

**State:** Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only

**Product Name:** Group Accident

**Project Name/Number:** NUFIC-H-GA-AR-12-01-F/NUFIC-H-GA-AR-12-01-F

### Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: Group Accident

State: Arkansas

TOI: H02G Group Health - Accident Only

Sub-TOI: H02G.000 Health - Accident Only

Filing Type: Form

Date Submitted: 08/29/2012

SERFF Tr Num: AGNY-128642868

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: NUFIC-H-GA-AR-12-01-F

Implementation: On Approval

Date Requested:

Author(s): Lois Pimentel

Reviewer(s): Rosalind Minor (primary)

Disposition Date: 09/07/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only

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## General Information

Project Name: NUFIC-H-GA-AR-12-01-F Status of Filing in Domicile:  
 Project Number: NUFIC-H-GA-AR-12-01-F 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: Association, Employer, Trust Overall Rate Impact:  
 Filing Status Changed: 09/07/2012 Deemer Date:  
 State Status Changed: 09/07/2012 Submitted By: Lois Pimentel  
 Created By: Lois Pimentel  
 Corresponding Filing Tracking Number: N/A

### Filing Description:

On behalf of National Union Fire Insurance Company of Pittsburgh, PA ("the Company"), we are filing several new optional benefit riders for your review and approval. When elected by the Group Policyholder, the riders will be attached to Group Accident Insurance Policy Form C11656(REV 3-99)DBG et al, approved by your Department on August 21, 2001. Subsequent enhancements to this product were approved on January 22, 2004 and April 12, 2008.

These forms are new and not intended to replace any other forms previously approved by your Department. The subject forms are:

- The Amendatory Endorsement – War Risk Coverage [C36295DBG] revises and updates the Policy's definition of Designated War Risk Territory.
- The Coma Benefit Rider [C11664(Rev 7/12)DBG] revises and updates Coma Rider C11664DBG by adding a range of monthly indemnities and to allow that the remainder of the Insured Person's Principal Sum amount will become payable after 11 months of a comatose state.
- The Seat Belt and Air Bag Rider [C11687(Rev 7/12)DBG] revises and updates Seat Belt & Air Bag Rider C11687(REV 3-99)DBG by adding a default Seat Belt benefit that becomes payable if it cannot be positively determined that a seat belt was in use at the time of the covered accident.
- The Day Care Benefit Rider [C11668(Rev 7/12)DBG] revises and updates Day Care Benefit Rider C11668(REV 3-99)DBG by deleting the requirement that an Insured have family coverage in effect to be eligible for the benefit.
- The Tuition Benefit Rider [C11688(Rev 7/12)DBG] revises and updates Day Care Benefit Rider C11668(REV 3-99)DBG by deleting the requirement that an Insured have family coverage in effect to be eligible for the benefit.
- The Accident Medical Expense Benefit Rider [C36279DBG] provides accident medical expense benefits for medical expenses incurred by an Insured as a result of a covered accidental injury.
- The Weekly Accident Indemnity Benefit Rider [C36299DBG] provides a weekly indemnity benefit to an Insured who has been disabled as a result of a covered accidental injury.

Any language in brackets is variable to be included or omitted or, where applicable, to vary to the numeric ranges displayed within the brackets and/or set forth in the Explanation of Variables.

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The Explanation of Variables – Revised has been prepared primarily to expand previously approved bracketed materials to add new variable ranges. The expanded ranges are highlighted. This document also describes the parameters of annotated variables in the new items as well as incorporating the various variability statements for forms that were submitted and approved after the original filing, as specified above.

The effective date of issue of these new forms and EOV will be upon approval by your Department.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information, we will forward the request immediately to the Company contact. The Company’s response will be submitted to your attention as soon as we receive it.

Please do not hesitate to contact us with any comments or concerns.

