> <li>2. submit to a blood test for HIV and/or AIDS and/or related complex (ARC) within [forty-eight (48)] hours of the <b>Accident</b>, which is administered by a duly licensed medical doctor or registered nurse. The blood test results must be sent directly to Us.</li> </ol> <p>If the initial test is negative, and the <b>Insured</b> subsequently tests positive for HIV, AIDS or ARC within [one year] of the <b>Accident</b>, We will begin monthly payments on the first of the month following the settlement of the claim.</p>	<p>This will be either in or out. If in:</p> <p>The range will be 1 day – 5 years.</p> <p>The range will be 1%-100% The range will be \$1,000-\$25,000,000 This will be in or out. If in, the range will be 2-120 months</p> <p>[forty-eight (48) hours] The range for all three instances will be 1 – 168.</p> <p>[five(5)] The range will be 1 – 31.</p> <p>The range will be 1 day – 5 years.</p>
<p><b>[IN-HOSPITAL INDEMNITY BENEFIT]</b></p> <p>[seven (7)] consecutive days a monthly benefit of [1%] to a maximum of [\$1000] confinement must begin within [ninety (90)] days benefit will be paid for a maximum of [twelve (12)] months Successive periods of <b>Hospital</b> confinement arising out of the same <b>Injury</b> will be considered one confinement only if they are separated by a period of less than [three (3)] months.</p>	<p>This will be either in or out. If in</p> <p>The range will be 1-365 days The range will be 1%-100% The range will be \$1 - \$10,000 The range will be 1-365 days The range will be 1 – 120 months</p> <p>The range will be 1 – 12.</p>
<p><b>[PERMANENT AND TOTAL DISABILITY BENEFIT]</b> within [365 days]</p>	<p>This will be either in or out. If in</p> <p>The range will be 1-730 days</p>

continues for [twelve (12)] months	The range will be 1-24 months
<b>[PERMANENT AND TOTAL DISABILITY BENEFIT]</b> within [365 days] continues for [twelve (12)] months this benefit shall equal [1%] <b>We make [100] payments</b>	This will be either in or out. If in The range will be 1-730 days The range will be 1-120 months The range will be 1% - 100% The range will be 1 – 200 payments

**SECTION VI -ADDITIONAL BENEFITS**

<p><b>[ACCIDENT DENTAL EXPENSE BENEFIT]</b></p> <p>If [a <b>Covered Person</b>] [an <b>Insured</b>] suffers a <b>Covered Injury</b> which causes him or her to require treatment for damage to <b>Sound Natural Teeth</b>, <b>We</b> will pay an <b>Accident Dental Expense Benefit</b> for the <b>Reasonable and Customary</b> expenses incurred for the <b>Medically Necessary</b> treatment, replacement, or diagnosis provided:</p> <ol style="list-style-type: none"> <li>1. the damage to the teeth occurs within [thirty (30)] days of the <b>Covered Injury</b>;</li> <li>2. the expenses are actually incurred and paid within [twenty-six (26)] weeks of the <b>Covered Injury</b>; and</li> <li>3. the services are performed by a licensed dentist or dental surgeon.</li> </ol> <p>The maximum benefit payable under this benefit is \$[3,000] for any one <b>Covered Accident</b>.</p> <p><b>We</b> will not cover expenses under this additional benefit for:</p> <ol style="list-style-type: none"> <li>1. any expenses covered by workers' compensation;</li> <li>2. any expenses covered by Medicare;</li> <li>3. any services of a Federal, Veteran's, State or Municipal hospital for which [a <b>Covered Person</b>] [an <b>Insured</b>] is not liable for payment;</li> <li>4. expenses which are more than <b>Reasonable and Customary</b>;</li> <li>5. cosmetic, plastic, or restorative dental treatment unless <b>Medically Necessary</b> for the treatment of the <b>Covered Injury</b>;</li> <li>6. the replacement or repair of existing dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, or caps;</li> <li>7. expenses which the [<b>Covered Person</b>] [<b>Insured</b>] recovers in a settlement or court judgment;</li> <li>8. expenses which are covered under any other insurance of any kind;</li> <li>9. expenses which the [<b>Covered Person</b>] [<b>Insured</b>] is not legally obligated to pay;</li> <li>10. expenses that are not <b>Medically Necessary</b> for the treatment of the <b>Covered Injury</b>.</li> </ol> <p><b>Medically Necessary</b> means that the dental service or treatment:</p> <ol style="list-style-type: none"> <li>1. is essential for the diagnosis, treatment or care of the <b>Covered Injury</b> for which it is prescribed or performed; and</li> <li>2. meets generally accepted standards of dental practice.</li> </ol> <p><b>Reasonable and Customary</b> expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, <b>We</b> will determine the amount based upon:</p> <ol style="list-style-type: none"> <li>1. the complexity involved;</li> <li>2. the degree of professional skill required; and</li> <li>3. any other pertinent factors.</li> </ol> <p><b>We</b> reserve the right to make the final determination of what is <b>Reasonable and</b></p>	<p>This will be in or out. If in,</p> <p>This will be in or out.</p> <p>The range will be 1 – 365.</p> <p>The range will be 1 – 104.</p> <p>The range will be \$1 - \$250,000.</p> <p>Each exclusion will be in or out.</p> <p>This will be in or out.</p>
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<p><b>Customary.</b> ]</p> <p><b>Sound Natural Teeth</b> means natural teeth that are unaltered or are fully restored to their normal function and are disease free, have no decay, and are not more susceptible to injury than unaltered natural teeth.]</p>	
<p><b>[ACCIDENT MEDICAL EXPENSE BENEFIT</b></p> <p>If [a <b>Covered Person</b>] [an <b>Insured</b>] suffers a <b>Covered Injury</b>, which causes him or her to incur medical expenses, <b>We</b> will pay an <b>Accident Medical Expense Benefit</b> for the <b>Reasonable and Customary</b> ] expenses incurred by the [ <b>Covered Person</b> ] <b>[Insured]</b> ], in excess of the deductible of [\$1,000.00] ] [and any other valid and collectible insurance], provided that:</p> <ol style="list-style-type: none"> <li>1. the first treatment or service occurs within [thirty (30)] days of the <b>Covered Injury</b>;</li> <li>2. the medical expenses are incurred within [fifty-two (52)] weeks of the <b>Covered Injury</b>; and</li> <li>3. the [ <b>Covered Person</b> ] <b>[Insured]</b> is under the care and treatment of a licensed medical provider other than his or her spouse, children or any other person who is related to him or her.</li> </ol> <p>The maximum benefit payable under this benefit is \$[5,000] for any one <b>Covered Accident</b>.</p> <p><b>We</b> will not cover expenses under this additional benefit for:</p> <ol style="list-style-type: none"> <li>1. any <b>Pre-existing Condition</b>, until the [ <b>Covered Person</b> ] <b>[Insured]</b> has been continuously covered under this <b>Policy</b> for [twelve (12)] consecutive months; ]</li> <li>2. any expenses which are covered by workers' compensation; ]</li> <li>3. any expenses covered by Medicare; ]</li> <li>4. any services of a Federal, Veteran's, State or Municipal hospital for which [a <b>Covered Person</b>] [an <b>Insured</b>] is not liable for payment; ]</li> <li>5. expenses which are more than the <b>Reasonable and Customary</b>; ]</li> <li>6. cosmetic, plastic or restorative surgery unless <b>Medically Necessary</b> for the treatment of the <b>Covered Injury</b>; ]</li> <li>7. expenses which the [ <b>Covered Person</b> ] <b>[Insured]</b> recovers in a settlement or court judgment; ]</li> <li>8. expenses which are covered under any other insurance of any kind; ]</li> <li>9. expenses which the [ <b>Covered Person</b> ] <b>[Insured]</b> is not legally obligated to pay; ]</li> <li>10. <b>Custodial Services</b>; ]</li> <li>11. expenses that are not <b>Medically Necessary</b> for the treatment of the <b>Covered Injury</b>. ]</li> </ol> <p><b>Pre-existing Condition</b> means a condition for which the [ <b>Covered Person</b> ] <b>[Insured]</b> has sought or received medical advice or treatment during the [twelve (12) months] ] immediately preceding his or her effective date of <b>Coverage</b> under this <b>Policy</b>.</p> <p><b>Reasonable and Customary</b> expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, <b>We</b> will determine the amount based upon:</p> <ol style="list-style-type: none"> <li>1. the complexity involved;</li> <li>2. the degree of professional skill required; and</li> <li>3. any other pertinent factors.</li> </ol> <p><b>We</b> reserve the right to make the final determination of what is <b>Reasonable and Customary</b>. ]</p>	<p>This will be either in or out. If in</p> <p>This will be in or out. These will be in or out. [\$1,000] The range will be \$1 - \$50,000. [30] The range will be 1 - 365</p> <p>[52] The range will be 1 – 104</p> <p>[5,000] The range will be \$1 - \$100,000,000</p> <p>Each exclusion 1 – 11 will be in or out.</p> <p>[12] The range is 1 day to 24 months.</p> <p>This will be either in or out.</p>

<p><b>[ACCIDENT WEEKLY INDEMNITY BENEFIT]</b>  occurs within [thirty (30)] days of the <b>Injury</b>  <b>Benefit Waiting Period</b> of [seven (7 )days];  not exceed the <b>Benefit Period</b> of [fifty-two (52) weeks].  payments will be equal to [75%]  [reduced by]  [(1) Workers' Compensation Disability Benefit];  [(2) Social Security Disability Benefits excluding any amounts for which the <b>Insured's Dependents</b> may qualify because of the <b>Insured's</b> disability];  [(3) Social Security Retirement Benefits];  [(4) Group Disability Benefits sponsored by the <b>Policyholder</b>];  [(5) the amount of any disability income benefits from any automobile or no-fault policy or insurance]  This <b>Accident Weekly Indemnity Benefit</b> shall not exceed the <b>Weekly Indemnity Amount</b> of [\$400.00].</p>	<p>This will be either in or out. If in  The range will be 1-365 days  The range will be 1-730 days  The range will be 1-120 weeks  The range will be 1%-100%  This will be either in or out.  This will be either in or out.  This will be either in or out.</p> <p>This will be either in or out.  This will be either in or out.  This will be either in or out.</p> <p>The range will be \$1 - \$100,000</p>
<p><b>[ADDITIONAL DISMEMBERMENT BENEFIT FOR CHILDREN]</b>  If the <b>Insured</b> selects a <b>Plan</b> covering his or her eligible <b>Dependent Child(ren)</b>, and a <b>Covered Dependent Child</b> suffers an <b>Injury</b> resulting in a <b>Covered Loss</b>, which is payable under the <b>Accidental Dismemberment Benefit</b>, We will pay the <b>Insured</b> <b>Covered Person</b> an additional benefit which will be equal to the benefit amount provided by the <b>Accidental Dismemberment Benefit.</b>]</p>	<p>This will be either in or out. If in,</p> <p>To maintain consistency with the payment of loss provision, we would like to be able to refer to either the <b>Insured</b> or the <b>Covered Person.</b></p>
<p><b>[AFTER SCHOOL CARE BENEFIT]</b>  [selects a <b>Plan</b> covering his or her <b>Dependents</b> and the <b>Insured</b> or his or her <b>Covered Spouse [/Domestic Partner]</b>  is [10] years old or less,  [2%] of the <b>Principal Sum</b>  [\$2,000] per year.  [If the <b>Insured</b> and his or her <b>Covered Spouse [/Domestic Partner]</b> both die as a result of the same <b>Injury</b>, and We pay an <b>Accidental Death Benefit</b> on both <b>Covered Persons</b>, only the <b>Insured's Principal Sum</b> will be used to calculate the amount applicable under this benefit.])  [four (4)] consecutive years  under age [ten (10)] at the time of each payment.</p> <p>[The maximum benefit under this provision is [\$6,000].]</p>	<p>This will be either in or out  This will be either in or out</p> <p>The range will be 1-21 years  The range will be 1%-25%  The range will be \$1-\$100,000  This will be either in or out</p> <p>The range will be 1 – 10 years  The range will be 1-21 years</p> <p>This will be either in our out. If in  The range will be \$1-\$500,000</p>
<p><b>[CARJACKING BENEFIT]</b>  benefit equal to [10%] of the <b>Principal Sum</b>  to a maximum of [\$10,000].  official police report within [24 hours]  investigating officer(s) within [24 hours]</p>	<p>This will be either in or out. If in  The range will be 1%-25%  The range will be \$1 - \$250,000  The range will be 12-48 hours  The range will be 12-48 hours</p>
<p><b>[COBRA BENEFIT]</b>  [selects a <b>Plan</b> covering his or her <b>Dependents</b> and the <b>Insured</b>]  of [one (1)] year  [5%] of the <b>Insured's Principal Sum</b>;  [\$5,000];  [one (1) year]</p>	<p>This will be either in or out. If in  This will be in or out.  The range will be 1 – 3 years  The range will be 1%-25%  The range will be \$1-\$150,000  The range will be 1-3 years</p>
<p><b>[COMMON CARRIER BENEFIT]</b>  to the lesser of [\$50,000]  or [50%]</p>	<p>This will be either in or out. If in  The range will be \$1,000-\$25,000,000  The range will be 1%-100%</p>

<p><b>[COMMON DISASTER BENEFIT]</b></p> <p>[and within [90 days] of such <b>Accident,</b>] the <b>Principal Sum</b> that would have been payable because of the <b>Covered Spouse's</b> [/<b>Domestic Partner's</b>] [:the <b>Insured</b> and <b>Covered Spouse</b>[/<b>Domestic Partner</b>] are survived by one or more <b>Covered Dependent Child(ren)</b>; and than [\$500,000].]</p>	<p>This will be either in or out.</p> <p>This will be either in or out. If in The range will be 1 - 365 days This will be either in or out</p> <p>The range will be \$1,000 - \$25,000,000</p>
<p><b>[CONTINUATION OF INSURANCE BENEFIT]</b> [365 days]</p>	<p>This will be either in or out. If in The range will be 1-730 days</p>
<p><b>[CRITICAL BURN BENEFIT]</b> If [a <b>Covered Person</b>] [an <b>Insured</b>] suffers an <b>Injury</b> resulting in a <b>Covered Loss</b> as a result of a <b>Covered Accident,</b> [which is payable under the <b>Accidental Dismemberment [and Covered Loss of Use][and Plegia] Benefit,</b>] an additional benefit will be payable equal to the lesser of [10%] of the applicable <b>Principal Sum</b> or [\$10,000], provided all terms and conditions of the <b>Policy</b> are met and:</p> <ol style="list-style-type: none"> <li>1. the [<b>Covered Person</b>][<b>Insured</b>] has received second degree or higher burns over [25%] of his or her body; and</li> <li>2. the [<b>Covered Person</b>][<b>Insured</b>] has undergone reconstructive surgery to treat the burned areas of the body; [and]</li> <li>3. the reconstructive surgery has taken place within [365 days] of the occurrence of the <b>Injury.</b>]</li> </ol>	<p>This will be either in or out. If in</p> <p>This will be either in or out.</p> <p>The range will be 1% - 100% The range will be \$1,000 - \$25,000,000</p> <p>The range will be 1% - 100% This will be in or out.</p> <p>This will be in or out. If in, [365] range will be 1 - 730.</p>
<p><b>[DAY CARE BENEFIT]</b> [selects a <b>Plan</b> covering his or her <b>Dependents</b> and the <b>Insured</b> or his or her <b>Covered Spouse</b> [/<b>Domestic Partner</b>]] [ninety (90)] days the [<b>Covered</b>] <b>Dependent Child</b> is under age [13]. [3%] of the <b>Principal Sum</b> [\$3,000].</p> <p>[If both the <b>Insured</b> and his or her <b>Covered Spouse</b> [/<b>Domestic Partner</b>] suffer a simultaneous <b>Covered Loss</b> which is payable under the <b>Accidental Death Benefit,</b> the <b>Day Care Benefit</b> will be based on the <b>Insured's Principal Sum.</b>]</p> <p>annually for [four (4)] consecutive years under age [13]</p> <p>[The maximum benefit for this provision will be [ \$6,000]</p>	<p>This will be either in or out. If in This will be either in or out.</p> <p>The range will be 1 – 730 days The range will be 1-21 years The range will be 1%-25% The range will be \$1-\$100,000</p> <p>This will be either in or out.</p> <p>The range will be 1 – 10 years The range will be 1-21 years</p> <p>This will be either in or out. If in The range will be \$1-\$500,000</p>
<p><b>[FELONIOUS ASSAULT BENEFIT]</b> [a <b>Fellow Employee</b>] benefit equal to [15%] <b>[Fellow Employee</b> means.... than [forty-five (45)] days</p>	<p>This will be either in or out. This will be either in or out. The range will be 1%-100% This will be either in or out. If in, The range will be 45 days – 5 years</p>
<p><b>[HEARING AID OR PROSTHETIC APPLIANCE BENEFIT]</b> 3. the Hearing Aid or Prosthetic Appliance was required within [one (1) year] of the Injury. will be the lesser of [10%] or [\$10,000].</p>	<p>This will be either in or out. If in The range will be 31 days to 5 years.</p> <p>The range will be 1%-50% The range will be \$1-\$50,000</p>
<p><b>[HIGHER EDUCATION BENEFIT]</b> [selects a <b>Plan</b> covering his or her <b>Dependent Child(ren)</b> and the <b>Insured</b>] 2. he or she is at the 12th grade level and enrolls in an accredited college, university or trade school within [one (1) year] from the date of the <b>Accident.</b> will be equal to [5%] of the <b>Insured's Principal Sum</b> maximum of [\$5,000]. This amount will be paid annually for [four (4)] consecutive years</p>	<p>This will be either in or out. If in This will be either in or out.</p> <p>The range will be 1 day – 3 years The range will be 1%-50% The range will be \$1-\$100,000 The range will be 1 – 10</p>

<p><b>We will pay an additional benefit of [\$1,000] to the designated beneficiary]]</b></p> <p>[The maximum benefit for this provision is [\$20,000].]</p>	<p>This will be in or out. If in, the range will be \$1-\$10,000</p> <p>This will be in or out. If in, the range will be \$1-\$500,000</p>
<p><b>[HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT</b></p> <p>will be the lesser of [10%] or [\$10,000].]</p>	<p>This will be either in or out. If in The range will be 1%-50% The range will be \$1-\$250,000</p>
<p><b>[NATURAL DISASTER BENEFIT</b></p> <p>the lesser of [10%] or [\$10,000].</p> <p>For purposes of this benefit, <b>Natural Disaster</b> means a [storm] ([wind], [rain], [snow], [sleet], [hail], [lightning], [dust] or [sand]), [earthquake], [flood], [volcanic eruption], [wildfire] or other similar event.]</p>	<p>This will be either in or out. If in The range will be 1%-50% The range will be \$1-\$250,000 Each bracketed item will be in or out.</p>
<p><b>[PARENT CARE</b></p> <p>will be [[\$5,000.00] [5% of the <b>Principal Sum</b>] of [\$40,000.00]</p> <p>For purposes of this benefit, <b>Dependent Parent</b> means the [parent(s)] [or] [grandparent(s)] of the <b>Insured</b> [, or his or her <b>Covered Spouse</b>] [or his or her <b>Covered Domestic Partner</b>] who, at the time of a <b>Covered Accident</b>, is receiving support and care provided by such <b>Insured</b> [<b>Covered Spouse</b>[<b>Covered Domestic Partner</b>]] as evidenced by the most current tax return filed with the government of the United States of America.]</p>	<p>This will be either in or out. If in The range will be \$1-\$250,000 The range will 1%-50% The range will be \$1-\$1,000,000</p> <p>Each bracketed item will be either in or out.</p>
<p><b>[REHABILITATION BENEFIT</b></p> <p>If the <b>Insured</b> suffers an <b>Injury</b> resulting in a <b>Covered Loss</b>, which is payable under the <b>Accidental Dismemberment [and Covered Loss of Use][and Plegia] Benefit</b>, We will pay an additional benefit for the <b>[Reasonable and Customary]</b> expenses actually incurred for <b>Rehabilitation Training</b>, in an amount equal to the lesser of:</p> <p>expenses incurred with [2 ] years [\$10,000]; or [10%] of the <b>Insured's Principal Sum</b>.</p> <p><b>Rehabilitation Training</b> means a treatment program that:</p> <ol style="list-style-type: none"> <li>1. is prescribed by a licensed physician acting within the scope of his or her license that is approved by <b>Us</b> prior to the provision of services;</li> <li>2. is required due to the <b>Insured's Injury</b>; [and]</li> <li>3. prepares the <b>Insured</b> for an occupation that he or she would not have engaged in except for the <b>Injury</b>.</li> </ol> <p><b>[Reasonable and Customary]</b> expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, <b>We</b> will determine the amount based upon:</p> <ol style="list-style-type: none"> <li>1. the complexity involved;</li> <li>2. the degree of professional skill required; and</li> <li>3. any other pertinent factors.]</li> </ol>	<p>This will be either in or out. If in Bracketed items will be either in or out.</p> <p>The range will be 1 – 10 years The range will be \$1-\$250,000 The range will be 1%-50%</p> <p>Each bracketed item will be either in or out.</p> <p>This will be either in or out.</p>
<p><b>[SEAT BELT/[AIR BAG] BENEFIT</b></p> <p>[which equals [10%] of the <b>Principal Sum</b> up to a maximum]</p> <p>of [\$10,000],</p> <p>[An additional benefit [equal to [5%] of the [<b>Covered Person's</b>] [<b>Insured's</b>] <b>Principal Sum</b> to a maximum] of [\$5,000], will be paid if the [<b>Covered Person</b>] [<b>Insured</b>] was driving a private passenger automobile with a manufacturer equipped driver-side air bag or riding as a passenger in a private passenger automobile with a manufacturer equipped passenger-side air bag, provided the [<b>Covered Person's</b>]</p>	<p>This will be either in or out. If in This will be either in or out. If in the range will be 1%-100% The range will be \$1,000-\$25,000,000,000 This will be either in or out. If in The range will be 1%-100% The range will be \$1,000-\$25,000,000</p>