## Company and Contact

### Filing Contact Information

Ines Piquet, Manager ipiquet@perrknight.com  
 881 Alma Real Drive 310-230-9339 [Phone] 120 [Ext]  
 Suite 205  
 Pacific Palisades, CA 90272

### Filing Company Information

|  |                         |                                 |
|--|-------------------------|---------------------------------|
| National Union Fire Insurance Company of Pittsburgh, Pa. | CoCode: 19445           | State of Domicile: Pennsylvania |
| 175 Water Street   | Group Code:             | Company Type:                   |
| New York, NY 10038                                       | Group Name:             | State ID Number:                |
| (212) 458-5000 ext. [Phone]                              | FEIN Number: 25-0687550 |                                 |

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$350.00  
 Retaliatory? No  
 Fee Explanation: AR charges \$50 per form, x 7 forms = \$350  
 Per Company: No

| Company  | Amount   | Date Processed | Transaction # |
|--|----------|----------------|---------------|
| National Union Fire Insurance Company of Pittsburgh, Pa. | \$350.00 | 08/29/2012     | 62132527      |

SERFF Tracking #:

AGNY-128642868

State Tracking #:

Company Tracking #:

NUFIC-H-GA-AR-12-01-F

State:

Arkansas

Filing Company:

National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Group Accident

Project Name/Number:

NUFIC-H-GA-AR-12-01-F/NUFIC-H-GA-AR-12-01-F

## Correspondence Summary

### Dispositions

| Status          | Created By     | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 09/07/2012 | 09/07/2012     |

### Amendments

| Schedule | Schedule Item Name     | Created By    | Created On | Date Submitted |
|----------|------------------------|---------------|------------|----------------|
| Form     | TUITION BENEFIT RIDER  | Lois Pimentel | 08/31/2012 | 08/31/2012     |
| Form     | DAY CARE BENEFIT RIDER | Lois Pimentel | 08/31/2012 | 08/31/2012     |

**State:** Arkansas **Filing Company:** National Union Fire Insurance Company of Pittsburgh, Pa.  
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## Disposition

Disposition Date: 09/07/2012

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 | Authorization Letter                        | Approved-Closed      | Yes           |
| Supporting Document | Explanation of Variables                    | Approved-Closed      | Yes           |
| Form                | COMA BENEFIT RIDER                          | Approved-Closed      | Yes           |
| Form (revised)      | TUITION BENEFIT RIDER                       | Approved-Closed      | Yes           |
| Form                | TUITION BENEFIT RIDER                       | Replaced             | Yes           |
| Form                | SEAT BELT[ AND AIR BAG]1 BENEFIT RIDER      | Approved-Closed      | Yes           |
| Form (revised)      | DAY CARE BENEFIT RIDER                      | Approved-Closed      | Yes           |
| Form                | DAY CARE BENEFIT RIDER                      | Replaced             | Yes           |
| Form                | ACCIDENT MEDICAL EXPENSE BENEFIT RIDER      | Approved-Closed      | Yes           |
| Form                | AMENDATORY ENDORSEMENT WAR RISK<br>COVERAGE | Approved-Closed      | Yes           |
| Form                | WEEKLY ACCIDENT INDEMNITY BENEFIT RIDER     | Approved-Closed      | Yes           |

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## Amendment Letter

Submitted Date: 08/31/2012

### Comments:

The two forms below were accidentally submitted under the wrong component. The forms have been switched to the correct component.

Thank you

### Changed Items:

### Form Schedule Item Changes:

Form Schedule Item Changes:

| Form Number         | Form Type  | Form Name              | Action  | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments             |
|---------------------|--|------------------------|---------|-------------------|-------------------|-----------------|-------------------|-------------------------|
| C11688(Rev 7/12)DBG | Certificate Amendment, Insert Page, Endorsement or Rider | TUITION BENEFIT RIDER  | Initial |                   |                   |                 | 51.000            | C11688_Rev 7-12_DBG.pdf |
| C11668(Rev 7/12)DBG | Certificate Amendment, Insert Page, Endorsement or Rider | DAY CARE BENEFIT RIDER | Initial |                   |                   |                 | 50.100            | C11668_Rev 7-12_DBG.pdf |

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## Post Submission Update Request Processed On 09/07/2012

Status: Allowed  
Created By: Lois Pimentel  
Processed By: Rosalind Minor  
Comments:

State: Arkansas

Filing Company:

National Union Fire Insurance Company of Pittsburgh, Pa.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Group Accident