<p>[Insured's] seat belt or lap and shoulder restraint was properly fastened at the time of the <b>Accident</b>. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the <b>Accident</b>, through certification by the investigating officers or by other reasonable proof, acceptable to <b>Us</b>.]</p> <p>[We will not pay a <b>Seat Belt [or Air Bag] Benefit</b> if the driver of the automobile in which the [Covered Person] [Insured] was riding was either</p> <ol style="list-style-type: none"> <li>1. under the influence of alcohol;       <ol style="list-style-type: none"> <li>a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the <b>Accident</b> occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.</li> <li>b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication. ] [Or, ]</li> </ol> </li> <li>2. under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage. ]]</li> </ol>	<p>This will be either in or out. If in, This will be either in or out.</p> <p>This will be either in or out.</p>
<p><b>[SPOUSE[/DOMESTIC PARTNER] RETRAINING BENEFIT</b> [selects a <b>Plan</b> covering his or her <b>Spouse [/Domestic Partner]</b>, and the <b>Insured</b>] within [thirty (30)] months be [the lesser of [2 %] of the <b>Insured's Principal Sum</b> or] [\$3,000.]</p>	<p>This will be either in or out. This will be either in or out. The range will be 1-60 months The range will be 1%-50% The range will be \$1-\$250,000</p>
<p><b>[SURVIVING SPOUSE [/DOMESTIC PARTNER] BENEFIT</b> [selects a <b>Plan</b> covering his or her <b>Spouse [/Domestic Partner]</b> and the <b>Insured</b>,] to [1%] [and will be paid for a period of [six (6) months]]</p>	<p>This will be either in or out. This will be either in or out. The range will be 1%-25% The range will be 1-100 months</p>
<p><b>[THERAPEUTIC COUNSELING BENEFIT</b> If an <b>Insured</b> [selects a <b>Plan</b> covering his or her <b>Dependents</b> and the <b>Insured</b> or his or her <b>Covered Dependents</b>] suffers an <b>Injury</b> resulting in a <b>Covered Loss</b>, which is payable under the [<b>Accidental Death</b>] [or] [<b>Accidental Dismemberment</b>] [<b>and Covered Loss of Use</b>][<b>and Plegia</b>] <b>Benefit</b>, and the <b>Insured</b> [or his or her <b>Covered Dependents</b>] requires <b>Therapeutic Counseling</b>, We will reimburse the charges for such counseling, to the individual who incurs the expense, provided:</p> <p>within [ninety (90)] (3) Therapeutic Counseling must be received within [one (1) year] from the date of the Covered Loss. is \$[1,000.00]</p>	<p>This will be either in or out. Each bracketed item will be either in or out.</p> <p>The range will be 1-365 days The range is 1 year – 10 years</p> <p>The range will be \$1-\$250,000</p>
<p><b>[TERRORISM BENEFIT</b> the lesser of [10%] or [\$30,000]. a [ten (10)] day notice</p>	<p>This will be either in or out. If in The range will be 1%-100% The range will be \$1,000-\$25,000,000,000 The range will be 1-365 days</p>

<p><b>[TRAVEL ASSISTANCE PLAN</b>  traveling [100 miles]  [(if Insured pays the premium) the <b>Insured</b> and his or her <b>Spouse</b> [/Domestic <b>Partner</b>] and/or <b>Child(ren)</b>, if covered under this <b>Policy</b>.]  [(if Policyholder pays the premium) the <b>Insured</b> and his or her <b>Spouse</b> (/Domestic <b>Partner</b>) and or <b>Child(ren)</b> if the <b>Spouse</b> [/Domestic <b>Partner</b>] and or <b>Child(ren)</b> are with the <b>Insured</b> while he or she is covered under this <b>Policy</b>. The <b>Spouse</b> [/Domestic <b>Partner</b>] or <b>Child(ren)</b> will not be covered while making a trip without the <b>Insured</b>.]</p> <p><b>Medical Evacuation</b>  <b>[Western Medical Standards]</b>  [The maximum amount <b>We</b> will pay for this benefit is [\$50,000.00]].</p> <p><b>Medical Repatriation</b>  [The maximum amount <b>We</b> will pay for this benefit is [\$25,000.00]].</p> <p><b>Non-Medical Repatriation</b>  [The maximum amount <b>We</b> will pay for this benefit is [\$10,000.00]].</p> <p><b>Return of Remains</b>  [The maximum amount <b>We</b> will pay for this benefit is [\$5,000.00]].</p> <p><b>Visit to Hospital</b>  [seven (7)] consecutive days  [The maximum amount <b>We</b> will pay for this benefit is [\$5,000.00]].</p> <p><b>Return of Child</b>  [nineteen (19)] years of age  age [nineteen (19)] became  [The maximum amount <b>We</b> will pay for this benefit is [\$5,000.00] per <b>Child</b>    [\$5,000.00] per attendant.]</p> <p><b>Return of Companion</b>  [The maximum amount <b>We</b> will pay for this benefit is [\$5,000.00]].</p> <p><b>TRAVEL ASSISTANCE EXCLUSIONS</b></p> <p><b>3. [Western Medical Standards].</b></p> <p><b>8. [the Injuries or Illness resulted in whole or in part from the Covered Person being intoxicated. A Covered Person will be conclusively presumed to be intoxicated if on or about the time of the incident which required medical treatment the level of alcohol in his or her blood exceeds the amount at which a person is presumed to be intoxicated if operating a motor vehicle in that jurisdiction. A report from a law enforcement officer, medical provider or similar report will be considered proof of the Covered Person’s intoxication.]</b></p> <p><b>[TRAVEL ASSISTANCE LIMITATIONS</b>  <b>Aggregate Limit of Liability per Covered Accident</b>  [\$500,000]</p> <p><b>TRAVEL ASSISTANCE DEFINITIONS</b>  more than [100] miles  [“Western Medical Standards” means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.]</p>	<p>This will be either in or out. If in  The range will be 0-3000 miles  This will be either in or out</p> <p>This will be either in or out.</p> <p>This will be either in or out.  This will be either in or out. If in the  range will be \$25,000-\$100,000</p> <p>This will be either in or out. If in the  range will be \$10,000-\$50,000</p> <p>This will be either in or out. If in the  range will be \$5,000-\$20,000</p> <p>This will be either in or out. If in the  range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in the  range will be 3-30 days  The range will be \$2,500-\$10,000</p> <p>The range will be 18-30  The range will be 18-30  This will be either in or out. If in  The range will be \$2,500-\$10,000</p> <p>The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in  The range will be \$2,500-\$10,000</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out. If in  The range will be \$25,000-\$5,000,000</p> <p>The range will be 0-3000 miles  This will be either in or out.</p>
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<p><b>TRAVEL ASSISTANCE OTHER PROVISIONS</b></p> <p><b>[Excess Coverage</b>  <b>Our</b> obligation to pay the <b>Policyholder</b> or <b>Covered Person</b> under this <b>Travel Assistance Plan</b> will be excess of any other insurance which the <b>Policyholder</b> or <b>Covered Person</b> has with respect to the expenses covered under this <b>Travel Assistance Plan.</b>]</p> <p><b>Reservation of Rights</b>  [or in any country for which a travel warning has been issued by the Department of State of the United States of America].</p> <p><b>[Exempted Countries</b>  This coverage is not available in the following countries: [Afghanistan]. <b>We</b> further reserve <b>Our</b> rights to modify this list upon [ten (10)] days notice to the <b>Policyholder.</b>]</p> <p><b>Scope</b>  [Covered transportation expenses will be limited to air and marine conveyance.]  [To contact <b>Us</b> regarding this <b>Travel Assistance Plan</b>, the <b>Covered Person</b> must call [1-800-263-0261] from the U.S. or Canada; and collect from anywhere else in the world at [+1-416-977-0277].]</p> <p><b>[TRAVEL REIMBURSEMENT PLAN</b>  are traveling [100 miles]  [<i>if Insured pays the premium</i>]the <b>Insured</b> and his or her <b>Spouse</b> [<b>Domestic Partner</b>] and/or <b>Child(ren)</b>, if covered under this <b>Policy.</b>]</p> <p>[<i>if Policyholder pays the premium</i>] the <b>Insured</b> and his or her <b>Spouse</b>[<b>Domestic Partner</b>] and/or <b>Child(ren)</b> if the <b>Spouse</b>[<b>Domestic Partner</b>] and/or <b>Child(ren)</b> are with the <b>Insured</b> while he or she is covered under this <b>Policy.</b> The <b>Spouse</b>[<b>Domestic Partner</b>] or <b>Child(ren)</b> will not be covered while making a trip without the <b>Insured.</b>]</p> <p><b>TRAVEL REIMBURSEMENT BENEFITS</b></p> <p><b>Medical Evacuation</b>  [in accordance with generally accepted medical standards of the United States of America, Canada or Western Europe]</p> <p>[generally accepted medical standards of the United States of America, Canada or Western Europe]</p> <p>[In no case will <b>We</b> pay more than [\$50,000.00].</p> <p><b>Medical Repatriation</b>  [In no case will <b>We</b> pay more than [\$25,000.00]].</p> <p><b>Non-Medical Repatriation</b>  [In no case will <b>We</b> pay more than [\$10,000.00]].</p> <p><b>Return of Remains</b>  [In no case will <b>We</b> pay more than [\$5,000.00]].</p> <p><b>Visit to Hospital</b>  than [7] consecutive days  [In no case, will <b>We</b> pay more than [\$5,000.00]].</p>	<p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.  [Afghanistan – specified countries will be inserted.  If in, the range will be 3-90 days</p> <p>This will be either in or out.</p> <p>This will be either in or out. The appropriate telephone numbers will be inserted.</p> <p>The range will be 0-3000 miles  This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.25,000-100,000</p> <p>This will be either in or out.</p> <p>This will be either in or out. If in  The range will be \$10,000-\$50,000</p> <p>This will be either in or out. If in  The range will be \$5,000-\$20,000</p> <p>This will be either in or out. If in  The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in  The range will be \$2,500-\$10,000</p> <p>The range will be 3- 30 days  This will be either in or out. If in  The range will be \$2,500-\$10,000</p>
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<p><b>Return of Child</b> [nineteen (19)] years of age</p> <p>age [nineteen (19)] became [In no case will <b>We</b> pay more than [\$5,000.00] per <b>child</b> and [\$5,000] per attendant.]</p> <p><b>Return of Companion</b> [In no case will <b>We</b> pay more than [\$5,000.00]].</p> <p>[Access Fee <b>We</b> will reimburse the <b>Policyholder</b> for the expenses the <b>Policyholder</b> incurs to provide access to travel assistance services. In no case will <b>We</b> pay more than [\$50,000.00]].</p> <p><b>TRAVEL REIMBURSEMENT EXCLUSIONS</b></p> <p>3. [in accordance with generally accepted medical standards of the United States of America, Canada or Western Europe].</p> <p>5. [the <b>Injuries</b> or <b>Illness</b> resulted in whole or in part from the <b>Covered Person</b> being intoxicated. A <b>Covered Person</b> will be conclusively presumed to be intoxicated if on or about the time of the incident which required medical treatment, the level of alcohol in his/her blood exceeds the amount at which a person is presumed to be intoxicated if operating a motor vehicle in that jurisdiction. A report from a law enforcement officer, medical provider or similar report shall be considered proof of the <b>Covered Person's</b> intoxication.]</p> <p><b>[TRAVEL REIMBURSEMENT LIMITATIONS</b></p> <p><b>Aggregate Limit of Liability per Covered Accident</b> [\$500,000]</p> <p><b>TRAVEL REIMBURSEMENT DEFINITIONS</b> more than [100] miles [or LIMITATIONS]</p> <p><b>TRAVEL REIMBURSEMENT OTHER PROVISIONS</b></p> <p>[<b>Excess Coverage</b> <b>Our</b> obligation to reimburse the <b>Policyholder</b> will be excess of any other insurance coverage which the <b>Policyholder</b> or <b>Covered Person</b> has with respect to the covered expenses under this <b>Policy</b>.]</p> <p><b>Scope</b> [Covered transportation expenses will be limited to air and marine conveyances.]</p>	<p>This will be either in or out. If in The range will be 18-30 years</p> <p>The range will be 18-30 years The range will be \$2,500-\$10,000 The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in The range will be \$25,000-\$100,000</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out. If in, the range will be \$25,000-\$45,000,000</p> <p>The range will be 0-250 miles This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>
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**SECTION VII – GENERAL EXCLUSIONS**

<p>1. [suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury [including, but not limited to, any attempt to restrict the flow of oxygen to the brain for purposes of auto-eroticism or auto-erotic asphyxiation];]</p>	<p>This will be either in or out. If in, [including, but not limited to...] will be in or out.</p>
<p>2. [war or any act of war, whether declared or undeclared;]</p>	<p>This will be either in or out.</p>

<p>3. [involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];]</p> <p>[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.]</p> <p>[This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.];]</p>	<p>This will be either in or out. If in, [Reserve or National...] will be either in or out. If in, [thirty-one consecutive days] the range is 1 - 365.</p> <p>This will be either in or out. If in, [sixty (60) days] the range is 1 - 365.</p> <p>This will be either in or out. If in, [sixty (60) days] the range is 1 - 365.</p>
<p>4. [illness or disease [, regardless of how contracted,]; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; [except for Accidental ingestion of contaminated foods];]</p>	<p>This will be either in or out. If in, This will be either in or out.</p> <p>This will be either in or out.</p>
<p>5. [participation in the commission or attempted commission of [a crime,] [any felony,] [an assault, ] [insurrection] [or] [riot];]</p>	<p>This will be either in or out. If in, each bracketed item will be either in or out.</p>
<p>6. [[parasailing,] [bungee jumping,] [heli-skiing,] [scuba diving] [or any other extra-hazardous activity];]</p>	<p>This will be either in or out. If in, each bracketed item will be either in or out.</p>
<p>7. [being intoxicated while operating a motor vehicle.]</p> <p>[being intoxicated.]</p> <p>a. [A Covered Person] [An Insured] will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.</p> <p>b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the [Covered Person's] [Insured's] intoxication.]</p>	<p>This will be either in or out. If in, this will be either in or out.</p> <p>This will be either in or out.</p>
<p>8. [being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;]</p>	<p>This will be either in or out.</p>
<p>9. [travel or flight in any aircraft except to the extent stated in the Coverage Section;]</p>	<p>This will be either in or out.</p>
<p>10. [release[, whether or not accidental, or by any person unlawfully or intentionally,] of nuclear energy or radiation, including sickness or disease resulting from such release;]</p>	<p>This will be either in or out. If in, [, whether or not accidental...] will be either in or out.</p>
<p>11. [a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident;]</p>	<p>This will be either in or out.</p>
<p>12. [alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a licensed medical provider operating within his or her scope of authority.]</p>	<p>This will be either in or out.</p>

### SECTION VIII – GENERAL LIMITATIONS

<p><b>Limitation on Multiple Covered Losses.</b> If [a Covered Person] [an Insured] suffers more than one loss as a result of the same <b>Accident</b>, We will pay only one benefit, the largest benefit.]</p> <p><b>Limitation on Multiple Benefits.</b> If [a Covered Person] [an Insured] can recover benefits under more than one of the following benefits: <b>Accidental Death Benefit</b>, <b>Accidental Dismemberment [and Covered Loss of Use] [and Plegia] Benefit</b>, <b>[Coma Benefit,] [Permanent and Total Disability Benefit,] [HIV Occupational Accident Benefit,] [In-Hospital Indemnity Benefit]</b>, as a result of the same <b>Accident</b>, the most We will pay for these benefits in total is the [Covered Person's] [Insured's] <b>Principal Sum.</b>]</p> <p><b>Limitation on Multiple Hazards.</b> If [a Covered Person] [an Insured] suffers a <b>Covered Loss</b> that is covered under more than one <b>Hazard</b>, We will pay only one benefit, the largest benefit [unless there is a specific written exception in the <b>Policy</b>].]</p> <p><b>Aggregate Limit.</b> We will not pay more than the <b>Aggregate Limit of Liability</b> stated in the Schedule[or a specific <b>Hazard(s)</b>].]</p>	<p>Each limitation will be either in or out. Bracketed Benefits will be either in or out.</p>
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**SECTION IX - TERMINATION OF INSURANCE**

**Policy Termination**

Termination by **Policyholder**. The **Policyholder** may terminate this **Policy** on the first renewal date or at any time after that date by delivering to Us a written notice to end this **Policy** at least [thirty (30)] days in advance of such termination. We will calculate and return the unearned premium, if any, using [a standard short rate table]. The **Policyholder** will send Us any additional amounts owed, if any, between the **Policy's** paid to date and the official date of termination.

**Termination by Us.**

least [thirty (30)] days notice

**Termination of Individual's Insurance**

**[Insured]**. Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:

1. the **Policy** is terminated;
2. the **Insured** ceases to be eligible for insurance;
3. the **Insured** fails to pay the required premium, if the **Insured** is so required;
4. [the **Insured** reaches age [70]]; [or]
5. [the **Insured** retires.]]

**[Insured]**. Insurance terminates:

1. the date the **Policy** is terminated;
2. the expiration date of the period for which required premium has been paid for such **Insured**;
3. the date the **Insured** ceases to be eligible for insurance;
4. the date the **Insured** fails to pay the required premium, if the **Insured** is so required;
5. [the date the **Insured** reaches age [70]];
6. [the date the **Insured** retires.]]

[If an **Insured** has received approval for a benefits eligible leave of absence, layoff or sabbatical from the **Policyholder** in accordance with the **Policyholder's** written policy, his or her insurance under this **Policy** will continue, provided the required premiums are paid. This extension of **Coverage** is subject to all of the termination provisions of this **Policy** with the exception of number 2. above.]

[**Covered Person** other than the **Insured**. Insurance terminates at the earliest of the following [; or for the **Covered Spouse**[/**Domestic Partner**], the date the **Covered Spouse** [/**Domestic Partner**] reaches age [70]].]

**[Conversion Privilege Benefit**

[or nonpayment of premium]  
[or to a **Family AD&D (FAD)** policy if the **Insured** selected a **Plan** covering his or **Dependents**]  
[or **FAD**]  
policy within [sixty (60)] days  
[To request a Conversion Application Form, the **Insured** must call [1-800-834-

This bracketed item will be either in or out.

The range will be 1 - 365 days  
We may elect to refund premium on a pro rata basis.

The range will be 1 - 365 days

This will be either in or out. If in, Appropriate month or date will be inserted.

This will be either in or out. If in, The range will be 55 and over  
This will be either in or out  
This will be either in or out.

This will be either in or out. If in,

This will be either in or out. If in, the range will be 55 and over

This will be either in or out.

The language at left is variable and defined by the **Policyholder** based on elements relating to the relationship between the organization and **Insureds/Covered Persons**. Actual agreed upon language may vary from the example at left.

This will be either in or out. If in,

The range will be 55 and over

This will be either in or out.  
This will be either in or out.  
This will be either in or out.

This will be either in or out.  
The range will be 1-365 days  
This will be either in or out. If in, the

<p>1959].]</p> <p>1. or [\$100,000];</p> <p><b>3.</b> any IAD [or FAD] policy issued will take effect on the termination date of the Insured's insurance under the Group Accident Policy; <b>and</b></p> <p><b>Insured</b> attains age [70].]</p> <p><b>[Post Termination Continuation of Coverage]</b>          If the insurance of an Insured ceases for reasons other than [non-payment of premium or] reaching the age of [70], or cancellation of the Policy, he or she has the right to continue Coverage under the Policy, even if the Policy is subsequently canceled or terminated for any reason.</p> <p>must be received by Us within [60] days</p> <p><b>2.</b> the Insured may elect to continue the same Principal Sum [in units of [\$10,000]]</p> <p>[to a maximum of [\$250,000][but the amount may not be less than [\$50,000]]. In the event that the Insured has a Principal Sum in an amount less than [\$100,000], he or she may continue that amount or increase the amount to [\$100,000]. [The maximum Principal Sum under this Continuation of Coverage will be [\$250,000.]]</p>	<p>appropriate telephone will be inserted.          The range will be \$5,000-\$1,000,000          This will be either in or out.</p> <p>The range will be 55 and over</p> <p>This will be either in or out.          This will be either in or out.          The range will be 55 and over          This will be either in or out.</p> <p>The range will be 1-365 days          This will be in or out. If in, [in units of ...] will be in or out. If in, the range will be \$1,000-\$100,000          Bracketed items will be either in or out.          For all dollar amounts, the ranges will be \$1,000-\$25,000,000</p>
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**SECTION X - HOW TO FILE A CLAIM**

<p><b>Notice.</b>          [the <b>Covered Person</b> who sustained the <b>Injury</b>,]</p>	<p>This will either be in or out.</p>
<p>Us at [1-866-841-4771.]          [P.O. Box 307010, Jamaica, NY 11430-7010]</p>	<p>Appropriate telephone number and address will be inserted.</p>

**SECTION XI - PAYMENT OF CLAIMS**

<p><b>Who We Will Pay</b>          [the beneficiary named by the <b>Insured</b> for the <b>Policyholder's</b> Group Life Insurance policy. If there is no beneficiary named by the <b>Insured</b> for the <b>Policyholder's</b> Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as the <b>Insured</b>, <b>We</b> will pay the benefit to] [the <b>Insured's</b> estate]</p> <p>[the <b>Insured's</b> survivors in the following order:</p> <ul style="list-style-type: none"> <li><b>a.</b> the <b>Insured's</b> legally married spouse[or domestic partner];</li> <li><b>b.</b> the <b>Insured's</b> child(ren);</li> <li><b>c.</b> the <b>Insured's</b> parents;</li> <li><b>d.</b> the <b>Insured's</b> brothers and sisters;</li> </ul> <p>[Loss of life of a <b>Covered Person</b> other than the <b>Insured</b>. <b>Covered Losses</b> for the death of a <b>Covered Person</b> other than the <b>Insured</b> shall be paid to the <b>Insured</b>. If the <b>Insured</b> pre-deceases or dies at the same time as the <b>Covered Person</b> other than the <b>Insured</b>, the benefit shall be paid to the beneficiary unless the beneficiary designation has not been made or is no longer living at the time of death. In such case, the benefits shall be paid to the <b>Insured's</b> estate.</p> <p><b>3.</b> [He or she may direct in writing that all, or part of the <b>Accident Medical Expense Benefit</b>, if applicable, shall be paid directly to the party who furnished the service. The direction may be changed by the <b>Insured</b> at any time up to the filing of the proof of <b>Loss</b>].</p> <p><b>4.</b> If a <b>Foreign National</b></p>	<p>This will be either in or out.</p> <p>This will be either in or out. If in, Each item a. through d. will be in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>
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**SECTION XII - GENERAL POLICY CONDITIONS**