Project Name/Number: NUFIC-H-GA-AR-12-01-F/NUFIC-H-GA-AR-12-01-F

## Form Schedule

### Lead Form Number:

| Item No. | Schedule Item Status          | Form Number             | Form Type | Form Name                                   | Action/ Action Specific Data | Readability Score | Attachments             |
|----------|-------------------------------|-------------------------|-----------|---|------------------------------|-------------------|-------------------------|
| 1        | Approved-Closed<br>09/07/2012 | C11664DBG<br>(Rev 7/12) | CERA      | COMA BENEFIT RIDER                          | Initial:                     | 50.900            | C11664DBG_Rev 7-12_.pdf |
| 2        | Approved-Closed<br>09/07/2012 | C11688(Rev<br>7/12)DBG  | CERA      | TUITION BENEFIT RIDER                       | Initial:                     | 51.000            | C11688_Rev 7-12_DBG.pdf |
| 3        | Approved-Closed<br>09/07/2012 | C11687(Rev<br>7/12)DBG  | CERA      | SEAT BELT[ AND AIR BAG]1<br>BENEFIT RIDER   | Initial:                     | 51.200            | C11687_Rev 7-12_DBG.pdf |
| 4        | Approved-Closed<br>09/07/2012 | C11668(Rev<br>7/12)DBG  | CERA      | DAY CARE BENEFIT RIDER                      | Initial:                     | 50.100            | C11668_Rev 7-12_DBG.pdf |
| 5        | Approved-Closed<br>09/07/2012 | C36279DBG               | CERA      | ACCIDENT MEDICAL EXPENSE<br>BENEFIT RIDER   | Initial:                     | 50.700            | C36279DBG.pdf           |
| 6        | Approved-Closed<br>09/07/2012 | C36295DBG               | CERA      | AMENDATORY ENDORSEMENT<br>WAR RISK COVERAGE | Initial:                     | 50.400            | C36295DBG.pdf           |
| 7        | Approved-Closed<br>09/07/2012 | C36299DBG               | CERA      | WEEKLY ACCIDENT INDEMNITY<br>BENEFIT RIDER  | Initial:                     | 51.100            | C36299DBG.pdf           |

### Form Type Legend:

|            |                        |             |  |
|------------|------------------------|-------------|--|
| <b>ADV</b> | Advertising            | <b>AEF</b>  | Application/Enrollment Form                              |
| <b>CER</b> | Certificate            | <b>CERA</b> | Certificate Amendment, Insert Page, Endorsement or Rider |
| <b>DDP</b> | Data/Declaration Pages | <b>FND</b>  | Funding Agreement (Annuity, Individual and Group)        |
| <b>MTX</b> | Matrix                 | <b>NOC</b>  | Notice of Coverage                                       |
| <b>OTH</b> | Other                  | <b>OUT</b>  | Outline of Coverage                                      |
| <b>PJK</b> | Policy Jacket          | <b>POL</b>  | Policy/Contract/Fraternal Certificate                    |

**SERFF Tracking #:**

AGNY-128642868

**State Tracking #:**

**Company Tracking #:**

NUFIC-H-GA-AR-12-01-F

**State:**

Arkansas

**Filing Company:**

National Union Fire Insurance Company of Pittsburgh, Pa.

**TOI/Sub-TOI:**

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

**Product Name:**

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|             |  |            |                |
|-------------|--|------------|----------------|
| <b>POLA</b> | Policy/Contract/Fraternal Certificate: Amendment,<br>Insert Page, Endorsement or Rider | <b>SCH</b> | Schedule Pages |
|-------------|--|------------|----------------|

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

---

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

**COMA BENEFIT RIDER**

This Rider is attached to and made part of the Policy or Certificate[ as of the Policy Effective Date shown in the Policy's Master Application.][ effective [Month Day, Year].] It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