<p><b>Grace Period.</b>          Premiums are due for this Policy on or before the premium due date or renewal date, whichever applies. If the Policyholder does not pay a renewal premium when it is due, there is a <b>thirty-one (31) day</b> Grace Period to pay. During the Grace Period, the Policy will stay in force. The Policyholder will not have a Grace Period if We</p>	<p>The range will be 1 day – 365 days</p>
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<p>have given notice, at least [thirty (30)] days in advance, that We are going to terminate this Policy.</p> <p><b>Policyholder Records</b>  [The <b>Policyholder</b> shall indemnify <b>Us</b> for any benefits or other payments that are caused in whole or in part by the <b>Policyholder's</b> negligence or error in performing the record keeping function.]</p> <p><b>Suit Against Us.</b> No action on this Policy may be brought until sixty (60) days after written proof of Covered Loss has been sent to Us. Any action must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina and Wisconsin) of the date the written proof of Covered Loss was required to be submitted. If the law of the state where the [Covered Person] [Insured] lives makes such limit void, then the action must begin within the shortest time period permitted by law. <b>In those states where binding arbitration is allowed, binding arbitration will supersede this provision.</b></p> <p><b>[Renewal.</b> This <b>Policy</b> will automatically renew for an additional <b>twelve</b>-month period unless either party expresses its intent not to renew as specified by <b>Policy</b> termination provisions.]</p> <p><b>[ERISA Fiduciary Policy Interpretation</b>  <b>[Assignment of Interest</b>  <b>[Arbitration</b>  <b>[Newly Acquired Aircraft</b>  within [sixty (60)] days</p> <p><b>[Newly Acquired Corporation</b>  more than [ninety 90)] days</p> <p>[Note: The above reporting provision only applies to corporations with more than [200] employees. For corporations with less than [200] employees, <b>Coverage</b> will be automatic for the duration of the <b>Policy</b> term.]</p>	<p>The range will be 1day -365 days</p> <p>This will be either in or out.</p> <p>(new bracketed language should be in or out – out if optional arbitration clause is not selected)</p> <p>This will be either in or out. If in, [twelve] range is 1 – 120.</p> <p>This will be either in or out.  This will be either in or out.  This will be either in or out.  If in, the range will be 1-365 days</p> <p>This will be either in or out.  If in, the range will be 1-365 days</p> <p>This will be either in or out. If in  The range will be 1-1,000,000  The range will be 1-1,000,000</p>
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**APPLICATION**

<p>[VOLUNTARY] [BASIC] [BUSINESS TRAVEL] ACCIDENT INSURANCE</p>	<p>[VOLUNTARY] Either in or out.  [BASIC] Either in or out  [BUSINESS TRAVEL] Either in or out</p>
<p><b>A. CLASS(ES) OF INSURED PERSONS</b></p> <p><b>[Class I:</b> [All active full-time Employees of the <b>Policyholder</b> working a minimum of [30] hours per week]</p> <p><b>[Class II:</b> [All active part-time Employees of the <b>Policyholder</b> working a minimum of [20] hours per week]]</p> <p><b>[Class III:</b> [ ]]</p> <p><input type="checkbox"/> <b>Dependent Coverage]</b></p>	<p>This will be variable according to <b>Class of Insured.</b></p> <p>This will be variable according to <b>Class of Insured.</b></p> <p>This will be variable according to <b>Class of Insured.</b></p>
<p><b>[Class I:</b> [[One (1)] times to [four (4)] times the Employee's <b>Base Annual Earnings*</b> to a maximum of [\$200,000]]</p> <p><b>[Class II:</b> [[Three (3)] times the employees <b>Base Annual Earnings*</b> to a maximum of [\$500,000].]</p> <p><b>[Class III:</b> [\$100,000]]</p>	<p>This will be either in or out. If in,  The range will be 1 -20 times  The range will be \$1,000 - \$5,000,000</p> <p>This will be either in or out. If in,  The range will be one (1) – twenty (20)  The range will be \$1,000 - \$2,000,000</p> <p>This will be either in or out. If in,  The range will be \$1,000 - \$5,000,000</p>

<p>[The <b>Principal Sum</b> for <b>Covered Dependents</b> will be a percentage of the <b>Insured's Principal Sum</b>, as follows:</p> <table border="0"> <tr> <td><b>Plan Selected</b></td> <td><b>% Spouse[/Domestic Partner]</b></td> <td><b>% Child(ren)</b></td> </tr> <tr> <td><b>Spouse[/Domestic Partner] only:</b></td> <td>[50%]</td> <td>0</td> </tr> <tr> <td><b>Dependent Child(ren) only:</b></td> <td></td> <td>0</td> </tr> <tr> <td><b>Spouse[/Domestic Partner] and Dependent Child(ren)</b></td> <td>[40%]</td> <td>[10%]</td> </tr> </table> <p>[Maximum of [\$25,000] [<b>Principal Sum</b>] [<b>Accidental Death Benefit</b>] for <b>Dependent Child(ren)</b>.]</p> <p>[For <b>Covered Dependent Child(ren)</b> the indicated percentage applies to loss of life only.]</p> <p>[The <b>Principal Sum</b> for <b>Covered Dependents</b> will be [a choice of] the following amounts:</p> <table border="0"> <tr> <td><b>Spouse[/Domestic Partner]:</b></td> <td>[\$50,000] [\$75,000] [\$100,000]</td> </tr> <tr> <td><b>Dependent Child(ren):</b></td> <td>[\$10,000] [\$15,000] [\$20,000] [\$25,000]</td> </tr> </table> <p>[In no event will the amount be greater than the <b>Insured's Principal Sum</b>.]</p> <p><b>[Reduction of Principal Sum</b></p> <p>If [an <b>Insured</b>] [a <b>Covered Person</b>] is age [70] or older on the date of an <b>Accident</b> causing a <b>Covered Loss</b>, the <b>Principal Sum</b> used to calculate benefits will be the following percentage of the applicable <b>Principal Sum</b> indicated above:</p> <table border="0"> <tr> <td><b>Age at Date of Accident</b></td> <td><b>% of Principal Sum</b></td> </tr> <tr> <td>[70-74]</td> <td>[65%]</td> </tr> <tr> <td>[75-79]</td> <td>[45%]</td> </tr> <tr> <td>[80-84]</td> <td>[30%]</td> </tr> <tr> <td>[85] and Older</td> <td>[15%]</td> </tr> </table>	<b>Plan Selected</b>	<b>% Spouse[/Domestic Partner]</b>	<b>% Child(ren)</b>	<b>Spouse[/Domestic Partner] only:</b>	[50%]	0	<b>Dependent Child(ren) only:</b>		0	<b>Spouse[/Domestic Partner] and Dependent Child(ren)</b>	[40%]	[10%]	<b>Spouse[/Domestic Partner]:</b>	[\$50,000] [\$75,000] [\$100,000]	<b>Dependent Child(ren):</b>	[\$10,000] [\$15,000] [\$20,000] [\$25,000]	<b>Age at Date of Accident</b>	<b>% of Principal Sum</b>	[70-74]	[65%]	[75-79]	[45%]	[80-84]	[30%]	[85] and Older	[15%]	<p>Same variables as listed in the Schedule Section.</p> <p>Same variables as listed in the Schedule Section.</p> <p>Same variables as listed in the Schedule Section.</p>
<b>Plan Selected</b>	<b>% Spouse[/Domestic Partner]</b>	<b>% Child(ren)</b>																									
<b>Spouse[/Domestic Partner] only:</b>	[50%]	0																									
<b>Dependent Child(ren) only:</b>		0																									
<b>Spouse[/Domestic Partner] and Dependent Child(ren)</b>	[40%]	[10%]																									
<b>Spouse[/Domestic Partner]:</b>	[\$50,000] [\$75,000] [\$100,000]																										
<b>Dependent Child(ren):</b>	[\$10,000] [\$15,000] [\$20,000] [\$25,000]																										
<b>Age at Date of Accident</b>	<b>% of Principal Sum</b>																										
[70-74]	[65%]																										
[75-79]	[45%]																										
[80-84]	[30%]																										
[85] and Older	[15%]																										
<p><b>C. HAZARD(S)</b></p> <p>Class I: [24 Hour Accident Protection, Business and Pleasure, Excluding Corporate Owned or Leased Aircraft H-1]</p> <p>[Class II: [24 Hour Accident Protection While on Business Trip H-2]]</p> <p>[Class III: [ ]]</p>	<p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>																										
<p><b>D. BENEFITS</b></p> <p><b>Accidental Death and Dismemberment</b> (including Exposure and Disappearance with a [365] day incurral period</p> <table border="0"> <tr> <td><b>Covered Loss of</b></td> <td><b>Benefit</b></td> </tr> <tr> <td>Life</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>Both hands or both feet</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>One hand and one foot</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>One hand or one foot plus sight of one eye</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>Sight of both eyes</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>Speech and hearing</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>Speech or hearing</td> <td>[50%] of Principal Sum</td> </tr> <tr> <td>One hand or one foot or sight of one eye</td> <td>[50%] of Principal Sum</td> </tr> <tr> <td>Thumb and index finger of the same hand</td> <td>[25%] of Principal Sum</td> </tr> </table> <p>◆ <b>[Covered Loss of Use of:</b> <b>Benefit</b></p> <table border="0"> <tr> <td>Four <b>Limbs</b></td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>Three <b>Limbs</b></td> <td>[75%] of Principal Sum</td> </tr> <tr> <td>Two <b>Limbs</b></td> <td>[66 2/3%] of Principal Sum</td> </tr> </table>	<b>Covered Loss of</b>	<b>Benefit</b>	Life	[100%] of Principal Sum	Both hands or both feet	[100%] of Principal Sum	One hand and one foot	[100%] of Principal Sum	One hand or one foot plus sight of one eye	[100%] of Principal Sum	Sight of both eyes	[100%] of Principal Sum	Speech and hearing	[100%] of Principal Sum	Speech or hearing	[50%] of Principal Sum	One hand or one foot or sight of one eye	[50%] of Principal Sum	Thumb and index finger of the same hand	[25%] of Principal Sum	Four <b>Limbs</b>	[100%] of Principal Sum	Three <b>Limbs</b>	[75%] of Principal Sum	Two <b>Limbs</b>	[66 2/3%] of Principal Sum	<p>These variables in the BENEFITS Section will be the same as in the Policy and as shown in this Statement of Variables under BENEFITS.</p>
<b>Covered Loss of</b>	<b>Benefit</b>																										
Life	[100%] of Principal Sum																										
Both hands or both feet	[100%] of Principal Sum																										
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<p>One <b>Limb</b> [50%] of Principal Sum]] with a [365] day incurral period</p>	
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STATEMENT OF VARIABLES  
GROUP ACCIDENT POLICY  
U-VA-100-A CW

**NOTE: THIS POLICY IS DEVELOPED FOR USE IN ~~BOTH BASIC AND~~ VOLUNTARY and BUSINESS TRAVEL ACCIDENT POLICIES. IN ALL CASES, WHERE [a Covered Person] IS BRACKETED, THE POLICY [INSURED] AND [COVERED PERSON] WILL ALWAYS BE ISSUED AS A VOLUNTARY POLICY. WHERE [an Insured] IS BRACKETED, THE POLICY WILL BE ISSUED AS A BASIC POLICY. IN OR OUT. [DOMESTIC PARTNER] WILL ALWAYS BE IN OR OUT.**

<p><b>POLICYHOLDER:</b> [John Doe Corporation] [123 Main Street] [Anywhere, XX 10011]</p> <p>[COVERED SUBSIDIARIES OR AFFILIATED COMPANIES:]</p> <p><b>POLICY NUMBER:</b> [ABC-1234567] <b>POLICY DATE:</b> [January 1, 2006] [ ] to Continuous] (All Insurance begins and ends at 12:01 a.m. at <b>Policyholder's</b> Address)</p> <p><b>CONTRACT SITUS:</b> [ ]</p>	<p>Name of <b>Policyholder</b> will be inserted. Address of <b>Policyholder</b> will be inserted. City and State of <b>Policyholder</b> will be inserted.</p> <p>This will be either in or out.</p> <p>Policy number of <b>Policy</b> will be inserted. Effective date will be inserted. <u>If not continuous, an expiration date will also be inserted.</u></p> <p>State <b>Policy</b> is issued.</p>
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**SECTION I – ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE**

<p>[completion of the <b>Service Waiting Period</b> as indicated below, and]</p>	<p>This will be either in or out. If in, <b>Service Waiting Period</b> will be decided by the <b>Policyholder</b>.</p>
<p><b>Class I:-</b> [All <b>Active</b> full-time employees of the <b>Policyholder</b> working a minimum of [30 hours] per week.]</p> <p><u>[Class II: [All <b>Active</b> salaried employees of the <b>Policyholder</b>.]]</u></p> <p><u>[Class III: [All <b>Active</b> hourly employees of the <b>Policyholder</b>.]]</u></p>	<p><u>Class definitions are variable and defined by the <b>Policyholder</b> based on elements relating to the relationship between the organization and insureds/covered persons.</u></p> <p><u>If This will be a variable of active full-time and/or active part-time. The hours will range between 20-30 hours per week, there is more than one Class eligible under the Policy a Schedule of Benefits may be presented for each Class if benefit applicability, amounts and duration differ by class or it may be presented in the aggregate.</u></p> <p><u>This will be in or out. If in, range is 1-60.</u></p> <p><u>An example of what may be included is provided to the left.</u></p>
<p><b>[ELIGIBILITY OF INSURED'S DEPENDENTS:</b></p> <p>Employees who enroll may elect to cover their eligible <b>Dependents</b>. An eligible <b>Dependent</b> includes the <b>Insured's</b> legally married <b>Spouse/[Domestic Partner]</b> and <b>Dependent Child(ren)</b> of the <b>Insured</b> [or <b>Spouse/[Domestic Partner]</b>. [ ] A legally married <b>Spouse/[Domestic Partner]</b> will not be eligible as a <b>Dependent</b> if he or she is also an <b>Insured</b> under this <b>Policy--.] [ ] If the <b>Insured</b> and his or her legally married <b>Spouse/[Domestic Partner]</b>, legally</b></p>	<p><b>ELIGIBILITY OF INSURED'S DEPENDENTS</b> will be either in or out. <u>Eligibility of Insured's Dependents is variable and determined by the <b>Policyholder</b>, and may vary by Class of <b>Insured</b> or <b>Covered Person</b>.</u></p> <p><u>An example of what may be included is provided to the left.</u></p>

	separated <b>Spouse[/Domestic Partner]</b> , former <b>Spouse[/Domestic Partner]</b> are both <b>Insured's</b> under this <b>Policy</b> , only one may select a <b>Plan</b> covering their mutual <b>Dependents</b> . <del>}]</del>	
	[ <b>SERVICE WAITING PERIOD:</b> [[30 days] of active continuous service]]	<b>SERVICE WAITING PERIOD</b> will be either in or out. <u>The <b>SERVICE WAITING PERIOD</b> is variable and defined by the <b>Policyholder</b> based on elements relating to the relationship between the organization and insureds/covered persons. It may vary by Class of <b>Insured</b> or <b>Covered Person</b>.</u>  <u>An example of what may be included is provided to the left. If in, the range of active continuous service will range 0-<del>180</del>730 days.</u>
	[ <b>EFFECTIVE DATE OF INSURANCE FOR THE INSURED:</b> [A. For eligible individuals hired prior to [January 1, 2006]: [January 1, 2006], provided the completed enrollment material is received by the <b>Policyholder</b> on or prior <del>thereto.</del> <del>thereto.</del> [B. For eligible individuals hired on or after [January 1, 2006]: [on the first day of the month following the date the completed enrollment form is received by the <b>Policyholder</b> ] [upon] [on the first day of the month following] completion of the required <b>Service Waiting Period</b> indicated above, provided the completed enrollment material is received by the <b>Policyholder</b> prior thereto].]	<u>The <b>EFFECTIVE DATE OF INSURANCE FOR THE INSURED</b> will used in a <b>Voluntary</b> policy only section is variable and either A. will be used or B. will be used.</u>  <u>If A. is used, the appropriate date will be inserted. defined</u> <u><del>If B. is used, the appropriate date will be inserted and [on the first day of the month following the date the completed enrollment form is received by the <b>Policyholder</b>] [upon] [on the first day of the month following] will either be in or out- based on elements relating to the relationship between the organization and insureds/covered persons. It may vary by Class of <b>Insured</b> or <b>Covered Person</b>.</del></u>  <u>Examples of what may be included are provided to the left.</u>
	<del>[All insurance for the above shall become effective the later of the <b>Policy</b> effective date or upon completion of the required <b>Service Waiting Period</b>, if any, indicated above.]</del>	<u>This will be either in or out.</u>

**SECTION II – SCHEDULE**

<b>COVERAGES:</b> [24 Hour <b>Accident</b> Protection Excluding Corporate Owned or Leased Aircraft H1]	<b>Classes Covered</b> [All]	The appropriate <b>Coverage(s)</b> will be inserted as well as <b>Classes Covered</b> .
<b>BENEFITS: Principal Sum</b> <b>ACCIDENTAL DEATH BENEFIT</b> (same for <b>ACCIDENTAL DISMEMBERMENT BENEFIT</b> )		<u>The <b>Principal Sum</b> section is intended to be free form, determined by Us and the <b>Policyholder</b> based on the specific needs of the <b>Policyholder</b>. For instance, a minimum may or may not be desired; the available options may be multiples of salary in lieu of a range of dollar amounts; the available options may be a combination</u>

<p>[<b>Class I:</b> [An employee may purchase an amount of <b>Principal Sum</b> from a minimum of [\$50,000] to a maximum of [\$500,000] in increments of [\$10,000]. [However, amounts applied for in excess of [\$150,000] must not exceed [ten (10)] times the employee's <b>Base Annual Earnings</b>*.]]</p> <p>[<b>Class II:</b> [[Three (3)] times the employees <b>Base Annual Earnings</b>* to a maximum of [\$500,000].]</p> <p>[<b>Class III:</b> [\$100,000]</p>	<p><u>thereof; when the available options are multiples of salary, the salary may be rounded up or down, the total of the multiples may be rounded up or down, etc.; not all Policyholders use the terminology "Base Annual Earnings" – other terms such as "Salary" should be acceptable consistent with the intent above.</u></p> <p><u>If the wording at left is used,</u>          [\$ 50,000] The range will be \$ 1,000 - \$ <del>50</del><u>25,000,000</u>          [\$500,000] The range will be \$ <del>5</del><u>1,000 - \$2,000</u><u>25,000,000</u>          [\$ 10,000] The range will be \$ 1,000 - \$ <del>50</del><u>25,000,000</u>          [\$150,000] The range will be \$<del>100</del><u>1,000 - \$500 - \$25,000,000</u>          [ten (10)] The range will be <del>2-15</del><u>1-20</u> times</p> <p><del>This will be either in or out.</del> <u>If in the wording at left is used,</u>          The range will be one (1) – twenty (20)          The range will be \$1,000 - \$<del>5</del><u>25,000,000</u></p> <p><del>This will be either in or out.</del>  <u>If the wording at left is used,</u>          The range will be \$1,000 - \$<del>25</del><u>25,000,000</u></p>												
<p>[*<b>Base Annual Earnings</b> means the employee's base annual pay [excluding overtime, bonuses, [commissions] and special compensation.]]</p>	<p><del>This will be either in or out.</del> <u>The <b>Base Annual Earnings</b> definition is intended to be free form, determined by Us and the Policyholder based on the specific needs of the Policyholder. Not all Policyholders use the terminology "Base Annual Earnings" – other terms such as "Salary" should be acceptable consistent with the intent above.</u></p>												
<p>[The <b>Principal Sum</b> for <b>Covered Dependents</b> will be a percentage of the <b>Insured's Principal Sum</b>, as follows:</p> <table border="1" data-bbox="115 1220 813 1415"> <thead> <tr> <th><u>Plan Selected</u></th> <th><u>% Spouse[/Domestic Partner]</u></th> <th><u>% Child(ren)</u></th> </tr> </thead> <tbody> <tr> <td><b>Spouse[/Domestic Partner] only:</b></td> <td>[50%]</td> <td>0</td> </tr> <tr> <td><b>Dependent Child(ren) only</b></td> <td>0</td> <td>[15%]</td> </tr> <tr> <td><b>Spouse[/Domestic Partner] and Dependent Child(ren)</b></td> <td>[40%]</td> <td>[10%]</td> </tr> </tbody> </table> <p>[Maximum of [\$25,000] [<b>Principal Sum</b>] [<b>Accidental Death Benefit</b>] for <b>Dependent Child(ren)</b>.]</p> <p>[For <b>Covered Dependent Child(ren)</b> the indicated percentage applies to <b>Loss of Life</b> only.]</p>	<u>Plan Selected</u>	<u>% Spouse[/Domestic Partner]</u>	<u>% Child(ren)</u>	<b>Spouse[/Domestic Partner] only:</b>	[50%]	0	<b>Dependent Child(ren) only</b>	0	[15%]	<b>Spouse[/Domestic Partner] and Dependent Child(ren)</b>	[40%]	[10%]	<p>This will be in for <b>Voluntary</b> policy only.</p> <p>[50%] The range will be <del>40</del><u>1</u>% - 100%          [15%] The range will be <del>5</del><u>5</u>% — <del>25</del><u>1</u>% - 100%</p> <p>[40%] The range will be <del>40</del><u>1</u>% - 100%          [10%] The range will be <del>5</del><u>5</u>% — <del>25</del><u>1</u>% - 100%</p> <p>If in:          [Maximum of [\$25,000] The range will be \$1,000-          \$<del>100</del><u>250,000</u>.]          [<b>Principal Sum</b>] will be either in or out.          [<b>Accidental Death</b> benefit] will be either in or out.</p> <p>[For <b>Covered Dependent Child(ren)</b>.....          This will be in for <b>Voluntary</b> policy only.</p>
<u>Plan Selected</u>	<u>% Spouse[/Domestic Partner]</u>	<u>% Child(ren)</u>											
<b>Spouse[/Domestic Partner] only:</b>	[50%]	0											
<b>Dependent Child(ren) only</b>	0	[15%]											
<b>Spouse[/Domestic Partner] and Dependent Child(ren)</b>	[40%]	[10%]											