**Coma Benefit.** If Injury renders an Insured Person Comatose within [30,60,90,120,180,365]<sup>1</sup> days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of [1%, 2%, 3%, 4% 5%]<sup>2</sup> of the Insured Person's Principal Sum. This benefit is payable monthly for 11 months if the Insured Person remains Comatose due to that Injury. If the Insured Person remains Comatose through the 11<sup>th</sup> month, any residual portion of that Insured Person's Principal Sum will become payable on the first day of the 12<sup>th</sup> month during which the Insured Person remains Comatose. If the Insured Person ceases to be Comatose due to the Injury any time during the first 11 months, the monthly benefit will end. No benefit is provided for the first 30 days of Coma. No benefit is payable after the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

**Coma/Comatose** - as used in this Rider, means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

## TUITION BENEFIT RIDER

This Rider is attached to and made part of the Policy or Certificate[ as of the Policy Effective Date shown in the Policy's Master Application.][effective [Month Day, Year].] It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

**Tuition Benefit.** If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay the following benefit:

[A.] **[For the Children under Age [23 - 29]<sup>1</sup>.** The Company will pay a benefit to or on behalf of any Child under age [23 - 29]<sup>1</sup> on the date of the accident causing death and who, on the date of the Insured's death: (1) is a full-time student in any Institution of Higher Learning above grade 12; or (2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured's death. The benefit will be paid for each year of the Child's continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years. The total amount of the benefit each year is equal to the least of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Insured Dependent Child;
2. [2-20]<sup>2</sup>% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$[2,000 - 100,000 (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)]<sup>3</sup>.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

A Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's death.[ If there is no Child under age [23 - 29]<sup>1</sup> eligible for the benefit within 365 days after the date of the Insured's death, the Company will pay a one-time lump sum benefit of \$[1,000 - 10,000]<sup>3</sup> to the Insured's designated beneficiary.]<sup>4</sup> ]<sup>5</sup>

[B.] **[For the Spouse.** The Company will pay a benefit to or on behalf of any Spouse on the date of the accident causing death and who, for the purpose of obtaining an independent source of support [or to enrich his or her ability to earn a living]<sup>6</sup>: (1) is enrolled in any Institution of Higher Learning or professional or trade training program on the date of the Insured's death; or (2) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after the date of the Insured's death. The benefit will be paid for each year of the Spouse's continuous enrollment in an Institution of Higher Learning or professional or trade training program, to a maximum of four (4) consecutive years. The total amount of the benefit for all institutions and programs combined each year is equal to the least of:

1. the total actual tuition (exclusive of room and board) charged by those institutions or programs for enrollment during that year for the Insured Spouse;
2. [2-20]<sup>2</sup>% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$[2,000 - 100,000 (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)]<sup>3</sup>.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

A Spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured's death. [ If there is no Spouse eligible for the benefit within 30 months after the date of the Insured's death, the Company will pay a one-time lump sum benefit of \$[1,000 - 10,000]<sup>3</sup> to the Insured's designated beneficiary.]<sup>7</sup> ]<sup>8</sup>

**[Child** - as used in this Rider, means the Insured's unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured's home, under age [23-29]<sup>1</sup> and primarily dependent on the Insured for support and maintenance.]<sup>5</sup>

**Institution of Higher Learning** - as used in this Rider, means any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.

**[Spouse** - as used in this Rider, means the Insured's legal spouse.]<sup>8</sup>

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

## SEAT BELT[ AND AIR BAG]<sup>1</sup> BENEFIT RIDER

This Rider is attached to and made part of the Policy or Certificate[ as of the Policy Effective Date shown in the Policy's Master Application.][ effective [Month Day, Year].] It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

**Seat Belt Benefit.** The Company will pay a benefit under this Rider when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt or, if the Insured Person is a child, a properly installed and fastened child restraint device as defined by state law. The amount payable under this Rider is[ the lesser of:]<sup>2</sup> (1) \$[5,000 - 1,000,000 (in \$5,000 increments to \$50,000 and then \$10,000 increments to \$100,000 and then \$25,000 increments to the maximum)]<sup>3</sup>; [or (2)]<sup>2</sup> [10 - 100 (in 5% increments)]<sup>4</sup>% of the Insured Person's Principal Sum]<sup>5</sup>. However, if it cannot be determined that a properly fastened, original, factory-installed seat belt was being used at the time of the accident causing the Injury, a default benefit of [\$1,000, \$2,000]<sup>6</sup> will be payable.

**[Air Bag Benefit.** The Company will pay an additional benefit under this Rider if a Seat Belt Benefit is payable under this Rider and if the Insured Person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable under this Rider is[ the lesser of:]<sup>2</sup> (1) \$[5,000 - 1,000,000 (in \$5,000 increments to \$50,000 and then \$10,000 increments to \$100,000 and then \$25,000 increments to the maximum)]<sup>3</sup>; [or (2)]<sup>2</sup> [5 - 100 (in 5% increments)]<sup>4</sup>% of the Insured Person's Principal Sum.]<sup>5</sup><sup>1</sup>

Verification of the actual use of the seat belt, at the time of the accident,[ and that the Supplemental Restraint System inflated properly upon impact]<sup>7</sup> must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

**Automobile** – as used in this Rider, means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and[, if not used primarily for occupational, professional or business purposes,]<sup>7</sup> a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

**[Supplemental Restraint System** – as used in this Rider, means an air bag which inflates for added protection to the head and chest areas.]<sup>1</sup>

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President

Secretary

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

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Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

## DAY CARE BENEFIT RIDER

This Rider is attached to and made part of the Policy or Certificate[ as of the Policy Effective Date shown in the Policy's Master Application.][ effective [Month Day, Year].] It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider

**Day Care Benefit.** If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay a benefit on behalf of any Child of the Insured on the date of the accident causing death and who: (1) is enrolled in a Day Care Center on the date of the Insured's death; or (2) enrolls in a Day Care Center within [60,90,180,365]<sup>1</sup> days after the Insured's death. The benefit is payable for each year of the Insured Dependent Child's enrollment in a Day Care Center. The total amount of the benefit each year is equal to the least of:

1. the actual cost of care for that Insured Dependent Child charged by that Day Care Center for that year;
2. [2 - 20 (in 1% increments to 10% and then 5% increments to the maximum)]<sup>2</sup>% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$[2000 - 100,000 (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)]<sup>3</sup>.

The applicable portion of the yearly benefit for each period of enrollment is payable upon receipt of due proof of enrollment, but not more frequently than monthly.

The benefit is not payable for any period of enrollment in a Day Care Center before the date of the accident that caused the Insured's death. The benefit is not payable for any period of enrollment after the earlier of: (1) the date the Child reaches 13 years of age; or (2) the date four (4) years after the later of the date of the Insured's death or the date the Child first enrolls in a Day Care Center.

**Child** - as used in this Rider, means the Insured's unmarried child, including a natural, step, foster or adopted child from the moment of placement in the Insured's home, under age 13 and primarily dependent on the Insured for support and maintenance.

**Day Care Center** - as used in this Rider, means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with applicable laws and regulations of the jurisdiction.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature consisting of several bold, sweeping strokes.

President

A handwritten signature with a cursive style, featuring a large initial letter and a trailing flourish.

Secretary

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

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## ACCIDENT MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy and Certificate[ as of the Policy Effective Date shown in the Policy's Master Application.][effective [Month Day, Year]. It applies only with respect to accidents that occur on or after that date.] It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

### ACCIDENT MEDICAL EXPENSE BENEFIT

If an Insured Person suffers an Injury that, within [24, 48, 72 hours] [30, 90, 180, 365 days]<sup>1</sup> of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Covered Accident Medical Services received due to that Injury, up to [\$300 - \$500,000 per accident]<sup>2</sup> per Insured Person for all Injuries caused by the same accident. [No benefits are payable in any one calendar year for any accident in excess of [5, 10, 15.]<sup>3</sup>] [This benefit is payable only for such charges incurred within [26, 52, 104]<sup>4</sup> weeks after the date of the accident causing that Injury.]<sup>5</sup>

**Covered Accident Medical Service(s)** - as used in this Rider, means any of the following services, if the service is Medically Necessary:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof;
8. physical therapy and occupational therapy;
9. rental of Durable Medical Equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances; or
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

**Ambulatory Medical Center** - as used in this Rider, means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

**Durable Medical Equipment** - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

**Medically Necessary** - as used in this Rider, refers to a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

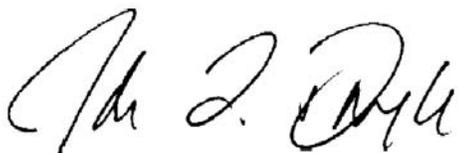
**Usual and Customary Charge(s)** - as used in this Rider, means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar

treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

**Exclusions.** In addition to the Exclusions in the Limitations and Exclusions section of the Certificate, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury not to exceed \$[250 - \$1,000]<sup>6</sup> per tooth per accident.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight.
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).
6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
7. [any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.]