<p>[The <b>Principal Sum</b> for <b>Covered Dependents</b> will be [a choice of] the following amounts:</p> <p> </p> <p><b>Spouse[/Domestic Partner]:</b> [\$50,000] [\$75,000] [\$100,000]</p> <p><b>Dependent Child(ren):</b> [\$10,000] [\$15,000] [\$20,000] [\$25,000]</p> <p>[In no event shall the amount be greater than the <b>Insured's Principal Sum</b>.]</p>	<p>This will be in for <b>Voluntary</b> policy only.  <b>[/Domestic Partner]:</b> This will either be in or out.</p> <p><b>Spouse Coverage</b> will range from \$1,000 - \$2,000,000</p> <p><b>Dependent Child(ren)</b> will range from \$1,000 - \$250,000</p> <p>[In no event shall the amount..... This will be either in or out.</p>										
<p>At age [70], [for the <b>Insured</b> only,] the <b>Principal Sum</b> shall be reduced based on the [<b>Covered Person's</b>] [<b>Insured's</b>] previous <b>Principal Sum</b> per the following schedule</p> <table border="1"> <thead> <tr> <th>Age at Date of Loss</th> <th>Percent of Principal Sum</th> </tr> </thead> <tbody> <tr> <td>[70-74]</td> <td>[65%]</td> </tr> <tr> <td>[75-79]</td> <td>[45%]</td> </tr> <tr> <td>[80-84]</td> <td>[30%]</td> </tr> <tr> <td>[85 &amp; Over]</td> <td>[15%]</td> </tr> </tbody> </table>	Age at Date of Loss	Percent of Principal Sum	[70-74]	[65%]	[75-79]	[45%]	[80-84]	[30%]	[85 & Over]	[15%]	<p>[70] The range will be age 55 <del>—80</del> <b>and over</b>.  [for the <b>Insured Only</b>] will be either in or out.</p> <p><b>Age at Date of Loss:</b>  The range will be age 55 and over.</p> <p><b>Percent of Principal Sum:</b>  The range will be <del>85%—1099%</del> <b>- 1%</b>.</p>
Age at Date of Loss	Percent of Principal Sum										
[70-74]	[65%]										
[75-79]	[45%]										
[80-84]	[30%]										
[85 & Over]	[15%]										
<p>[<b>Aggregate Limit of Liability</b> per [air travel] <b>Covered Accident</b> [\$0.00]]</p> <p> </p>	<p>This will be in for <b>Basic</b> or <b>BTA</b> policy only. If in [air travel] will either be in or out.  [\$0.00] The range will be \$10,000 - <del>\$100</del> <b>500,000,000</b></p>										
<p>[<b>Escalator Clause</b></p> <p><b>We</b> will increase the <b>Accidental Death Benefit</b> for the <b>Insured</b> at an amount equal to [2%] of the <b>Insured's Principal Sum</b> for each year the <b>Insured</b> remains continuously covered under this <b>Policy</b> for a maximum of [five (5)] years. [If the <b>Insured</b> selected a <b>Plan</b> covering his or her <b>Dependent(s)</b>, the <b>Principal Sum</b> for his or her <b>Dependent(s)</b> will be calculated from the <b>Insured's</b> original <b>Principal Sum</b>, and therefore this increase does not affect the <b>Dependent's Accidental Death Benefit(s)</b>.]</p> <p>The first increase will take effect one year from the <b>Policy</b> anniversary date that is equal to or later than the date the <b>Insured</b> became eligible for benefits under this <b>Policy</b>. Future increases will take effect on subsequent <b>Policy</b> anniversary dates. The increase will be based on the <b>Insured's Principal Sum</b> on the day immediately prior to the <b>Policy</b> anniversary date.]]</p>	<p>This will be either in or out.</p> <p>If in:  [2%] The range will be 1% - <del>5</del> <b>100%</b>.  [5] years The range will be 1 – 10 years.</p> <p>[If the <b>Insured</b> selected a <b>Plan</b> covering his or her <b>Dependent(s)</b>..... <del>This</del>.....] <b>For Voluntary policies, this will be in for Voluntary policy only or out.</b></p>										

<p><b><u>ACCIDENTAL DISMEMBERMENT [AND COVERED LOSS OF USE] [AND PLEGIA] BENEFIT</u></b>      <b><u>Classes Covered</u></b>  [All]</p> <p><b><u>Principal Sum:</u></b>  <del>[Same as above.]</del> <b>etc.</b></p>	<p><b><u>BENEFITS</u></b> will be either in or out. <b><u>If in, benefits that Policyholder has opted for will be included on the Schedule page.</u></b></p>
<p>[<b>ADDITIONAL BENEFITS:</b>  [Seat Belt] [Rehabilitation Benefit] etc.</p>	<p><b>ADDITIONAL BENEFITS</b> will be either in or out. If in, additional benefits that <b>Policyholder</b> has opted for will be included on the Schedule page.</p>
<p>[<b>ADDITIONAL ENDORSEMENTS:</b>  [ Administrative Change Endorsement]</p>	<p><b>ADDITIONAL ENDORSEMENTS</b> will be either in or out. If in, additional endorsements and Form Number that <b>Policyholder</b> has opted for will be included on the Schedule page.</p>
<p>Premium Due Date [First Date of each month]</p>	<p><del>Appropriate date will be inserted.</del></p>

[Effective date of <b>Policy</b> ]		<u>Appropriate date will be inserted. (Premium due date will be determined by the needs of the <b>Policyholder</b> and/or <b>Us</b>, and may be a date other than the “First Date of each month” or “Effective date of <b>Policy</b>”).</u>
Premium: [Employee Only:]	[\$0.000] per \$[1,000] of <b>Principal Sum</b> per month	[\$0.000] As per rate manual.
[Spouse/ <b>Domestic Partner</b> ] Only:	plus [\$0.000] per \$[1,000] of <b>Principal Sum</b> per month	[\$1,000] The range will be \$1,000 - \$ <del>1025</del> ,000.
[ <b>Dependent Children</b> Only:	plus [\$0.000] per \$[1,000] of <b>Principal Sum</b> per month]	[\$10,000] The range will be \$ <del>500</del> 1 -
[Employee & <b>Dependents</b> :	[\$0.000] per \$[1,000] of <b>Principal Sum</b> per month	\$2,000,000,000.
[Annual Premium Option:	[\$10,000] or [three year option payable in equal annual installments of [\$10,000]]	[three year option payable in equal annual installments of [\$10,000] Either in or out. If in, the range will be \$ <del>500</del> 1 - \$2,000,000,000
		<u>Premium rates may be referred to other than “per month”; i.e., “per quarter”, “per year”, etc.</u>
		<u>While not shown at left, our filed rates allow for rates for <b>Employee &amp; Spouse/Domestic Partner</b> and <b>Employee &amp; Children</b>.</u>
		<u>[Annual Premium Option...] may be listed as “Prepaid Premium Option”.</u>
		<u>[three year option] – this may refer to other time periods, such as one year, two year, four year, prepaid, etc.</u>
[Additional <b>Specified Pilot Coverage</b> Premium:	[\$0.00] per [\$1,000] of <b>Principal Sum</b> per [month] while a pilot, operator, crew member or cabin attendant]]	This will be either in or out. If in: The rate will be as per rate manual The range will be \$1,000-\$ <del>1025</del> ,000 <u>This may refer to other time periods.</u>
[These rates are]	[This <b>Policy</b> is] guaranteed until [January 1, 2009].]	This will be either in or out. <u>If in, the appropriate date will be inserted.</u>
[These rates and this <b>Policy</b> are guaranteed until [January 1, 2009].]		This will be either in or out. <u>If in, the appropriate date will be inserted.</u>
<b>[Waiver of Premium</b>		This will be either in or out. If in
<u>...provided the disability has continued for a period greater than [six (6)] consecutive months.</u>		[six (6)] <del>months</del> – The range will be 6– <del>12</del> <del>months</del> – 60. <u>This is the same for the four references to [six (6)] in this section.</u>
<u>Premium payments will continue for the first [six (6)] months of continuous <b>Total Disability</b>.</u>		This will be either in or out.
[However, credit toward the first [six (6)] months of continuous....., <b>Total Disability</b> will be given if the <b>Insured</b> was <b>Totally Disabled</b> under the <b>Policy</b> that <b>We</b> have replaced.]		
<u>After this [six (6)] month period...</u>		This will be either in or out. If in:
[the <b>Insured</b> attains age [70]		[70] The range will be <del>65</del> — <del>80</del> <del>55</del> and <u>over</u> .
[58 South Service Road, Melville, New York 11747].]		Current address will be inserted.
[Premium Refund		This will be either in or out <u>and will only be used in a <b>Basic</b> policy.</u> If in:

<p>[20%]  <del>January 1, 2007]</del>  [*Zurich Travel Assist claims will not be charged against the experience to calculate the <b>Premium Refund.</b>]]</p>	<p>The range will be <del>5%-50%</del>-100%  <del>The appropriate date will be inserted.</del>  This will be either in or out.</p>
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**SECTION III – DEFINITIONS**

<p><b>Aggregate Limit of Liability</b>  <del>[or Coverages Section]</del> [or Benefits section-1] [or Endorsement]  [occurring within a [1] day period]</p>	<p><del>This</del><b>These</b> will be either in or out.  This will be either in or out. If in,  [1] The range will be 1 – 180 day period</p>
<p><b>[Chartered Aircraft</b>  [ten (10)] consecutive days  [fifteen (15)] days  [one (1)] year period.]</p>	<p>This will be either in or out. If in,  The range will be <del>5 – 201 – 365</del> days  The range will be <del>40 – 251 – 365</del> days  The range will be <del>–1 – 3 – 10</del> years</p>
<p><b>[Controlled</b> by, as used in the <b>Coverages Section</b>  for [25] or more hours  a [one (1)] year period  [100] hours</p>	<p>This will be either in or out. If in  The range will be <del>40 – 751 – 500</del> hours  The range will be <del>–1 – 3 – 10</del> years  The range will be <del>50 – 2001 – 500</del> hours</p>
<p><b>Covered Person ...</b> [,and his or her <b>Spouse[/Domestic Partner]</b> and/or <b>Dependent Child(ren)</b> if a <b>Plan</b> covering the <b>Spouse [/Domestic Partner]</b> and/or <b>Dependent Child(ren)</b> is selected.]</p>	<p>This section of this definition will only be used in a <b>Voluntary</b> policy.</p>
<p><b>Dependent</b> definition.....  [The <b>Dependent</b> will only be a <b>Covered Dependent</b> if a <b>Plan</b> covering <b>Dependents</b> is selected.]</p>	<p>Will only be used in a <b>-Voluntary</b> policy.</p>
<p><b>Dependent Child(ren)</b> definition....  or those unmarried <b>Child(ren)</b> [as defined in the <b>Policyholder’s</b> [medical] plan as on file and approved by Us]  [more than 50% of]  [19 (nineteen)] years of age;  2) less than [25 (twenty-five)] years of age  prior to age [19] became incapable of</p>	<p>This will be either in or out.  This will be either in or out. <del>If in</del>  This will either be in or out.  The range will be 19-<del>25</del>26 years  The range will be 23-30 years  The range will be 19-26 years</p>
<p>[The <b>Child(ren)</b> will only be <b>Covered Dependent Child(ren)</b> if a <b>Plan</b> covering <b>Dependent Child(ren)</b> is selected.]</p>	<p>Will only be used in a <b>-Voluntary</b> policy.</p>
<p><b>[Domestic Partner</b> and all remaining brackets in definition</p>	<p>This will be either in or out.</p>
<p><b>[Domestic Partner</b> and all remaining brackets in definition</p>	<p>This will be either in or out.</p>
<p><b>[Foreign National</b></p>	<p>This will be either in or out.</p>
<p><b>[Owned Aircraft</b></p>	<p>This will be either in or out.</p>
<p>[or a related company]</p>	<p>This will be either in or out.</p>
<p><b>[Service Waiting Period</b></p>	<p>This will be either in or out.</p>
<p><b>Specialized Aviation Activity</b></p>	<p>Each bracket defining which activity will be included in <b>Policy</b> will be either in or out.</p>
<p><b>Spouse</b> definition [under age 70].  [It also includes the <b>Insured's Domestic Partner</b> [under age 70] as defined in the Definitions Section of this <b>Policy</b>.]    [A <b>Spouse[/Domestic Partner]</b> will only be a <b>Covered Spouse [/Domestic Partner]</b> if a <b>Plan</b> covering the <b>Insured's Spouse [/Domestic Partner]</b> is selected.]]</p>	<p>The range will be 65 and over  This will be either in or out. If in,  the range of [under age 70] will be 65 and over    Will only be used in a <b>Voluntary</b> policy.</p>
<p><b>[Under lease</b>  than [ten (10)] consecutive days  [fifteen (15)] days  a [one (1)] year period</p>	<p>This will be either in or out. If in,  The range will be <del>–5 – 301 – 365</del> days  The range will be <del>40 – 301 – 365</del> days  The range will be <del>–1 – 3 – 10</del> years</p>

**SECTION IV – COVERAGES**

<p><b>[24 HOUR ACCIDENT PROTECTION BUSINESS AND PLEASURE H-1]</b>  <b><del>[EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT,</del></b>  <b><del>[AND SUBSTITUTE AIRCRAFT,]</del></b>  <b><del>[PASSENGER ONLY] [PASSENGER AND CREW] H-1</del></b></p>	<p>This will <u>coverage will</u> be either in or out. <u>If in, each bracketed item in this Coverage will be either in or out.</u></p>
<p><b>Hazard Limitations:</b>  Air travel Coverage is limited to a loss sustained during a trip, while the <b>[Covered Person]</b> <b>[Insured]</b> is a passenger, [pilot, operator, member of the crew or cabin attendant,] riding in or on, boarding or getting off:</p>	<p><u>Each bracketed item will be in or out.</u></p>
<p><b><del>[24 HOUR ACCIDENT PROTECTION WHILE ON BUSINESS TRIP H-2]</del></b>  <b><del>[Bona Fide Trip]</del></b>  <b><del>[Personal Deviation]</del></b>  <b><del>[Side Trip] [72 hours]</del></b></p> <p><b><del>[Substitute Aircraft]</del></b>  <b><del>Hazard Exclusions:</del></b></p> <p><u>Coverage is not provided:</u></p> <p><b>A.</b> <u>[If the [Covered Person][Insured] is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</u></p> <p><b>B.</b> <u>[Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</u></p> <p><b>[1. any aircraft other than those expressly stated in this Coverage:]</b></p> <p><b>[2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft, [including Substitute Aircraft]:</b></p> <p align="center"><u>[Description of Aircraft]</u></p> <p><u>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]</u></p> <p><b>[3. any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of [a Covered Person's][an Insured's] [family or] household]:]</b></p> <p><b>[4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household]:]</b></p> <p><b>[5. any aircraft engaged in a Specialized Aviation Activity:]</b></p> <p><b>[6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]</b></p>	<p><u>This</u></p> <p><u>[If the...] will be in or out.</u>  <u>[except those aircraft...] will be in or out.</u></p> <p><u>Each item 1-6 will be either in or out.</u>  <u>This Within each item, bracketed items will be either in or out.</u>  <u>This will be either in or out.</u>  <u>This will be either in or out. If in,</u>  <u>The range</u></p> <p><u>Aircraft description will be 24-168 hours</u></p> <p><u>inserted</u>  <u><del>This will be either in or out.</del></u>  <u>If this Coverage is included in Policy, all brackets in this Coverage will be either in or out.</u></p>
<p><b><u>[Hazard Definitions:</u></b></p> <p><b><u>[Substitute Aircraft means an aircraft, which is not owned by the Policyholder, and:</u></b></p> <p><b><u>1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation</u></b></p>	<p><u>Each bracketed item will be in or out.</u></p>

	<p><u>Administration or its successor or an equivalent certification from a foreign government;</u></p> <p>2. <u>is the same class of aircraft as the specified aircraft; and</u></p> <p>3. <u>is being used by the <b>Policyholder</b> because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]]</u></p> <p><u>[Note: A complete updated list of all Corporate Aircraft must be provided to Us on each anniversary of the <b>Policy</b>.]</u></p> <p><u>Other Limitations and Exclusions that apply to this <b>Hazard</b> are in Section VII General Exclusions and Section VIII General Limitations.]</u></p>	
<p><del>[24 HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIED BUSINESS TRIP - [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-32</del></p> <p><del>[Personal Deviation</del></p> <p><del>[Side Trip - {72 hours}</del></p> <p><del>[Substitute Aircraft</del></p> <p><del>[during a business trip][and during a Bona Fide Trip]</del></p> <p><del>[pilot, operator, member of the crew or cabin attendant,]</del></p>		<p>This <u>coverage</u> will be either in or out.</p> <p><del>This will be either in or out.</del></p> <p><del>This will be either in or out.</del> If in,</p> <p><del>The range will be 24-168 hours</del></p> <p><del>This will be either each bracketed item in or out.</del></p> <p><del>If this Coverage is included in Policy, all brackets in this Coverage will be either in or out.</del></p> <p><u>These will be in or out.</u></p> <p><u>This will be in or out.</u></p>
<p><del>[FULL OCCUPATIONAL COVERAGE H-4</del></p> <p><del>[Personal Deviation</del></p> <p><del>[Side Trip - {72 hours}</del></p> <p><del>[Substitute Aircraft</del></p> <p><del><b>Hazard Exclusions:</b></del></p> <p><u>Coverage is not provided:</u></p> <p><u>A. [If the <b>Insured</b> is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</u></p> <p><u>B. ][For an assignment by the <b>Policyholder</b> or relocation that exceeds [sixty (60)] days in duration. Note: If an assignment exceeds [sixty (60)] days in duration, the location of the assignment will be considered the place of permanent assignment, and the <b>Insured</b> will then have <b>Coverage</b> when traveling elsewhere on the <b>Business of the Policyholder</b>.</u></p> <p><u>C. ]Unless We have previously consented in writing to the use, <b>Coverage</b> is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</u></p> <p><u>[1. any aircraft other than those expressly stated in this <b>Coverage</b>.]</u></p> <p><u>[2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the <b>Policyholder</b> [except the following aircraft, [including <b>Substitute Aircraft</b>]:</u></p> <p><u>[Description of Aircraft]</u></p> <p><u>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the <b>Policyholder's</b> consent; c) is not carrying persons for hire;</u></p>		<p><del>This</del></p> <p><u>Each bracketed item will be in or out.</u></p> <p><u>[sixty (60)] The range will be 1-730 days.</u></p> <p><u>[sixty (60)] The range will be 1-730 days.</u></p> <p><u>Each bracketed item 1-6 will be either in or out.</u></p> <p><u>This Within each item, bracketed words will be either in or out.</u></p> <p><del>This</del></p> <p><u>Aircraft description will be either in or out. If in, inserted.</u></p> <p><u>The range will be 24-168 hours</u></p> <p><u>This will be either in or out.</u></p> <p><u>If this Coverage is included in Policy, all brackets in this Coverage will be either in or out.</u></p>

	<p><u>and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.]]</u></p> <p><u>[3. any aircraft <b>Owned</b> or <b>Controlled</b> by, or <b>Under lease</b> to an <b>Insured</b> [or a member of an <b>Insured's</b> [family or] household];]</u></p> <p><u>[4. any aircraft operated by [the <b>Policyholder</b> [except those indicated in 2. above, [including <b>Substitute Aircraft</b>]]or] one of the <b>Policyholder's</b> employees [including members of an employee's [family or] household];]</u></p> <p><u>[5. any aircraft engaged in a <b>Specialized Aviation Activity</b>];]</u></p> <p><u>[6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]</u></p>	
<p><b>Hazard Definitions:</b></p>	<ul style="list-style-type: none"> <li>• <u><b>Business of the Policyholder</b> means an assignment by or at the direction of the <b>Policyholder</b> to further the business of the <b>Policyholder</b>. It does not include an <b>Accident</b> occurring during usual travel to and from work; bona fide leaves of absence or vacation [; or a <b>Personal Deviation</b>]. [It does not include employees who are hired to operate a truck.] [It does include [a <b>Personal Deviation</b>]] [and] [<b>Side Trips</b> of a personal nature.]]</u></li> <li>• <u>[<b>Bona Fide Trip</b> means a trip that requires the <b>Insured</b> to travel outside the limits of the city or municipality where he or she normally works.]</u></li> <li>• <u>[<b>Personal Deviation</b> means non-business activities undertaken while on the <b>Business of the Policyholder</b>, but unrelated to furthering the <b>Business of the Policyholder</b>.]</u></li> <li>• <u>[<b>Side Trip</b> means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; [and] 3) is taken during the course of the business trip[.] [; and 4) is limited to [72 hours]].]</u></li> <li>• <u>[<b>Substitute Aircraft</b> means an aircraft, which is not owned by the <b>Policyholder</b>, and:</u> <ol style="list-style-type: none"> <li><u>1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;</u></li> <li><u>2. is the same class of aircraft as the specified aircraft; and</u></li> <li><u>3. is being used by the <b>Policyholder</b> because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]</u></li> </ol> </li> </ul> <p><u>[Note: A complete updated list of all Corporate Aircraft must be provided to <b>Us</b> on each anniversary of the <b>Policy</b>.]</u></p> <p><u>Other Limitations and Exclusions that apply to this <b>Hazard</b> are in Section VII General Exclusions and Section VIII General Limitations.]</u></p>	<p><u>Each bracketed item will be in or out.</u></p> <p><u>[72 hours] The range will be 1 hour to 31 days.</u></p>
<p><u>[24 HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIED TRIP [EXCLUDING] [INCLUDING] CORPORATE OWNED OR LEASED AIRCRAFT, [AND SUBSTITUTE AIRCRAFT, [PASSENGER ONLY] [PASSENGER AND CREW] H-3 [insert destination/description of trip]</u></p>		<p><u>This coverage will be either in or out. If in, each bracketed item in this <b>Coverage</b> will be either in or out.</u></p> <p><u>This will vary based on the destination/trip.</u></p>
<p><b>Hazard Limitations:</b></p>	<p><u>Air travel <b>Coverage</b> is limited to a loss sustained during the trip, while the <b>Insured</b> is a passenger, [pilot, operator, member of the crew or cabin attendant,]</u></p>	<p><u>This will be in or out.</u></p>





<p><b>Hazard Exclusions:</b></p>	<p><b>Coverage</b> is not provided:</p> <p><b>A.</b> [If the <b>Insured</b> is the pilot, operator, member of the crew or cabin attendant of any aircraft [except those aircraft specified below].</p> <p><b>B.] Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:</b></p> <p><b>[1. any aircraft other than those expressly stated in this Coverage;]</b></p> <p><b>[2. any aircraft [Owned or] [Controlled by, or] [Under lease to] the Policyholder [except the following aircraft, [including Substitute Aircraft]:</b></p> <p style="padding-left: 40px;"><b>[Description of Aircraft]</b></p> <p>provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the <b>Policyholder's</b> consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft. ]</p> <p><b>[3. any aircraft Owned or Controlled by, or Under lease to an Insured [or a member of an Insured's [family or] household];]</b></p> <p><b>[4. any aircraft operated by [the Policyholder [except those indicated in 2. above, [including Substitute Aircraft]]or] one of the Policyholder's employees [including members of an employee's [family or] household];]</b></p> <p><b>[5. any aircraft engaged in a Specialized Aviation Activity;]</b></p> <p><b>[6. any conveyance [except aircraft] used [for tests or experimental purposes, [or]] [in a race or speed test].]</b></p>	<p><u>Each bracketed item will be in or out.</u></p> <p><u>Each bracketed item 1-6 will be either in or out. Within each item, bracketed words will be either in or out.</u></p> <p><u>Aircraft description will be inserted.</u></p>
<p><b>Hazard Definitions:</b></p>	<p><b>2. leaves of absence or vacations[.] [; or</b></p> <p><b>3. a [Personal Deviation] [or] [Side Trip of a personal nature], during a Bona Fide Trip, that is not at the direction of and in furtherance of the economic interest of the Policyholder.]</b></p> <p><u>[It does not include employees who are hired to operate a truck.]</u></p> <p><u>[It does include [a Personal Deviation] [and] [Side Trips of a personal nature.]</u></p> <ul style="list-style-type: none"> <li>• <u>[Personal Deviation means non-business activities undertaken while on the Bona Fide Trip, but unrelated to the Bona Fide Trip.]</u></li> <li>• <u>[Side Trip means non-business travel of a personal nature that: 1) is incidental to the Bona Fide Trip; 2) would not have been taken if not for the Bona Fide Trip; [and] 3) is taken during the course of the Bona Fide Trip[.] [; and 4) is limited to [72 hours]].]</u></li> <li>• <u>[Substitute Aircraft means an aircraft, which is not owned by the Policyholder, and:</u> <ol style="list-style-type: none"> <li><u>1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;</u></li> <li><u>2. is the same class of aircraft as the specified aircraft; and</u></li> <li><u>3. is being used by the Policyholder because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.]</u></li> </ol> </li> </ul> <p><b>[Note: A complete updated list of all Corporate Aircraft must be provided to Us on each anniversary of the Policy.]</b></p>	<p><u>Each bracketed item will be in or out.</u></p> <p><u>[72 hours] The range will be 1 hour to 31 days.</u></p>

<p><u>Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.</u></p>	
<p><b>[SPECIFIED PILOT COVERAGE]</b>  <b>[Pilot Name(s)]</b>  <b>[Aircraft Descriptions(s)]</b></p>	<p>This will be either in or out.  Name <u>or descriptor</u> will be inserted  Aircraft description will be inserted.</p>
<p><b>[BOMB SCARE/EXPLOSION COVERAGE]</b>  <b>[or Fire Drill]</b>  <u>[Fire Drill means while participating in a Fire Drill conducted by the Policyholder for the purpose of emergency preparedness.]</u>   <b>[For purposes of this Bomb Scare/Explosion Coverage, the Aggregate Limit of Liability per Covered Accident is [\$0.00].]</b></p>	<p>This will be either in or out.  This will be either in or out.  <u>This will be in or out.</u>   This will be either in or out. If in,  The range will be \$10,000-<del>\$2500,000</del>,000</p>
<p><b>[COMMUTATION COVERAGE (for use</b>  <u>[This Coverage will not be extended if the operator of the private passenger automobile in BTA policy) which the Insured was riding at the time he or she incurred such Covered Injury was either:</u>  <b>elapsed time of [two (2)] hours after leaving</b> 1. under the influence of alcohol:  a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.  b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication;  <b>[Or.]</b>  2. under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.]</p>	<p>This will be either in or out. -If in,  <u>The range each bracketed item will be 1—4 hours either in or out.</u></p>
<p><b>[EXPOSURE AND DISAPPEARANCE COVERAGE]</b>  [365 days]</p>	<p>This will be either in or out. If in,  The range will be <del>180—365</del> - 730 days</p>
<p><b>[EXTRA-ORDINARY COMMUTATION COVERAGE (for use in BTA policy)]</b>  [This Coverage will not be extended -if the operator of the <del>conveyance</del>private passenger automobile in which the Insured was riding at the time he or she incurred such Covered Injury was either.....]:  1. under the influence of alcohol:  a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.  b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication;  <b>[Or.]</b>  2. under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.]</p>	<p>This will be either in or out. If in,  <u>This If in, each bracketed item will be either in or out.</u></p>
<p><b>[FAMILY TRAVELING WITH EMPLOYEE ON BUSINESS AND/OR RELOCATION TRIPS COVERAGE (for use in BTA policy)]</b>  <b>Spouse [Domestic Partner] :</b> \$[50,000]  <b>Dependent Child(ren):</b> \$[25,000]</p>	<p>This will be either in or out.   This will be either in or out. If in,  The range will be \$<del>251,000</del>-<del>2502,000,000</del>.  The range will be \$<del>101,000</del>-<del>100250,000</del>.</p>
<p><b>[FELONIOUS ASSAULT COVERAGE (for use BTA policy)]</b>  <b>[a Fellow Employee]</b>  <b>[Fellow Employee means—... than [forty-five (45)] days prior...]</b>  <b>[For purposes of this Felonious Assault Coverage, the Aggregate Limit of Liability</b></p>	<p>This will be either in or out. If in,  <u>This will be in or out.</u>  The range will be 45 days - 5 years.  <del>fair travel</del> This will be either in or out. <u>If in,</u></p>

per <del>air travel</del> Covered Accident is [\$0.00].]	The range will be \$10,000-\$ <del>25</del> 500,000,000
[HIJACKING or SKYJACKING COVERAGE [or conveyance]	This will be either in or out. This will be either in or out.
<p>[ON-PREMISES TERRORISM COVERAGE <del>(for use in BTA policy)</del></p> <p><del>[and Covered Loss of Use][and Plegia]</del></p> <p>[The benefit for this <b>On-Premises Terrorism Coverage</b> will be [15%] of the applicable <b>Principal Sum</b> subject to a maximum of [\$100,000].]</p> <p><del>a [ten (10)] day notice [We may cancel this <b>On-Premises Terrorism Coverage</b> by sending the <b>Policyholder</b>, at its most recent address in <b>Our</b> records, a [ten (10)] day notice of <b>Our</b> intent to cancel. Upon cancellation, <b>We</b> will return any unearned premium that the <b>Policyholder</b> has paid, but this is not a condition of termination. A change or termination in this <b>Coverage</b> will not affect a claim that begins while this <b>Coverage</b> is in force.]</del></p> <p>[For purposes of this <b>On-Premises Terrorism Coverage</b>, the <b>Aggregate Limit of Liability</b> per <b>Covered Accident</b> is [\$0.00].]</p>	<p>This will be either in or out.</p> <p><del>The</del>These will be either in or out. <del>This will be in or out. If in, [15%] the</del> range will be <del>10%—25%</del> <del>The</del>1% - 100%: [\$100,000] the range will be \$25,000-\$<del>500</del>25,000,000</p> <p><del>This will be either in or out. If in, [ten (10)]</del> The range will be <del>3—31</del> -365 days</p> <p>This will be either in or out. If in, The range will be \$10,000-\$<del>25</del>500,000,000</p>
<p>[RESERVE CORPS/NATIONAL GUARD UNIT COVERAGE <del>(for use in BTA policy)</del></p> <p><del>[and Covered Loss of Use][and Plegia]</del></p> <p><del>[1. attending any regularly scheduled or routine training of less than [sixty (60)] days, or the <b>Insured</b> is enroute to or from such training:]</del></p> <p><del>[2. attending a <b>Service School</b> or the <b>Insured</b> is enroute to or from such <b>Service School</b>:]</del></p> <p><del>[3. taking part in any authorized inactive duty training:] [or,]</del></p> <p><del>[4. taking part as a unit member in a parade or exhibition authorized by official orders:]</del></p> <p><del>[No benefit will be payable for any loss that occurs during active duty.]</del></p>	<p>This will be either in or out. If in</p> <p><del>These will be in or out.</del> <del>Each item 1 through 4 will be in or out.</del> <del>[sixty (60)]</del> The range will be <del>15-90</del>1-365 days</p> <p><del>This will be either in or out.</del></p>

<p><b>[WAR RISK COVERAGE]</b> [countries in brackets]</p> <p><u>A. the war or act of war causing the <b>Injury</b> does not occur within [any of the states of the United States of America (including the District of Columbia)] [or Canada,] [named country or countries,] [or the [Covered Person's] [Insured's] country of residence].</u></p> <p>[For those countries listed above in Paragraph [A,] except for the United States of America, the District of Columbia, [or Canada] and the [Covered Person's] [Insured's] country of residence, <del>if,</del> [B] <b>Covered Loss</b> that results from an act of war shall be covered provided the <b>Policyholder</b> submits to Us [each calendar quarter] [on an annual basis] a report of actual exposure within those areas. Additional premium due will be calculated at the standard war risk rates then in force.]</p> <p>[This <b>War Risk Coverage</b> is subject to an <b>Aggregate Limit of Liability</b> of [\$2,000,000] per <b>Covered Accident</b>.]</p> <p><del>[We may, by giving [seven (7)] days notice.....]</del> <u>[We may, by giving [seven (7)] days written notice to the <b>Policyholder</b>, (1) require additional premium, to be calculated at the standard war risk rates utilized at the time of the exposure; (2) amend the list of countries above; or (3) cancel this <b>Coverage</b>. Any revision or cancellation will not prejudice any claim that occurred prior to the effective date of the revision or cancellation. Any unearned premium at the time of a cancellation will be promptly calculated and returned to the <b>Policyholder</b> on a pro-rata basis, but the return of the unearned premium is not a condition of cancellation. <b>Our</b> failure to exercise any of <b>Our</b> rights under this <b>Coverage</b> will not be deemed a waiver of these rights.]</u></p>	<p>This will be either in or out. Countries considered <b>War Risk</b> countries</p> <p><del>This Bracketed items</del> will be either in or out.</p> <p><u>This will be either in or out. If in, all bracketed items will be in or out.</u></p> <p><u>[each calendar quarter] [on an annual basis]:</u> This will be either each calendar quarter or on an annual basis. <u>These are examples of the frequencies – actual terms used may vary based on the needs of the Policyholder and Us.</u></p> <p><del>The</del> <u>This will be either in or out. If in, the range will be \$10,000-<del>25</del>500,000,000</u></p> <p><del>This will be either in or out.</del></p> <p><u>This will be either in or out. If in, [seven (7)] The range will be 3-<del>34</del>365 days</u></p> <p><u>Items (1), (2) and (3) will each be in or out.</u></p> <p><u>This will be either in or out.</u></p>
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**SECTION V – BENEFITS**

<p><b>ACCIDENTAL DEATH BENEFIT</b> [365 days]</p>	<p>The range will be <del>180</del>1-365 days.</p>
<p><b>[ACCIDENTAL DISMEMBERMENT [AND LOSS OF USE] [AND PLEGIA] BENEFIT</b> [or a <b>Covered Spouse</b> [/Domestic Partner]] [365 days]</p> <ol style="list-style-type: none"> <li>1. [Principal Sum]</li> <li>2. [Principal Sum]</li> <li>3. [Principal Sum]</li> <li>4. [Principal Sum]</li> <li>5. [Principal Sum]</li> <li>6. [50% of Principal Sum]</li> <li>7. [50% of Principal Sum]</li> <li>8. [25% of Principal Sum]</li> <li>9. [25% of Principal Sum]</li> </ol> <p>[A reduced benefit will be payable equal to [50%] of the applicable <b>Accidental Dismemberment Benefit</b> after [365 days],</p>	<p>This will be either in or out.</p> <p>This will be either in or out. The range will be <del>180</del>1-365 days <del>The range</del></p> <p><u>Each benefit 1-9 will be <del>100%</del> 200% in or out. If in,</u> The range will be <del>100</del>1%-200% The range will be <del>100</del>1%-200% <u>The range will be 1%-200%</u> The range will be <del>100</del>1%-200% <del>The range will be 100% 200%</del> The range will be <del>50%</del> <del>100</del>1%-200% The range will be <del>50%</del> <del>100</del>1%-200% <u>The range will be 1%-200%</u> The range will be <del>25%</del> <del>50</del>1%-200% <del>The</del> <u>This will be either in or out. If in, the range will be 25% 501%-200%</u></p> <p>This will be either in or out. If in,</p>

<p><b>[Covered Loss of Use of</b></p> <ol style="list-style-type: none"> <li><b>1. Four Limbs</b> [Principal Sum+]]</li> <li><b>2. Three Limbs</b> [75% of Principal Sum+]]</li> <li><b>3. Two Limbs</b> [66 2/3% of Principal Sum+]]</li> <li><b>4. One Limb</b> [50% of Principal Sum+]]</li> </ol> <p><b>[Plegia</b></p> <ol style="list-style-type: none"> <li><b>1. Quadriplegia</b> (total paralysis of all four limbs) [Principal Sum+]]</li> <li><b>2. † Triplegia</b> (total paralysis of three limbs) [75% of Principal Sum]]</li> <li><b>3. Paraplegia</b> (total paralysis of both lower limbs) -[66 2/3% of Principal Sum+]]</li> <li><b>4. Hemiplegia</b> (total paralysis of upper and lower limbs on one side of the body) -[50% of Principal Sum+]]</li> <li><b>5. [Uniplegia</b> (total paralysis of one limb)]- [25% of Principal Sum]]</li> </ol> <p><b>[2. Covered Loss of Use</b> means total paralysis of a <b>Limb</b> or <b>Limbs</b>, which [has continued for [12] consecutive months and] is determined by <b>Our</b> competent medical authority to be permanent, complete and irreversible. <b>Limb</b> shall mean an arm or a leg.]</p> <p><b>[3 Plegia</b> must [continue for [12] consecutive months and] be determined by <b>Our</b> competent medical authority to be permanent, complete and irreversible paralysis of [two] or more limb[s]. A <b>Limb</b> means an arm or a leg. Proof of total paralysis may be required by <b>Us</b> on a periodic basis. Benefits are not payable for paralysis caused by a stroke.]</p>	<p>The range will be <del>[25% -751%-100%]</del> The range will be <del>901</del>-365 days</p> <p>This will be either in or out. If in, <del>The range</del>Each benefit 1-4 will be <del>100</del>in or out. If in, <del>The range will be 1%-200%</del> The range will be <del>75% -1501%-200%</del> The range will be <del>66 2/3% -1251%-200%</del> The range will be <del>50% -1001%-200%</del></p> <p><del>This will be either in or out. If in, The range will be 100% -200%</del> This will be either in or out. If in, <del>The range</del>Each item 1-5 will be <del>75% -150%</del>in or out. If in, <del>The range will be 66 2/3% -751% -200%</del> The range will be <del>50% -1001%-200%</del></p> <p>The range will be <del>25% -1001%-200%</del> <del>The range will be 1%-200%</del></p> <p><del>The range will be 1%-200%</del></p> <p>This will be either in or out. If in, The range will be <del>6-181-24</del> months</p> <p>This will be either in or out. If in, The range will be <del>6-181-24</del> months</p> <p>The range will be 1 – 4 limbs</p>
<p><b>[ACCIDENTAL DISMEMBERMENT[AND COVERED LOSS OF USE] [AND PLEGIA] BENEFIT FOR DEPENDENT CHILDREN</b> [365 days]</p> <p><b>Percentage of Insured's Principal Sum</b></p> <ol style="list-style-type: none"> <li><b>1</b> [50%] to a maximum of \$[100,000+]]</li> <li><b>2.</b> [50%] to a maximum of \$[100,000+]]</li> <li><b>3.</b> [50%] to a maximum of \$[100,000+]]</li> <li><b>4.</b> [50%] to a maximum of \$[100,000+]]</li> <li><b>5.</b> [50%] to a maximum of \$[100,000+]]</li> <li><b>6.</b> [25%] to a maximum of \$[ 50,000+]]</li> <li><b>7.</b> [25%] to a maximum of \$[ 50,000+]]</li> <li><b>8.</b> [12.5%] to a maximum of \$[ 25,000+]]</li> <li><b>9.</b> [12.5%] to a maximum of \$[ 25,000]]</li> </ol> <p>[A reduced benefit will be payable equal to [50%] of the applicable <b>Accidental Dismemberment Benefit</b> after [365 days],</p> <p><b>[Covered Loss of Use of</b></p> <ol style="list-style-type: none"> <li><b>1. Four Limbs</b> [50%] to a maximum of \$[100,000+]]</li> <li><b>2. Three Limbs</b> [37.5%] to a maximum of \$[75,000+]]</li> <li><b>3. Two Limbs</b> [33%] to a maximum of \$[66,000+]]</li> <li><b>4. One Limb</b> [25%] to a maximum of \$[50,000+]]</li> </ol>	<p>This will be either in or out. If in,</p> <p>The range will be <del>1801</del>-365 days <del>The</del>Each item 1-9 will be in or out. If in, the ranges will be: <del>25% -75% -25 1%-200%</del> <del>\$1,000-\$5001,000</del> <del>25% -75% -25,000-\$500</del> <del>1%-200% \$1,000</del> <del>25% -75% -25-\$1,000-\$500,000</del> <del>25% -75% -25 1%-200%</del> <del>\$1,000-\$5001,000</del> <del>25% -75% -25,000-\$500</del> <del>1%-200% \$1,000</del> <del>10% -50% -10-\$1,000-\$250,000</del> <del>10% -50% -10 1%-200%</del> <del>\$1,000-\$2501,000</del> <del>5% -25% -5-\$5,000-\$125</del> <del>1%-200% \$1,000</del> <del>This will be either in or out. If in</del> <del>5% -25% -5-\$1,000-\$125,000</del> <del>1%-200% \$1,000-\$1,000,000</del> <del>1%-200% \$1,000-\$1,000,000</del> <del>1%-200% \$1,000-\$1,000,000</del> This will be either in or out. If in,</p>

<p><b>[Plegia</b></p> <p><b>1.</b> Quadriplegia [50%] to a maximum of \$[100,000+]] (total paralysis of all four <b>Limbs</b>)</p> <p><b>2.</b> [Triplegia- [37.5%] to a maximum of \$[75,000]] (total paralysis of three <b>Limbs</b>)</p> <p><b>3.</b> Paraplegia [33%] to a maximum of \$[66,000+]] (total paralysis of both lower <b>Limbs</b>)</p> <p><b>4.</b> Hemiplegia [25%] to a maximum of \$[50,000+]] (total paralysis of upper and lower <b>Limbs</b> on one side of the body)</p> <p><del>4</del><b>5.</b> [Uniplegia (total paralysis of one <b>Limb</b>) —[12.5%] to a maximum of \$[25,000]]]</p> <p>[2. <b>Covered Loss of Use</b> shall mean total paralysis of a <b>Limb</b> or <b>Limbs</b>, which [has continued for [twelve 12] consecutive months and] is determined by <b>Our</b> competent medical authority to be permanent, complete and irreversible. <b>Limb</b> shall mean an arm or a leg.]</p> <p>[3 <b>Plegia</b> must [continue for [twelve 12] consecutive months and] be determined by <b>Our</b> competent medical authority to be permanent, complete and irreversible paralysis of [two] or more <b>Limb[s]</b>. A <b>Limb</b> means an arm or a leg. Proof of total paralysis may be required by <b>Us</b> on a periodic basis. Benefits are not payable for paralysis caused by a stroke.]</p>	<p>The range will be <del>25%-75%</del><del>1%-100%</del> The range will be <del>90</del><u>1</u>-365 days</p> <p>This will be either in or out. If in, <del>The each item 1-4 will be in or out. If</del> <del>in, the</del> ranges will be <del>25% 75% ——— \$25</del><u>1%-200%</u> <del>\$1,000-\$500</del><u>1,000</u> <del>30% 80% ——— \$15,000-\$300</del> <del>1%-200% ——— \$1,000</del> <del>15% 60% ——— \$15-\$1,000-\$300,000</del> <del>10% 50% ——— \$10</del><u>1%-200%</u> <del>\$1,000-\$200</del><u>1,000</u></p> <p><del>This will be either in or out. If in,</del> <del>The ranges will be</del> <del>25% 75% ——— \$25,000-\$500,000</del> <del>1%-200% ——— \$1,000-\$1,000,000</del></p> <p>This will be either in or out. <del>If in,</del><u>If in,</u> <del>each item 1-5 will be in or out. If in, the</del> <del>ranges will be</del> <del>20% 50% ——— \$20,000-\$400,000</del> <del>15% 60% ——— \$15</del><u>1%-200%</u> <del>\$1,000-\$300</del><u>1,000</u></p> <p><del>15% 60% ——— \$15,000-\$300</del></p> <p><del>1%-200% ——— \$1,000</del></p> <p><del>10 50% ——— \$10-\$1,000-</del> <del>\$200,000</del></p> <p><del>1%-200% ——— \$1,000-\$1,000,000</del></p> <p><del>1%-200% ——— \$1,000-\$1,000,000</del></p> <p><del>1%-200% ——— \$1,000-\$1,000,000</del></p> <p>This will be either in or out. If in, The range will be <del>6-18</del><u>1-24</u> months</p> <p>This will be either in or out. If in, The range will be <del>6-18</del><u>1-24</u> months</p> <p>The range will be one – four limbs.</p>
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**[ACCIDENTAL DISMEMBERMENT AND COVERED LOSS OF USE BENEFIT**

[365 days]

**Benefit**

1. [Principal Sum+]
2. [Principal Sum+]
3. [Principal Sum+]
4. [Principal Sum+]
5. [60% of Principal Sum+]
6. [50% of Principal Sum+]
7. [47.5% of Principal Sum+]
8. [45% of Principal Sum+]
9. [42.5% of Principal Sum+]
10. [42.5% of Principal Sum+]
11. [35% of Principal Sum+]
12. [20% of Principal Sum+]
13. [10% of Principal Sum+]
14. [10% of Principal Sum+]
15. [ 8% of Principal Sum+]
16. [ 4% of Principal Sum+]
17. [ 6% of Principal Sum+]
18. [ 4% of Principal Sum+]
19. [ 2% of Principal Sum+]
20. [ 5% of Principal Sum+]
21. [ 4% of Principal Sum+]
22. [ 2% of Principal Sum+]
23. [ 4% of Principal Sum+]
24. [ 3% of Principal Sum+]
25. [ 2% of Principal Sum+]
26. [ 3% of Principal Sum each+]
27. [ 2% of Principal Sum each+]
28. [ 50% of Principal Sum+]
29. [ 50% of Principal Sum+]
30. [ 40% of Principal Sum+]
31. [ 15% of Principal Sum+]
32. [ 5% of Principal Sum+]
33. [ 2% of Principal Sum+]
34. [ 1% of Principal Sum each+]
35. [30% of Principal Sum+]
36. [25% of Principal Sum+]
37. [25% of Principal Sum+]
38. [20% of Principal Sum+]
39. [40% of Principal Sum+]
40. [7% of Principal Sum+]

[A reduced benefit will be payable equal to [50%] of the applicable **Accidental Dismemberment Benefit** after [365 days],

This will be either in or out. If in,

The range will be ~~100~~-365 days

~~The range~~Each benefit 1-40 will be ~~100% - 200%~~in or out. If in,

The range will be ~~100% - 1% - 200%~~

The range will be ~~100% - 1% - 200%~~

~~The range will be 1% - 200%~~

The range will be ~~100% - 1% - 200%~~

The range will be ~~30% - 90% - 200%~~

~~The range will be 25% - 75%~~

The range will be ~~23.75% - 71.25% - 1% - 200%~~

The range will be ~~22.5% - 67.5% - 200%~~

The range will be ~~21.25% - 63.75% - 200%~~

The range will be ~~21.25% - 63.75% - 200%~~

The range will be ~~17.5% - 52.5% - 200%~~

The range will be ~~10% - 30% - 200%~~

The range will be ~~5% - 20% - 200%~~

The range will be ~~5% - 20% - 200%~~

The range will be ~~4% - 16% - 200%~~

The range will be ~~2% - 8% - 200%~~

The range will be ~~3% - 12% - 200%~~

The range will be ~~2% - 8% - 200%~~

The range will be ~~1% - 3% - 200%~~

The range will be ~~2.5% - 7.5% - 200%~~

The range will be ~~2% - 6% - 200%~~

The range will be ~~1% - 3% - 200%~~

The range will be ~~2% - 6% - 200%~~

The range will be ~~1% - 3% - 200%~~

The range will be ~~1% - 3% - 200%~~

The range will be ~~1% - 3% - 200%~~

The range will be ~~1% - 3% - 200%~~

The range will be ~~25% - 75% - 200%~~

The range will be ~~25% - 75% - 200%~~

	<p>The range will be <del>20%</del> <del>601%</del> - <u>200%</u></p> <p>The range will be <del>7.5%</del> <del>301%</del> - <u>200%</u></p> <p>The range will be <del>2.5%</del> <del>7.51%</del> - <u>200%</u></p> <p>The range will be <del>1%</del> - <u>3200%</u></p> <p>The range will be <del>1%</del> - <u>3200%</u></p> <p>The range will be <del>15%</del> <del>601%</del> - <u>200%</u></p> <p>The range will be <del>12.5%</del> <del>501%</del> - <u>200%</u></p> <p>The range will be <del>12.5%</del> <del>501%</del> - <u>200%</u></p> <p>The range will be <del>10%</del> <del>301%</del> - <u>200%</u></p> <p>The range will be <del>20%</del> <del>601%</del> - <u>200%</u></p> <p>The range will be <u>1% - 200%</u></p> <p>The range will be <del>3.5%</del> <del>141%</del> - <u>200%</u></p> <p>This will be either in or out. If in,  The range will be <u>25%</u> <del>751%</del> <del>100%  The range will be <u>901</u>-365 days</del></p>
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<p><b>[COMA BENEFIT]</b></p> <p>[365] days [thirty-one (31)] days <del>benefit</del> <u>[The Coma Benefit is equal to [1%]</u></p> <p><del>[11] months</del> <u>of the [Covered Person's] [Insured's] Principal Sum, and will be paid each month the [Covered Person] [Insured] remains in a Coma following the initial [thirty-one (31)] day period. The Coma Benefit will end on the earliest of the following:</u></p> <ol style="list-style-type: none"> <li><u>1. the [Covered Person] [Insured] is no longer in a Coma which directly resulted from the Injury;</u></li> <li><u>2. the [Covered Person] [Insured] has received a Coma Benefit for [100] months.</u></li> </ol> <p><u>[The Coma Benefit will be payable at [1%] of the [Covered Person's] [Insured's] Principal Sum per month for the first [11] months the [Covered Person] [Insured] remains in a Coma, following the initial [thirty-one (31)] day period. At the end of the [11] months of payment, if the [Covered Person] [Insured] remains in a Coma, We will pay a lump sum benefit equal to the Principal Sum payable under the Accidental Death Benefit less the amount of the [11] months of benefit already received.]</u></p>	<p>This will be either in or out. If in</p> <p>The range will be <del>1801</del>-365 days The range will be <del>14-31</del>-<u>365</u> days</p> <p><u>This will be in or out. If in, [1%] the range is 1% - 50%.</u> <u>[31] The range will be 1% - 100 months - 365 days</u> <del>_____ 2% - 50 months</del> <del>_____ 3% - 33 1/3 months</del></p> <p><u>[100] the range is 2-100.</u></p> <p><u>This will be in or out. If in, [1%] the range will be 1% - 50%.</u> <u>[11] The range will be 6 - 122 - 100 months (for all three instances)</u> <u>[31] The range will be 14-31-365 days.</u></p>
<p><b>[HIV OCCUPATIONAL ACCIDENT BENEFIT]</b></p> <p><u>If an Insured suffers an Injury resulting in a Covered Loss while performing his or her job related duties, which causes him or her to acquire and test positive within [one year] of such Accident for Human Immunodeficiency Virus (HIV) and/or AIDS and related complex (ARC), We will pay an HIV Benefit.</u></p> <p>will be equal to [20%] shall not exceed [\$50,000] <u>[The HIV Benefit will be paid in [twenty-four 24] equal monthly installments.]</u></p> <p><u>In order to receive the HIV Benefit, the Insured must:</u></p> <ol style="list-style-type: none"> <li><u>1. submit a workers compensation injury report to his or her employer within [forty-eight (48)] hours of the Accident. If the Insured's employer does not maintain workers compensation insurance, the Insured must complete an Accident report on a form that We will provide. The completed Accident report must be approved by the Policyholder within [forty-eight (48)] hours of the Accident and must be submitted to Us within [five (5)] days of the Accident; and</u></li> <li><u>2. submit to a blood test for HIV and/or AIDS and/or related complex (ARC) within [forty-eight (48)] hours of the Accident, which is administered by a duly licensed medical doctor or registered nurse. The blood test results must be sent directly to Us.</u></li> </ol> <p><u>If the initial test is negative, and the Insured subsequently tests positive for HIV, AIDS or ARC within [one year] of the Accident, We will begin monthly payments on the first of the month following the settlement of the claim.</u></p>	<p>This will be either in or out. If in:</p> <p>The range will be <del>10%</del>-<del>75%</del><u>1 day - 5 years.</u></p> <p>The range will be <del>\$25,000-</del> <del>\$500,000</del><u>1%-100%</u> The range will be <del>12-60</del><u>\$1,000-</u> <u>\$25,000,000</u></p> <p><u>This will be in or out. If in, the range will be 2-120 months</u></p> <p><u>[forty-eight (48) hours] The range for all three instances will be 1 - 168.</u></p> <p><u>[five(5)] The range will be 1 - 31.</u></p> <p><u>The range will be 1 day - 5 years.</u></p>
<p><b>[IN-HOSPITAL INDEMNITY BENEFIT]</b></p> <p>[seven (7)] consecutive days a monthly benefit of [1%] to a maximum of [\$1000] confinement must begin within [ninety (90)] days benefit will be paid for a maximum of [twelve (12)] months</p>	<p>This will be either in or out. If in</p> <p>The range will be <del>3-41</del>-<u>365</u> days The range will be 1% - <del>10</del><u>100%</u> The range will be <del>\$500-</del> <del>\$51-</del> <u>\$10,000</u> The range will be <del>60-120</del>-<u>365</u> days The range will be <del>6-24</del>-<u>120</u> months</p>

<p><u>Successive periods of <b>Hospital</b> confinement arising out of the same <b>Injury</b> will be considered one confinement only if they are separated by a period of less than <b>[three (3)]</b> months.</u></p>	<p><u>The range will be 1 – 12.</u></p>
<p><b>[PERMANENT AND TOTAL DISABILITY BENEFIT</b> within [365 days] continues for [twelve (12)] months</p>	<p>This will be either in or out. If in The range will be <del>60-365</del><u>1-730</u> days The range will be <del>6</del><u>1</u>-24 months</p>
<p><b>[PERMANENT AND TOTAL DISABILITY BENEFIT</b> within [365 days] continues for [twelve (12)] months this benefit shall equal [1%] We make [100] payments <del>[or]</del></p>	<p>This will be either in or out. If in The range will be <del>60-365</del><u>1-730</u> days The range will be <del>6-24</del><u>1-120</u> months The range will be 1% - <del>2</del><u>100</u>% The range will be <del>100</del><u>1</u> – 200 payments <del>This will be in or out.</del></p>

**SECTION VI -ADDITIONAL BENEFITS**

<p><b>[ACCIDENT DENTAL EXPENSE BENEFIT</b></p> <p><u>If [a <b>Covered Person</b>] [an <b>Insured</b>] suffers a <b>Covered Injury</b> which causes him or her to require treatment for damage to <b>Sound Natural Teeth</b>, We will pay an <b>Accident Dental Expense Benefit</b> for the <b>[Reasonable and Customary]</b> expenses incurred for the <b>Medically Necessary</b> treatment, replacement, or diagnosis provided:</u></p> <ol style="list-style-type: none"> <li><u>1. <b>the damage to the teeth</b> occurs within [thirty (30)] days of the <b>Covered Injury</b>;</u></li> <li><u>2. <b>the expenses are actually incurred and</b> paid within [twenty-six (26)] weeks of the <b>Covered Injury</b>; and</u></li> <li><u>3. <b>the services are performed by a licensed dentist or dental surgeon.</b></u></li> </ol> <p><u>The maximum benefit payable under this benefit is \$[3,000] for any one <b>Covered Accident</b>.</u></p> <p><u>We will not cover expenses under this additional benefit for:</u></p> <ol style="list-style-type: none"> <li><u>1. any expenses covered by workers' compensation;</u></li> <li><u>2. any expenses covered by Medicare;</u></li> <li><u>3. any services of a Federal, Veteran's, State or Municipal hospital for which [a <b>Covered Person</b>] [an <b>Insured</b>] is not liable for payment;</u></li> <li><u>4. expenses which are more than <b>Reasonable and Customary</b>;</u></li> <li><u>5. cosmetic, plastic, or restorative dental treatment unless <b>Medically Necessary</b> for the treatment of the <b>Covered Injury</b>;</u></li> <li><u>6. the replacement or repair of existing dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, or caps;</u></li> <li><u>7. expenses which the [Covered Person] [Insured] recovers in a settlement or court judgment;</u></li> <li><u>8. expenses which are covered under any other insurance of any kind;</u></li> <li><u>9. expenses which the [Covered Person] [Insured] is not legally obligated to pay;</u></li> <li><u>10. expenses that are not <b>Medically Necessary</b> for the treatment of the <b>Covered Injury</b>;</u></li> </ol> <p><u><b>Medically Necessary</b> means that the dental service or treatment:</u></p> <ol style="list-style-type: none"> <li><u>1. is essential for the diagnosis, treatment or care of the <b>Covered Injury</b> for which it is prescribed or performed; and</u></li> <li><u>2. meets generally accepted standards of dental practice.</u></li> </ol> <p><u><b>Reasonable and Customary</b> expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service,</u></p>	<p>This will be <del>either</del> in or out. -If in,</p> <p><del>This</del><u>The range will be 15-60 days in or out.</u></p> <p>The range will be <del>12-wks-52-wks</del><u>1 – 365.</u></p> <p><u>The range will be 1 – 104.</u></p> <p>The range will be \$1 - <u>\$250,000.</u></p> <p><u>Each exclusion will be in or out.</u></p> <p><u>This will be in or out. <del>\$10,000</del></u></p>
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<p><u>We will determine the amount based upon:</u></p> <ol style="list-style-type: none"> <li><u>1. the complexity involved;</u></li> <li><u>2. the degree of professional skill required; and</u></li> <li><u>3. any other pertinent factors.</u></li> </ol> <p><u>We reserve the right to make the final determination of what is <b>Reasonable and Customary.</b></u></p> <p><u><b>Sound Natural Teeth</b> means natural teeth that are unaltered or are fully restored to their normal function and are disease free, have no decay, and are not more susceptible to injury than unaltered natural teeth.</u></p>	
<p><b>[ACCIDENT MEDICAL EXPENSE BENEFIT</b></p> <p><u>If [a <b>Covered Person</b>] [an <b>Insured</b>] suffers a <b>Covered Injury</b>, which causes him or her to incur medical expenses, <b>We will pay an Accident Medical Expense Benefit for the [Reasonable and Customary] expenses incurred by the [Covered Person] [Insured]</b>, in excess of the deductible of <u>[\$1,000.00]</u> <del>and any other valid and collectible insurance</del>, <u>provided that:</u></u></p> <ol style="list-style-type: none"> <li><u>1. the first treatment or service occurs within [thirty (30)] days of the <b>Covered Injury</b>;</u></li> <li><u>2. the medical expenses are incurred within [fifty-two (52)] weeks <u>of the Covered Injury</u>; and</u></li> <li><u>3. the [Covered Person] [Insured] is under the care and treatment of a licensed medical provider other than his or her spouse, children or any other person who is related to him or her.</u></li> </ol> <p>The maximum benefit payable under this benefit is \$[5,000] for <u>any one <b>Covered Accident</b>.</u></p> <p><u>We will not cover expenses under this additional benefit for:</u></p> <ol style="list-style-type: none"> <li><u>1. any <del>Pre-existing</del><b>existing Condition</b>,....., until the [Covered Person] [Insured] has been continuously covered under this Policy for [twelve (12)] consecutive months;</u></li> <li><u>2. any expenses which are covered by workers' compensation;</u></li> <li><u>3. any expenses covered by Medicare;</u></li> <li><u>4. any services of a Federal, Veteran's, State or Municipal hospital for which [a <b>Covered Person</b>] [an <b>Insured</b>] is not liable for payment;</u></li> <li><u>5. expenses which are more than the <b>Reasonable and Customary</b>;</u></li> <li><u>6. cosmetic, plastic or restorative surgery unless <b>Medically Necessary</b> for the treatment of the <b>Covered Injury</b>;</u></li> <li><u>7. expenses which the [Covered Person] [Insured] recovers in a settlement or court judgment;</u></li> <li><u>8. expenses which are covered under any other insurance of any kind;</u></li> <li><u>9. expenses which the [Covered Person] [Insured] is not legally obligated to pay;</u></li> <li><u>10. <b>Custodial Services</b>;</u></li> <li><u>11. expenses that are not <b>Medically Necessary</b> for the treatment of the <b>Covered Injury</b>.</u></li> </ol> <p><u><b>Pre-existing Condition</b> means a condition for which the [Covered Person] [Insured] has sought or received medical advice or treatment during the [twelve (12)] months immediately preceding his or her effective date of <b>Coverage</b> under this <b>Policy</b>.</u></p> <p><u><b>Reasonable and Customary</b> expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, <b>We</b></u></p>	<p>This will be either in or out. If in</p> <p><u>This will be in or out.</u>  <u>These will be in or out. [\$1,000] The range will be \$500.00 - \$2,500.00 - 1 - \$50,000.</u>  <u>[30] This will be either in or out.</u>  <u>The range will be 14 - 60 days</u>  <u>The range will be 26 - 78 weeks - 1 - 365</u></p> <p><u>[52] The range will be 1 - 104</u></p> <p><u>[5,000] The range will be \$1,000 - \$ - \$100,000,000</u></p> <p><u>Each exclusion 1 - 11 will be in or out.</u></p> <p><u>[12] The range will be 6 - 12 is 1 day to 24 months.</u></p> <p><u>This will be either in or out.</u></p>

<p><u>will determine the amount based upon:</u></p> <ol style="list-style-type: none"> <li><u>1. the complexity involved;</u></li> <li><u>2. the degree of professional skill required; and</u></li> <li><u>3. any other pertinent factors.</u></li> </ol> <p><u>We reserve the right to make the final determination of what is Reasonable and Customary.</u></p>	
<p><b>[ACCIDENT WEEKLY INDEMNITY BENEFIT</b>  occurs within [thirty (30)] days of the <b>Injury</b>  <b>Benefit Waiting Period</b> of [seven (7 )days];  not exceed the <b>Benefit Period</b> of [fifty-two (52) weeks].  payments will be equal to [75%]  [reduced by]  [(1) Workers' Compensation Disability Benefit];  [(2) Social Security Disability Benefits excluding any amounts for which the <b>Insured's Dependents</b> may qualify because of the <b>Insured's</b> disability];  [(3) Social Security Retirement Benefits];  [(4) Group Disability Benefits sponsored by the <b>Policyholder</b>];  [(5) the amount of any disability income benefits from any automobile or no-fault policy or insurance]  This <b>Accident Weekly Indemnity Benefit</b> shall not exceed the <b>Weekly Indemnity Amount</b> of [\$400.00].</p>	<p>This will be either in or out. If in  The range will be <del>15-601-365</del> days  The range will be <del>3-141-730</del> days  The range will be <del>26-781-120</del> weeks  The range will be <del>50%-801%-100%</del>  This will be either in or out.  This will be either in or out.  This will be either in or out.</p> <p>This will be either in or out.  This will be either in or out.  This will be either in or out.</p> <p>The range will be <del>\$1 - \$100.00</del> <del>\$1,000</del></p>
<p><b>[ADDITIONAL DISMEMBERMENT BENEFIT FOR CHILDREN</b></p> <p><u>If the <b>Insured</b> selects a <b>Plan</b> covering his or her eligible <b>Dependent Child(ren)</b>, and a <b>Covered Dependent Child</b> suffers an <b>Injury</b> resulting in a <b>Covered Loss</b>, which is payable under the <b>Accidental Dismemberment Benefit</b>, We will pay the <b>Insured</b> <b>Covered Person</b> an additional benefit which will be equal to the benefit amount provided by the <b>Accidental Dismemberment Benefit.</b></u></p>	<p>This will be either in or out. <u>If in,</u></p> <p><u>To maintain consistency with the payment of loss provision, we would like to be able to refer to either the <b>Insured</b> or the <b>Covered Person.</b></u></p>
<p><b>[AFTER SCHOOL CARE BENEFIT</b>  [selects a <b>Plan</b> covering his or her <b>Dependents</b> and the <b>Insured</b> or his or her <b>Covered Spouse</b> [/Domestic Partner]]  is [10] years old or less,  [2%] of the <b>Principal Sum</b>  [\$2,000] per year.  [If the <b>Insured</b> and his or her <b>Covered Spouse</b> [/Domestic Partner] both die as a result of the same <b>Injury</b>, and We pay an <b>Accidental Death Benefit</b> on both <b>Covered Persons</b>, only the <b>Insured's Principal Sum</b> will be used to calculate the amount applicable under this benefit.]]  <u>under [ten (10)] at the time of each payment.</u>  [four (4)] consecutive years  <u>under age [ten (10)] at the time of each payment.</u>  [The maximum benefit under this provision is [\$6,000].]</p>	<p>This will be either in or out  This will be either in or out</p> <p>The range will be <del>7-131-21</del> years  The range will be 1% -<del>525%</del>  The range will be <del>\$1,000</del> <del>\$15-</del> <del>\$100,000</del>  This will be either in or out</p> <p>The range will be <del>7-131 - 10</del> years  The range will be <del>2-61-21</del> years</p> <p>This will be either in our out. If in  The range will be <del>\$4,000</del> <del>\$601-</del> <del>\$500,000</del></p>
<p><b>[CARJACKING BENEFIT</b>  benefit equal to [10%] of the <b>Principal Sum</b>  to a maximum of [\$10,000].  official police report within [24 hours]  investigating officer(s) within [24 hours]</p>	<p>This will be either in or out. If in  The range will be <del>51%</del>-25%  The range will be <del>\$5,000</del> <del>\$501 -</del> <del>\$250,000</del>  The range will be 12-48 hours  The range will be 12-48 hours</p>
<p><b>[COBRA BENEFIT</b>  <u>[selects a <b>Plan</b> covering his or her <b>Dependents</b> and the <b>Insured</b>]</u>  of [one (1)] year  [5%] of the <b>Insured's Principal Sum</b>;  [\$5,000];  [one (1) year]</p>	<p>This will be either in or out. If in  <u>This will be in or out.</u>  The range will be 1 – 3 years  The range will be 1% -<del>1025%</del>  The range will be <del>\$1,000</del> <del>\$50-</del> <del>\$150,000</del>  The range will be 1-3 years</p>

<p>[COMMON CARRIER BENEFIT to the lesser of [\$50,000] or [50%]</p>	<p>This will be either in or out. If in The range will be <del>\$5,000-\$1,000-</del> <del>\$25,000,000,000</del> The range will be <del>25</del>1%-100%</p>
<p>[COMMON DISASTER BENEFIT [and within [90 days] of such Accident,] the Principal Sum that would have been payable because of the Covered Spouse's [/Domestic Partner's] [the Insured and Covered Spouse[/Domestic Partner] are survived by one or more Covered Dependent Child(ren); and than [/\$500,000].]</p>	<p>This will be either in or out. This will be either in or out. If in The range will be <del>14</del>1 - 365 days This will be either in or out The range will be <del>\$1,000 - \$25,000-</del> <del>\$2,000,000,000</del></p>
<p>[CONTINUATION OF INSURANCE BENEFIT [365 days]</p>	<p>This will be either in or out. If in The range will be <del>180</del>1-730 days</p>
<p>[CRITICAL BURN BENEFIT If [a Covered Person] [an Insured] suffers an Injury resulting in a Covered Loss as a result of a Covered Accident, [which is payable under the Accidental Dismemberment [and Covered Loss of Use][and Plegia] Benefit,] an additional benefit will be payable equal to the lesser of [10%] or [<del>\$10,000</del>] over [<del>25</del>]% of the applicable Principal Sum or [\$10,000], provided all terms and conditions of the Policy are met and: 1. the [Covered Person][Insured] has received second degree or higher burns over [25%] of his or her body; and 2. the [Covered Person][Insured] has undergone reconstructive surgery to treat the burned areas of the body; [and] 3. the reconstructive surgery has taken place within [365 days] of the occurrence of the Injury.]</p>	<p>This will be either in or out. If in <del>This</del>The range will be <del>5-50</del>either in or out. The range will be <del>\$5,000-\$500,000</del>1% - 100% The range will be <del>20-50</del>\$1,000 - \$25,000,000 The range will be <del>180</del>1% - 100% This will be in or out. This will be in or out. If in, [365] range will be 1 - 730 days.</p>
<p>[DAY CARE BENEFIT [selects a Plan covering his or her Dependents and the Insured or his or her Covered Spouse [/Domestic Partner]] [ninety (90)] days the [Covered] Dependent Child is under age [13]. [3%] of the Principal Sum [\$3,000]. [If both the Insured and his or her Covered Spouse [/Domestic Partner] suffer a simultaneous Covered Loss which is payable under the Accidental Death Benefit, the Day Care Benefit will be based on the Insured's Principal Sum.] annually for [four (4)] consecutive years under age [13] [The maximum benefit for this provision will be [ \$6,000]</p>	<p>This will be either in or out. If in <del>The range</del>This will be <del>30-180</del>either in or out. The range will be 1 - 730 days The range will be <del>7-13</del>1-21 years The range will be 1% -<del>10</del>25% The range will be <del>\$1,000-\$15-</del>\$100,000 This will be either in or out. The range will be <del>2-6</del>1 - 10 years The range will be <del>7-13</del>1-21 years This will be either in or out. If in The range will be <del>\$4,000-\$60</del>1- \$500,000</p>
<p>[FELONIOUS ASSAULT BENEFIT [a Fellow Employee] benefit equal to [15%] [Fellow Employee means.... than [forty-five (45)] days</p>	<p>This will be either in or out. <del>If in</del> This will be either in or out. The range will be <del>5-50</del>1%-100% This will be either in or out. If in, The range will be 45 days - 5 years</p>
<p>[HEARING AID OR PROSTHETIC APPLIANCE BENEFIT 3. the Hearing Aid or Prosthetic Appliance was required within [one (1) year] of the</p>	<p>This will be either in or out. If in The range will be 31 days to <del>5-50</del></p>

<p><u>Injury.</u> will be the lesser of [10%] or [\$10,000].</p>	<p><u>years.</u> The range will be <del>\$5,000</del>1%-50% <u>The range will be \$1-\$50,000</u></p>
<p><b>[HIGHER EDUCATION BENEFIT</b> [selects a <b>Plan</b> covering his or her <b>Dependent Child(ren)</b> and the <b>Insured</b>] <del>is 2. he or she is at the 12th grade level and enrolls in an accredited college, university or</del> <del>trade school within one (1) year from the date of the Accident.</del> will be equal to [5%] of the <b>Insured's Principal Sum</b> maximum of [\$5,000]. <del>This amount will be paid annually for [four (4)] consecutive years</del> <del>We will pay an additional benefit of [\$1,000] to the designated beneficiary]]</del>  [The maximum benefit for this provision is [\$20,000]].]</p>	<p>This will be either in or out. If in This will be either in or out. <del>The range will be 2% -25%</del>  The range will be <del>\$2,000-\$30,000</del>1 day – 3 years The range will be <del>\$500-\$5,000</del>1%-50% The range will be <del>\$41-\$100,000-\$60</del> <u>The range will be 1 – 10</u> <u>This will be in or out. If in, the range</u> <u>will be \$1-\$10,000</u> <u>This will be in or out. If in, the range</u> <u>will be \$1-\$500,000</u></p>
<p><b>[HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT</b> will be the lesser of [10%] or [\$10,000].]</p>	<p>This will be either in or out. If in The range will be <del>5</del>1%-50% The range will be <del>\$5,000-\$501-</del> <del>\$250,000</del></p>
<p><b>[NATURAL DISASTER BENEFIT</b> the lesser of [10%] or [\$10,000]. <u>For purposes of this benefit, Natural Disaster means a [storm] ([wind],[rain],[</u> <u>snow],[sleet],[hail],[lightning],[dust] or [sand]), [earthquake],[flood],[volcanic</u> <u>eruption],[wildfire]] or other similar event.]]</u></p>	<p>This will be either in or out. If in The range will be <del>5</del>1%-50% The range will be <del>\$51-\$250,000-</del> <del>\$50,000</del> <u>Each bracketed item will be in or out.</u></p>
<p><b>[PARENT CARE</b> will be [[\$5,000.00] [5% of the <b>Principal Sum</b>] of [\$40,000.00]  <u>For purposes of this benefit, Dependent Parent means the [parent(s)] [or]</u> <u>[grandparent(s)] of the Insured [, or his or her Covered Spouse] [or his or her</u> <u>Covered Domestic Partner] who, at the time of a Covered Accident, is receiving</u> <u>support and care provided by such Insured [Covered Spouse][Covered Domestic</u> <u>Partner]] as evidenced by the most current tax return filed with the government of</u> <u>the United States of America.]</u></p>	<p>This will be either in or out. If in The range will be \$1-<del>\$250,000-\$50,000</del> The range will <del>5% -25</del>1%-50% The range will be <del>\$51-\$1,000,000-</del> <del>\$100,000</del>  <u>Each bracketed item will be either in or</u> <u>out.</u></p>
<p><b>[REHABILITATION BENEFIT</b> <u>If the Insured suffers an Injury resulting in a Covered Loss, which is payable</u> <u>under the Accidental Dismemberment [and Covered Loss of Use][and Plegia]</u> <u>Benefit, We will pay an additional benefit for the [Reasonable and Customary]</u> <u>expenses actually incurred for Rehabilitation Training, in an amount equal to the</u> <u>lesser of:</u>  <del>[\$10,000]; or</del> expenses incurred with [2 ] years <del>[\$10,000]; or</del> [10%] of the <b>Insured's Principal Sum.</b> <b>Rehabilitation Training</b> means a treatment program that: <ol style="list-style-type: none"><li><u>1. is prescribed by a licensed physician acting within the scope of his or her</u> <u>license that is approved by Us prior to the provision of services;</u></li><li><u>2. is required due to the Insured's Injury; [and]</u></li><li><u>3. prepares the Insured for an occupation that he or she would not have</u> <u>engaged in except for the Injury.]</u></li></ol> <b>Reasonable and Customary</b> expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service,</p>	<p>This will be either in or out. If in <del>The range</del>Bracketed items will be <del>\$5,000-\$50,000</del>either in or out.  The range will be 1 – <del>3</del>10 years The range will be <del>\$1-\$250,000</del> <u>The range will be 1%-50%</u>  <u>Each bracketed item will be either in or</u> <u>out.</u>  <u>This will be either in or out.</u></p>

<p><u>We will determine the amount based upon:</u></p> <ol style="list-style-type: none"> <li><u>1. the complexity involved;</u></li> <li><u>2. the degree of professional skill required; and</u></li> <li><u>3. any other pertinent factors.</u></li> </ol>	
<p><b>[SEAT BELT[/AIR BAG] BENEFIT</b> [which equals [10%] of the <b>Principal Sum</b> up to a maximum] of [\$10,000],</p> <p>[An additional benefit [equal to [5%] of the [<b>Covered Person's</b>] [<b>Insured's</b>] <b>Principal Sum</b> to a maximum] of [\$5,000], will be paid if the [<b>Covered Person</b>] [<b>Insured</b>] was driving a private passenger automobile with a manufacturer equipped driver-side air bag or riding as a passenger in a private passenger automobile with a manufacturer equipped passenger-side air bag, provided the [<b>Covered Person's</b>] [<b>Insured's</b>] seat belt or lap and shoulder restraint was properly fastened at the time of the <b>Accident</b>. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the <b>Accident</b>, through certification by the investigating officers or by other reasonable proof, acceptable to Us.]</p> <p>[We will not pay a <b>Seat Belt</b> [or <b>Air Bag</b>] <b>Benefit</b> if the driver of the automobile in which the [<b>Covered Person</b>] [<b>Insured</b>] was riding was either</p> <ol style="list-style-type: none"> <li><u>1. under the influence of alcohol:</u> <ol style="list-style-type: none"> <li><u>a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the <b>Accident</b> occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.</u></li> <li><u>b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication. [Or.]</u></li> </ol> </li> <li><u>2. under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage.]]</u></li> </ol>	<p>This will be either in or out. If in the range will be <del>5%</del> <del>501%</del> <del>100%</del> The range will be \$1,000-<del>\$200</del><u>25,000,000,000</u></p> <p>This will be either in or out. If in The range will be <del>2%</del> <del>501%</del> <del>100%</del> The range will be \$1,000-<del>\$200</del><u>25,000,000</u></p> <p>This will be either in or out. <u>If in, This will be either in or out.</u></p> <p><u>This will be either in or out.</u></p>
<p><b>[SPOUSE[/DOMESTIC PARTNER] RETRAINING BENEFIT</b> [selects a <b>Plan</b> covering his or her <b>Spouse</b> [/<b>Domestic Partner</b>], and the <b>Insured</b>] within [thirty (30)] months be [the lesser of [2 %] of the <b>Insured's Principal Sum</b> or] [\$3,000].]</p>	<p>This will be either in or out. This will be either in or out. The range will be <del>121</del>-60 months The range will be 1%-<del>25</del><u>50</u>% The range will be \$1-<del>\$250,000</del> <del>\$25,000</del></p>
<p><b>[SURVIVING SPOUSE [/DOMESTIC PARTNER] BENEFIT</b> [selects a <b>Plan</b> covering his or her <b>Spouse</b> [/<b>Domestic Partner</b>] and the <b>Insured</b>.] to [1%] [and will be paid for a period of [six (6) months]]</p>	<p>This will be either in or out. This will be either in or out. The range will be 1%-<del>5</del><u>25</u>% The range will be <del>2-181</del>-<u>100</u> months</p>
<p><b>[THERAPEUTIC COUNSELING BENEFIT</b> <u>If an <b>Insured</b> [selects a <b>Plan</b> covering his or her <b>Dependents</b> and the <b>Insured</b> or his or her <b>Covered Dependents</b>] suffers an <b>Injury</b> resulting in a <b>Covered Loss</b>, which is payable under the <b>[Accidental Death]</b> [or] <b>[Accidental Dismemberment]</b> [and <b>Covered Loss of Use]</b> [and <b>Plegia</b>] <b>Benefit</b>, and the <b>Insured</b> [or his or her <b>Covered Dependents</b>] requires <b>Therapeutic Counseling</b>. We will reimburse the charges for such counseling, to the individual who incurs the expense, provided:</u></p> <p>within [ninety (90)] (3) <u>Therapeutic Counseling must be received within [one (1) year] from the date of the Covered Loss.</u> is \$[1,000.00]</p>	<p>This will be either in or out. <del>This</del><u>Each bracketed item</u> will be either in or out.</p> <p><del>This</del></p> <p><u>The range will be either in or out. 1-365 days</u> <u>The range is 1 year – 10 years</u></p> <p>The range will be <del>14-180 days</del> <u>The range will be \$100-\$5</u><del>\$1-\$250,000</del></p>

<p><b>[TERRORISM BENEFIT</b>  the lesser of [10%]  or [\$30,000].  a [ten (10)] day notice</p>	<p>This will be either in or out. If in  The range will be <del>2%</del> <del>251%</del> <del>100%</del>  The range will be \$<del>21,000-</del>  <del>10025,000,000,000</del>  The range will be <del>3-31-</del> <del>365</del> days</p>
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<p><b>[TRAVEL ASSISTANCE PLAN</b>  traveling [100 miles]  [(if Insured pays the premium) the <b>Insured</b> and his or her <b>Spouse</b> [/Domestic <b>Partner</b>] and/or <b>Child(ren)</b>, if covered under this <b>Policy</b>.]  [(if Policyholder pays the premium) the <b>Insured</b> and his or her <b>Spouse</b> (/Domestic <b>Partner</b>) and or <b>Child(ren)</b> if the <b>Spouse</b> [/Domestic <b>Partner</b>] and or <b>Child(ren)</b> are with the <b>Insured</b> while he or she is covered under this <b>Policy</b>. The <b>Spouse</b> [/Domestic <b>Partner</b>] or <b>Child(ren)</b> will not be covered while making a trip without the <b>Insured</b>.]</p> <p><b>Medical Evacuation</b>  <b>[Western Medical Standards]</b>  [The maximum amount <b>We</b> will pay for this benefit is [\$50,000.00]].</p> <p><b>Medical Repatriation</b>  [The maximum amount <b>We</b> will pay for this benefit is [\$25,000.00]].</p> <p><b>Non-Medical Repatriation</b>  [The maximum amount <b>We</b> will pay for this benefit is [\$10,000.00]].</p> <p><b>Return of Remains</b>  [The maximum amount <b>We</b> will pay for this benefit is [\$5,000.00]].</p> <p><b>Visit to Hospital</b>  [seven (7)] consecutive days  [The maximum amount <b>We</b> will pay for this benefit is [\$5,000.00]].</p> <p><b>Return of Child</b>  [nineteen (19)] years of age  age [nineteen (19)] became  [The maximum amount <b>We</b> will pay for this benefit is [\$5,000.00] per <b>Child</b>    [\$5,000.00] per attendant.]</p> <p><b>Return of Companion</b>  [The maximum amount <b>We</b> will pay for this benefit is [\$5,000.00]].</p> <p><b>TRAVEL ASSISTANCE EXCLUSIONS</b></p> <p><b>3. [Western Medical Standards].</b></p> <p><b>8. [the Injuries or Illness resulted in whole or in part from the Covered Person being intoxicated. A Covered Person will be conclusively presumed to be intoxicated if on or about the time of the incident which required medical treatment the level of alcohol in his or her blood exceeds the amount at which a person is presumed to be intoxicated if operating a motor vehicle in that jurisdiction. A report from a law enforcement officer, medical provider or similar report will be considered proof of the Covered Person’s intoxication.]</b></p> <p><b>[TRAVEL ASSISTANCE LIMITATIONS</b>  <b>Aggregate Limit of Liability per Covered Accident</b>  [\$500,000]</p> <p><b>TRAVEL ASSISTANCE DEFINITIONS</b>  more than [100] miles  [“<b>Western Medical Standards</b>” means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.]</p>	<p>This will be either in or out. If in  The range will be 0-<del>250</del>3000 miles  This will be either in or out</p> <p>This will be either in or out.</p> <p>This will be either in or out.  This will be either in or out. If in the  range will be \$25,000-\$100,000</p> <p>This will be either in or out. If in the  range will be \$10,000-\$50,000</p> <p>This will be either in or out. If in the  range will be \$5,000-\$20,000</p> <p>This will be either in or out. If in the  range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in the  range will be 3-30 days  The range will be \$2,500-\$10,000</p> <p>The range will be 18-30  The range will be 18-30  This will be either in or out. If in  The range will be \$2,500-\$10,000</p> <p>The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in  The range will be \$2,500-\$10,000</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out. If in  The range will be \$25,000-\$5,000,000</p> <p>The range will be 0-<del>250</del>3000 miles  This will be either in or out.</p>
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<p><b>TRAVEL ASSISTANCE OTHER PROVISIONS</b></p> <p><b>[Excess Coverage</b>  <b>Our</b> obligation to pay the <b>Policyholder</b> or <b>Covered Person</b> under this <b>Travel Assistance Plan</b> will be excess of any other insurance which the <b>Policyholder</b> or <b>Covered Person</b> has with respect to the expenses covered under this <b>Travel Assistance Plan.</b>]</p> <p><b>Reservation of Rights</b>  [or in any country for which a travel warning has been issued by the Department of State of the United States of America].</p> <p><b>[Exempted Countries</b>  This coverage is not available in the following countries: [Afghanistan]. <b>We</b> further reserve <b>Our</b> rights to modify this list upon [ten (10)] days notice to the <b>Policyholder.</b>]</p> <p><b>Scope</b>  [Covered transportation expenses will be limited to air and marine conveyance.]  [To contact <b>Us</b> regarding this <b>Travel Assistance Plan</b>, the <b>Covered Person</b> must call [1-800-263-0261] from the U.S. or Canada; and collect from anywhere else in the world at [+1-416-977-0277].]</p> <p><b>[TRAVEL REIMBURSEMENT PLAN</b>  are traveling [100 miles]  [<i>(if Insured pays the premium)</i>the <b>Insured</b> and his or her <b>Spouse</b> [<b>Domestic Partner</b>] and/or <b>Child(ren)</b>, if covered under this <b>Policy.</b>]</p> <p>[<i>(if Policyholder pays the premium)</i> the <b>Insured</b> and his or her <b>Spouse</b>[<b>Domestic Partner</b>] and/or <b>Child(ren)</b> if the <b>Spouse</b>[<b>Domestic Partner</b>] and/or <b>Child(ren)</b> are with the <b>Insured</b> while he or she is covered under this <b>Policy.</b> The <b>Spouse</b>[<b>Domestic Partner</b>] or <b>Child(ren)</b> will not be covered while making a trip without the <b>Insured.</b>]</p> <p><b>TRAVEL REIMBURSEMENT BENEFITS</b></p> <p><b>Medical Evacuation</b>  [in accordance with generally accepted medical standards of the United States of America, Canada or Western Europe]</p> <p>[generally accepted medical standards of the United States of America, Canada or Western Europe]</p> <p>[In no case will <b>We</b> pay more than [\$50,000.00].</p> <p><b>Medical Repatriation</b>  [In no case will <b>We</b> pay more than [\$25,000.00]].</p> <p><b>Non-Medical Repatriation</b>  [In no case will <b>We</b> pay more than [\$10,000.00]].</p> <p><b>Return of Remains</b>  [In no case will <b>We</b> pay more than [\$5,000.00]].</p> <p><b>Visit to Hospital</b>  than [7] consecutive days  [In no case, will <b>We</b> pay more than [\$5,000.00]].</p>	<p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.  [Afghanistan – specified countries will be inserted.  If in, the range will be 3-90 days</p> <p>This will be either in or out.</p> <p>This will be either in or out. The appropriate telephone numbers will be inserted.</p> <p>The range will be 0-<del>250</del>3000 miles  This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.25,000-100,000</p> <p>This will be either in or out.</p> <p>This will be either in or out. If in  The range will be \$10,000-\$50,000</p> <p>This will be either in or out. If in  The range will be \$5,000-\$20,000</p> <p>This will be either in or out. If in  The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in  The range will be \$2,500-\$10,000</p> <p>The range will be 3- 30 days  This will be either in or out. If in  The range will be \$2,500-\$10,000</p>
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<p><b>Return of Child</b> [nineteen (19)] years of age</p> <p>age [nineteen (19)] became [In no case will <b>We</b> pay more than [\$5,000.00] per <b>child</b> and [\$5,000] per attendant.]</p> <p><b>Return of Companion</b> [In no case will <b>We</b> pay more than [\$5,000.00]].</p> <p>[Access Fee <b>We</b> will reimburse the <b>Policyholder</b> for the expenses the <b>Policyholder</b> incurs to provide access to travel assistance services. In no case will <b>We</b> pay more than [\$50,000.00]].</p> <p><b>TRAVEL REIMBURSEMENT EXCLUSIONS</b></p> <p>3. [in accordance with generally accepted medical standards of the United States of America, Canada or Western Europe].</p> <p>5. [the <b>Injuries</b> or <b>Illness</b> resulted in whole or in part from the <b>Covered Person</b> being intoxicated. A <b>Covered Person</b> will be conclusively presumed to be intoxicated if on or about the time of the incident which required medical treatment, the level of alcohol in his/her blood exceeds the amount at which a person is presumed to be intoxicated if operating a motor vehicle in that jurisdiction. A report from a law enforcement officer, medical provider or similar report shall be considered proof of the <b>Covered Person's</b> intoxication.]</p> <p><b>[TRAVEL REIMBURSEMENT LIMITATIONS</b></p> <p><b>Aggregate Limit of Liability per Covered Accident</b> [\$500,000]</p> <p><b>TRAVEL REIMBURSEMENT DEFINITIONS</b> more than [100] miles [or LIMITATIONS]</p> <p><b>TRAVEL REIMBURSEMENT OTHER PROVISIONS</b></p> <p>[Excess Coverage <b>Our</b> obligation to reimburse the <b>Policyholder</b> will be excess of any other insurance coverage which the <b>Policyholder</b> or <b>Covered Person</b> has with respect to the covered expenses under this <b>Policy</b>.]</p> <p><b>Scope</b> [Covered transportation expenses will be limited to air and marine conveyances.]</p>	<p>This will be either in or out. If in The range will be 18-30 years</p> <p>The range will be 18-30 years The range will be \$2,500-\$10,000 The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in The range will be \$2,500-\$10,000</p> <p>This will be either in or out. If in The range will be \$25,000-\$100,000</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out. If in, the range will be \$25,000-\$45,000,000</p> <p>The range will be 0-250 miles This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>
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**SECTION VII – GENERAL EXCLUSIONS**

<p><u>1. [suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury [including, but not limited to, any attempt to restrict the flow of oxygen to the brain for purposes of auto-eroticism or auto-erotic asphyxiation];]</u></p>	<p><u>This will be either in or out. If in, [including, but not limited to...] will be in or out.</u></p>
<p><u>2. [war or any act of war, whether declared or undeclared;]</u></p>	<p><u>This will be either in or out.</u></p>

<p><del>1., 2., 3., 4., 5., 6., 7., 8., 9., 10., 11., 123.</del> <u>[involvement in any type of active military service [Reserve or National Guard active duty training is not excluded, unless it extends beyond [thirty-one (31) consecutive days].];]</u></p> <p><u>[For purposes of this exclusion, orders to active military service for [sixty (60) days] or less will not be considered involvement in active military service.]</u></p> <p><u>[This exclusion does not apply to the first [sixty (60) consecutive days] of active military service.];]</u></p>	<p><del>Each Exclusion</del><u>This will be either in or out. If in, [Reserve or National... ] will be either in or out. If in, [thirty-one consecutive days] the range is 1 - 365. This will be either in or out. If in, [sixty (60) days] the range is 1 - 365. This will be either in or out. If in, [sixty (60) days] the range is 1 - 365.</u></p>
<p>4. <u>[illness or disease [regardless of how contracted.]; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; [except for Accidental ingestion of contaminated foods];]</u></p>	<p><u>This will be either in or out. If in, This will be either in or out. This will be either in or out.</u></p>
<p>5. <u>[participation in the commission or attempted commission of [a crime,] [any felony,] [an assault, ] [insurrection] [or] [riot];]</u></p>	<p><u>This will be either in or out. If in, each bracketed item will be either in or out.</u></p>
<p>6. <u>[parasailing,] [bungee jumping,] [heli-skiing,] [scuba diving] [or any other extra-hazardous activity];]</u></p>	<p><u>This will be either in or out. If in, each bracketed item will be either in or out.</u></p>
<p>7. <u>[being intoxicated while operating a motor vehicle.]</u></p> <p><u>[being intoxicated.]</u></p> <p>a. <u>[A Covered Person] [An Insured] will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.</u></p> <p>b. <u>An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the [Covered Person's] [Insured's] intoxication.]</u></p>	<p><u>This will be either in or out. If in, this will be either in or out. This will be either in or out.</u></p>
<p>8. <u>[being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;]</u></p>	<p><u>This will be either in or out.</u></p>
<p>9. <u>[travel or flight in any aircraft except to the extent stated in the Coverage Section;]</u></p>	<p><u>This will be either in or out.</u></p>
<p>10. <u>[release, whether or not accidental, or by any person unlawfully or intentionally,] of nuclear energy or radiation, including sickness or disease resulting from such release;]</u></p>	<p><u>This will be either in or out. If in, [, whether or not accidental...] will be either in or out.</u></p>
<p>11. <u>[a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident;]</u></p>	<p><u>This will be either in or out.</u></p>
<p>12. <u>[alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a licensed medical provider operating within his or her scope of authority.]</u></p>	<p><u>This will be either in or out.</u></p>

**SECTION VIII – GENERAL LIMITATIONS**

<p><b><u>Limitation on Multiple Covered Losses.</u></b> <u>If [a Covered Person] [an Insured] suffers more than one loss as a result of the same Accident, We will pay only one benefit, the largest benefit.]</u></p> <p><b><u>Limitation on Multiple Benefits</u></b>  <u>If [a Covered Person] [an Insured] can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment [and Covered Loss of Use] [and Plegia] Benefit, [Coma Benefit], [Permanent and Total Disability Benefit], [HIV Occupational Accident Benefit], [In-Hospital Indemnity Benefit], as a result of the same Accident, the most We will pay for these benefits in total is the [Covered Person's] [Insured's] Principal Sum.]</u></p>	<p><u>Each limitation will be either in or out. Bracketed Benefits will be either in or out.</u></p> <p><del>This will be either in or out.</del></p> <p><u>This will be either in or out.</u></p>
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<p><b>Limitation on Multiple Hazards</b>  <u>— If [a Covered Person] [an Insured] suffers a Covered Loss that is covered under more than one Hazard, We will pay only one benefit, the largest benefit [unless there is a specific written exception in the Policy].]</u></p> <p><b>Aggregate Limit.</b> We will not pay more than the <b>Aggregate Limit of Liability</b> stated in the Schedule <u>—[or a specific Hazard(s)].]</u></p>	
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**SECTION IX - TERMINATION OF INSURANCE**

<p><b>Policy Termination</b>  <u>— least [thirty (30)] days in advance</u>  <b>Termination by Policyholder.</b> <u>The Policyholder may terminate this Policy [on the first renewal date or at any time after that date] by delivering to Us a written notice to end this Policy at least [thirty (30)] days in advance of such termination. We will calculate and return the unearned premium, if any, using [a standard short rate table]. The Policyholder will send Us any additional amounts owed, if any, between the Policy's paid to date and the official date of termination.</u></p> <p><b>Termination by Us.</b>  least [thirty (30)] days notice</p> <p><b>Termination of Individual's Insurance</b>  <b>[Insured.</b> Insurance terminates at the end of the [month][date] for which premium has been paid and during which any of the following occurs:</p> <ol style="list-style-type: none"> <li>1. the <b>Policy</b> is terminated;</li> <li>2. the <b>Insured</b> ceases to be eligible for insurance;</li> <li>3. the <b>Insured</b> fails to pay the required premium, if the <b>Insured</b> is so required;</li> <li>4. [the <b>Insured</b> reaches age [70]]; [or]</li> <li>5. [the <b>Insured</b> retires.]]</li> </ol> <p><b>[Insured.</b> Insurance terminates:</p> <ol style="list-style-type: none"> <li>1. the date the <b>Policy</b> is terminated;</li> <li>2. the expiration date of the period for which required premium has been paid for such <b>Insured</b>;</li> <li>3. the date the <b>Insured</b> ceases to be eligible for insurance;</li> <li>4. the date the <b>Insured</b> fails to pay the required premium, if the <b>Insured</b> is so required;</li> <li>5. [the date the <b>Insured</b> reaches age [70]];]</li> <li>6. [the date the <b>Insured</b> retires.]]</li> </ol> <p>[If an <b>Insured</b> has received approval for a benefits eligible leave of absence, layoff or sabbatical from the <b>Policyholder</b> in accordance with the <b>Policyholder's</b> written policy, his or her insurance under this <b>Policy</b> will continue, provided the required premiums are paid. This extension of <b>Coverage</b> is subject to all of the termination provisions of this <b>Policy</b> with the exception of number 2. above.]</p>	<p><u>This bracketed item will be either in or out.</u>  The range will be <del>14-1801</del> - 365 days  <u>We may elect to refund premium on a pro rata basis.</u></p> <p>The range will be <del>14-1801</del> - 365 days</p> <p>This will be either in or out. If in, Appropriate month or date will be inserted.</p> <p>This will be either in or out. If in, The range will be <del>65</del> and <del>55</del> and over  This will be either in or out  This will be either in or out.  <del>This will be either in or out.</del></p> <p>This will be either in or out. -If in,</p> <p><del>The range will be 65 and over</del></p> <p>This will be either in or out. <u>If in, the range will be 55 and over</u></p> <p><u>This will be either in or out.</u></p> <p><u>The language at left is variable and defined by the Policyholder based on</u></p>
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<p>[Covered Person other than the <b>Insured</b>. Insurance terminates at the earliest of the following [; or for the <b>Covered Spouse</b>[/<b>Domestic Partner</b>], the date the <b>Covered Spouse</b> [/<b>Domestic Partner</b>] reaches age [70]].]</p> <p><b>[Conversion Privilege Benefit</b>  [or nonpayment of premium]  [or to a <b>Family AD&amp;D (FAD)</b> policy if the <b>Insured</b> selected a <b>Plan</b> covering his or <b>Dependents</b>]  [or <b>FAD</b>]  policy within [sixty (60)] days  [To request a Conversion Application Form, the <b>Insured</b> must call [1-800-834-1959].]  1. or [\$100,000];  <b>3. any IAD [or FAD] policy issued will take effect on the termination date of the Insured's insurance under the Group Accident Policy; [and]</b>  <b>Insured</b> attains age [70].]</p> <p><b>[Post Termination Continuation of Coverage</b>  —<del>If the insurance of an Insured ceases for reasons other than</del> [non-payment of premium or]  — <del>reaching</del> the age of [70], <del>or cancellation of the Policy, he or she has the right to continue Coverage under the Policy</del>, even if the Policy is subsequently canceled or <del>terminated for any reason</del>.  must be received by <b>Us</b> within [60] days  — <b>2. the Insured may elect to continue the same</b> Principal Sum [in units of [\$10,000]]  [to a maximum of [\$250,000]  <del>+] [but the amount may not be less than [\$50,000]].  — <del>In the event that the Insured has a Principal Sum in an amount less than [\$100,000]</del>  — <del>], he or she may continue that amount or increase the amount to [\$100,000].</del></del></p> <p>[The maximum Principal Sum under this <del>amendatory endorsement shall</del> <b>Continuation of Coverage will</b> be [\$250,000-<del>+] ]]</del></p>	<p><u>elements relating to the relationship between the organization and Insureds/Covered Persons. Actual agreed upon language may vary from the example at left.</u></p> <p>This will be either in or out. If in,</p> <p>The range will be <del>65 plus</del> <b>55 and over</b></p> <p><del>This will be either in or out.</del>  This will be either in or out.  This will be either in or out.  This will be either in or out.</p> <p>This will be either in or out.  The range will be <del>30-120</del> <b>1-365</b> days  This will be either in or out. If in, the appropriate telephone will be inserted.  The range will be \$5,000-\$1,000,000  <b>This will be either in or out.</b></p> <p>The range will be <del>65 plus</del> <b>55 and over</b></p> <p>This will be either in or out.  This will be either in or out.  The range will be <del>65 plus</del> <b>55 and over</b>  <b>This will be either in or out.</b></p> <p>The range will be <del>30-120</del> <b>1-365</b> days  <del>The range will be \$1,000-\$100,000</del>  <del>The range will be \$1,000-\$5,000,000,000</del>  This will <del>either</del> be in or out. <b>If in, [in units of ...] will be in or out.</b> If in, the range will be \$1,000-\$100,000  <del>The range</del> <b>Bracketed items</b> will be <del>\$1,000-\$100,000</del>  <del>The range will be \$50,000-\$200,000</del></p> <p><del>This will either be in or out. If in</del> <b>For all dollar amounts, the rangelanges</b> will be \$1,000-\$<del>5</del> <b>25,000,000,000</b></p>
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**SECTION X - HOW TO FILE A CLAIM**

<p><b>Notice.</b>  [the <b>Covered Person</b> who sustained the <b>Injury</b>,]</p>	<p>This will either be in or out.</p>
<p>Us at [1-866-841-4771.]  [P.O. Box 307010, Jamaica, NY 11430-7010]</p>	<p>Appropriate telephone number and address will be inserted.</p>

**SECTION XI - PAYMENT OF CLAIMS**

<p><b>Who We Will Pay</b>  [the beneficiary named by the <b>Insured</b> for the <b>Policyholder's</b> Group Life Insurance policy. If there is no beneficiary named by the <b>Insured</b> for the <b>Policyholder's</b> Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as the <b>Insured</b>, <b>We</b> will pay the benefit to] [the <b>Insured's</b> estate]</p>	<p>This will be either in or out.</p>
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<p>[the <b>Insured's</b> survivors in the following order:</p> <ul style="list-style-type: none"> <li><b>a.</b> the <b>Insured's</b> legally married spouse[or domestic partner<del>;</del>];</li> <li><b>b.</b> the <b>Insured's</b> child(ren<del>;</del>);</li> <li><b>c.</b> the <b>Insured's</b> parents<del>;</del>;</li> <li><b>d.</b> the <b>Insured's</b> brothers and sisters<del>;</del>;</li> </ul> <p>[Loss of life of a <b>Covered Person</b> other than the <b>Insured</b>. <b>Covered Losses</b> for the death of a <b>Covered Person</b> other than the <b>Insured</b> shall be paid to the <b>Insured</b>. If the <b>Insured</b> pre-deceases or dies at the same time as the <b>Covered Person</b> other than the <b>Insured</b>, the benefit shall be paid to the beneficiary unless the beneficiary designation has not been made or is no longer living at the time of death. In such case, the benefits shall be paid to the <b>Insured's</b> estate.</p> <p>3.] [He or she may direct in writing that all, or part of the <b>Accident Medical Expense Benefit</b>, if applicable, shall be paid directly to the party who furnished the service. The direction may be changed by the <b>Insured</b> at any time up to the filing of the proof of <b>Loss</b>].</p> <p>[4. If a <b>Foreign National</b></p>	<p>This will be either in or out. <u>If in,</u></p> <p><u>Each item a. through d. will be in or out.</u></p> <p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>
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**SECTION XII - GENERAL POLICY CONDITIONS**

<p><b>Grace Period.</b>  <del>at least [thirty (30)] days in advance</del>  <u>Premiums are due for this Policy on or before the premium due date or renewal date, whichever applies. If the Policyholder does not pay a renewal premium when it is due, there is a [thirty-one (31) day] Grace Period to pay. During the Grace Period, the Policy will stay in force. The Policyholder will not have a Grace Period if We have given notice, at least [thirty (30)] days in advance, that We are going to terminate this Policy.</u></p> <p><b>Policyholder Records</b>  [The <b>Policyholder</b> shall indemnify <b>Us</b> for any benefits or other payments that are caused in whole or in part by the <b>Policyholder's</b> negligence or error in performing the record keeping function.]</p> <p><del>[Renewal.</del>  <u><b>Suit Against Us.</b> No action on this Policy may be brought until sixty (60) days after written proof of Covered Loss has been sent to Us. Any action must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina and Wisconsin) of the date the written proof of Covered Loss was required to be submitted. If the law of the state where the [Covered Person] [Insured] lives makes such limit void, then the action must begin within the shortest time period permitted by law. [In those states where binding arbitration is allowed, binding arbitration will supersede this provision.]</u></p> <p><u>[Renewal. This Policy will automatically renew for an additional [twelve]-month period unless either party expresses its intent not to renew as specified by Policy termination provisions.]</u></p> <p><b>[ERISA Fiduciary Policy Interpretation</b>  <b>[Assignment of Interest</b>  <b>[Arbitration</b>  <b>[Newly Acquired Aircraft</b>  within [sixty (60)] days</p> <p><b>[Newly Acquired Corporation</b>  more than [ninety (90)] days</p>	<p>The range will be <del>30-120] day -</del> <u>365 days</u></p> <p><del>This</del><u>The range will be either in or out. 1 day -365 days</u></p> <p>This will be either in or out.</p> <p><u>(new bracketed language should be in or out – out if optional arbitration clause is not selected)</u></p> <p>This will be either in or out. <u>If in, [twelve] range is 1 – 120.</u></p> <p><del>This will be either in or out.</del></p> <p>This will be either in or out. <u>This will be either in or out. This will be either in or out.</u>  If in, the range will be <del>14] -</del> <u>365 days</u></p>
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<p>[Note: The above reporting provision only applies to corporations with more than [200] employees. For corporations with less than [200] employees, <b>Coverage</b> will be automatic for the duration of the <b>Policy</b> term.]</p>	<p>This will be either in or out. If in, the range will be <del>141</del>-365 days</p> <p>This will be either in or out. If in The range will be <del>be</del><del>100</del><del>5</del><del>be</del><del>1</del>- <u>1,000,000</u> The range will be <del>100</del><del>5</del><del>1</del>-<u>1,000,000</u></p>
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**APPLICATION**

<p>[VOLUNTARY] [BASIC] [BUSINESS TRAVEL] ACCIDENT INSURANCE</p>	<p>[VOLUNTARY] Either in or out. [BASIC] Either in or out [BUSINESS TRAVEL] Either in or out</p>																
<p><b>A. CLASS(ES) OF INSURED PERSONS</b></p> <p><b>[Class I:</b> [All active full-time Employees of the <b>Policyholder</b> working a minimum of [30] hours per week]</p> <p><b>[Class II:</b> [All active part-time Employees of the <b>Policyholder</b> working a minimum of [20] hours per week]]</p> <p><b>[Class III:</b> [ ]]</p> <p><input type="checkbox"/> <b>Dependent Coverage]</b></p>	<p>This will be variable according to <b>Class of Insured.</b></p> <p>This will be variable according to <b>Class of Insured.</b></p> <p>This will be variable according to <b>Class of Insured.</b></p>																
<p><b>[Class I:</b> [[One (1)] times to [four (4)] times the Employee's <b>Base Annual Earnings*</b> to a maximum of [\$200,000]]</p> <p><b>[Class II:</b> [[Three (3)] times the employees <b>Base Annual Earnings*</b> to a maximum of [\$500,000].]</p> <p><b>[Class III:</b> [\$100,000]]</p>	<p>This will be either in or out. If in, The range will be 1 -20 times The range will be \$1,000 - \$5,000,000</p> <p>This will be either in or out. If in, The range will be one (1) – twenty (20) The range will be \$1,000 - \$2,000,000</p> <p>This will be either in or out. If in, The range will be \$1,000 - \$5,000,000</p>																
<p>[The <b>Principal Sum</b> for <b>Covered Dependents</b> will be a percentage of the <b>Insured's Principal Sum</b>, as follows:</p> <table border="0"> <tr> <td><b>Plan Selected</b></td> <td><b>% Spouse[/Domestic Partner]</b></td> <td><b>% Child(ren)</b></td> </tr> <tr> <td><b>Spouse[/Domestic Partner] only:</b></td> <td>[50%]</td> <td>0</td> </tr> <tr> <td><b>Dependent Child(ren) only:</b></td> <td></td> <td>0</td> </tr> <tr> <td><b>Spouse[/Domestic Partner] and Dependent Child(ren)</b></td> <td>[40%]</td> <td>[10%]</td> </tr> </table> <p>[Maximum of [\$25,000] [<b>Principal Sum</b>] [<b>Accidental Death Benefit</b>] for <b>Dependent Child(ren).</b>]]</p> <p>[For <b>Covered Dependent Child(ren)</b> the indicated percentage applies to loss of life only.]</p> <p>[The <b>Principal Sum</b> for <b>Covered Dependents</b> will be [a choice of] the following amounts:</p> <table border="0"> <tr> <td><b>Spouse[/Domestic Partner]:</b></td> <td>[\$50,000] [\$75,000] [\$100,000]</td> </tr> <tr> <td><b>Dependent Child(ren):</b></td> <td>[\$10,000] [\$15,000] [\$20,000] [\$25,000]</td> </tr> </table> <p>[In no event will the amount be greater than the <b>Insured's Principal Sum</b>.]</p>	<b>Plan Selected</b>	<b>% Spouse[/Domestic Partner]</b>	<b>% Child(ren)</b>	<b>Spouse[/Domestic Partner] only:</b>	[50%]	0	<b>Dependent Child(ren) only:</b>		0	<b>Spouse[/Domestic Partner] and Dependent Child(ren)</b>	[40%]	[10%]	<b>Spouse[/Domestic Partner]:</b>	[\$50,000] [\$75,000] [\$100,000]	<b>Dependent Child(ren):</b>	[\$10,000] [\$15,000] [\$20,000] [\$25,000]	<p>Same variables as listed in the Schedule Section.</p> <p>Same variables as listed in the Schedule Section.</p>
<b>Plan Selected</b>	<b>% Spouse[/Domestic Partner]</b>	<b>% Child(ren)</b>															
<b>Spouse[/Domestic Partner] only:</b>	[50%]	0															
<b>Dependent Child(ren) only:</b>		0															
<b>Spouse[/Domestic Partner] and Dependent Child(ren)</b>	[40%]	[10%]															
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<b>Dependent Child(ren):</b>	[\$10,000] [\$15,000] [\$20,000] [\$25,000]																

<p><b>[Reduction of Principal Sum</b></p> <p>If [an <b>Insured</b>] [a <b>Covered Person</b>] is age [70] or older on the date of an <b>Accident</b> causing a <b>Covered Loss</b>, the <b>Principal Sum</b> used to calculate benefits will be the following percentage of the applicable <b>Principal Sum</b> indicated above:</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><b>Age at Date of Accident</b></th> <th style="text-align: center;"><b>% of Principal Sum</b></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[70-74]</td> <td style="text-align: center;">[65%]</td> </tr> <tr> <td style="text-align: center;">[75-79]</td> <td style="text-align: center;">[45%]</td> </tr> <tr> <td style="text-align: center;">[80-84]</td> <td style="text-align: center;">[30%]</td> </tr> <tr> <td style="text-align: center;">[85] and Older</td> <td style="text-align: center;">[15%]</td> </tr> </tbody> </table>	<b>Age at Date of Accident</b>	<b>% of Principal Sum</b>	[70-74]	[65%]	[75-79]	[45%]	[80-84]	[30%]	[85] and Older	[15%]	<p>Same variables as listed in the Schedule Section.</p>																						
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<p><b>C. HAZARD(S)</b></p> <p>Class I: [24 Hour Accident Protection, Business and Pleasure, Excluding Corporate Owned or Leased Aircraft H-1]</p> <p>[Class II: [24 Hour Accident Protection While on Business Trip H-2]]</p> <p>[Class III: [ ]]</p>	<p>This will be either in or out.</p> <p>This will be either in or out.</p> <p>This will be either in or out.</p>																																
<p><b>D. BENEFITS</b></p> <p><b>Accidental Death and Dismemberment</b> (including Exposure and Disappearance with a [365] day incurral period</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Covered Loss of</u></th> <th style="text-align: left;"><u>Benefit</u></th> </tr> </thead> <tbody> <tr> <td>Life</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>Both hands or both feet</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>One hand and one foot</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>One hand or one foot plus sight of one eye</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>Sight of both eyes</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>Speech and hearing</td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>Speech or hearing</td> <td>[50%] of Principal Sum</td> </tr> <tr> <td>One hand or one foot or sight of one eye</td> <td>[50%] of Principal Sum</td> </tr> <tr> <td>Thumb and index finger of the same hand</td> <td>[25%] of Principal Sum</td> </tr> <tr> <td colspan="2"><b>◆ [Covered Loss of Use of:</b></td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>Benefit</u></td> </tr> <tr> <td>Four <b>Limbs</b></td> <td>[100%] of Principal Sum</td> </tr> <tr> <td>Three <b>Limbs</b></td> <td>[75%] of Principal Sum</td> </tr> <tr> <td>Two <b>Limbs</b></td> <td>[66 2/3%] of Principal Sum</td> </tr> <tr> <td>One <b>Limb</b></td> <td>[50%] of Principal Sum]]</td> </tr> </tbody> </table> <p>with a [365] day incurral period</p>	<u>Covered Loss of</u>	<u>Benefit</u>	Life	[100%] of Principal Sum	Both hands or both feet	[100%] of Principal Sum	One hand and one foot	[100%] of Principal Sum	One hand or one foot plus sight of one eye	[100%] of Principal Sum	Sight of both eyes	[100%] of Principal Sum	Speech and hearing	[100%] of Principal Sum	Speech or hearing	[50%] of Principal Sum	One hand or one foot or sight of one eye	[50%] of Principal Sum	Thumb and index finger of the same hand	[25%] of Principal Sum	<b>◆ [Covered Loss of Use of:</b>		<u>Benefit</u>		Four <b>Limbs</b>	[100%] of Principal Sum	Three <b>Limbs</b>	[75%] of Principal Sum	Two <b>Limbs</b>	[66 2/3%] of Principal Sum	One <b>Limb</b>	[50%] of Principal Sum]]	<p>These variables in the BENEFITS Section will be the same as in the Policy and as shown in this Statement of Variables under BENEFITS.</p>
<u>Covered Loss of</u>	<u>Benefit</u>																																
Life	[100%] of Principal Sum																																
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**Zurich American Insurance Company**

**EXPLANATORY MEMORANDUM  
Group Accident Insurance Policy  
Company Filing Number – CW AH 35498  
U-VA-100-A (07/06), et al**

This is a revised Statement of Variables for our Group Accident Insurance product, which was previously filed with and approved by your Department. For your convenience, we have included redlined and clean versions of the revised Statement of Variables.

In order to meet the needs of our customers and to remain in compliance with our filing, we have revised the statement of variables to change some of the benefit variability explanations and ranges.

Brackets in red font and highlighted in yellow have been added to the SOV to show additional requested variability that was not included in the original filing.

As indicated in our original filing, the Group Accident Insurance product is designed to provide accidental benefits for Business, Pleasure, and Occupational trips by Covered Persons.

The Group Accident Insurance product will be marketed to approved groups in your state, and may be marketed through brokers, consultants, third party administrators and sales employees.