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA, witness this Rider:

A handwritten signature in cursive script, appearing to read "John J. Doyle".

President

A handwritten signature in cursive script, appearing to read "Dennis J. ...".

Secretary

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

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Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

**AMENDATORY ENDORSEMENT  
WAR RISK COVERAGE  
(C11690(REV 3-99)DBG)**

This Endorsement is attached to and made part of the Policy or Certificate[ as of the Policy Effective Date shown in the Policy's Master Application.][ effective [Month Day, Year].]. It applies only with respect to coverage on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement.

It is hereby understood and agreed that the definition of Designated War Risk Territories in the referenced form that is attached to this Policy is hereby revised to read as follows:

**Designated War Risk Territory(ies)** means[ named country(ies) or part(s) of country(ies)]<sup>1</sup> [worldwide except named country(ies) or part(s) of country(ies)]<sup>2</sup> and, unless the Company is notified in advance, [named country(ies) or part(s) of country(ies)]<sup>3</sup>. A Designated War Risk Territory does not include the United States of America[ or the Insured Person's country of permanent residence]<sup>4</sup>.

**[Designated War Risk Territory(ies) to be reported to the Company -**[ named country(ies) or part(s) of country(ies)]<sup>5</sup><sup>6</sup>

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

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## WEEKLY ACCIDENT INDEMNITY BENEFIT RIDER

This Rider is attached to and made part of the Policy and Certificate[ as of the Policy Effective Date shown in the Policy's Master Application.][effective [Month Day, Year]. It applies only with respect to accidents that occur on or after that date.] It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

### WEEKLY ACCIDENT INDEMNITY BENEFIT

If, as a result of an Injury, the Insured Person is rendered Totally Disabled within 30 days of the accident that caused the Injury, the Company will pay a benefit after [1, 3, 7, 14, 30, 60, 90, 180]<sup>1</sup> day(s) of Total Disability due to that Injury in any one Period of Disability[, retroactive to the first day of Total Disability in that Period of Disability]<sup>2</sup>. [ No benefit is provided for the first [3, 7, 14, 30, 60, 90, 180]<sup>1</sup> days of Total Disability in that Period of Disability.]<sup>3</sup> The amount of the benefit per week is [the lesser of: (1) ]<sup>4</sup> \$[25 - 2,500 in \$25 increments]<sup>5</sup>; or (2) [50; 66 2/3; 70, 75 or 100]<sup>6</sup>% of Weekly Earnings]<sup>4</sup>. The amount of the weekly benefit payable is accrued and payable on a [biweekly, monthly]<sup>7</sup> basis so long as the Insured Person remains Totally Disabled due to that Injury in that Period of Disability, up to a maximum of [13, 26, 52, 104, 260]<sup>8</sup> weeks for all Periods of Disability resulting from all Injuries caused by the same accident. The Company will pay benefits calculated at a rate of 1/7th of the weekly benefit for each day of Total Disability for which the Company is liable when the Insured Person is Totally Disabled for less than a full week. Only one benefit is provided for any one day of Total Disability, regardless of the number of Injuries causing the Total Disability. No benefits are payable under this Rider if the Insured Person had no earnings at the time of the accident causing the Injury from an occupation, job or work being performed at that time

**[Coordination with Other Income Benefits.** If the Insured Person is entitled to Other Income Benefits for any week for which a Weekly Accident Indemnity benefit is payable under this Rider, the amount of the Weekly Accident Indemnity benefit payable for that week will be reduced, if necessary, so that the sum of the Weekly Accident Indemnity benefit payable plus all Other Income Benefits for that week does not exceed [50; 66 2/3; 70; 75, 100]<sup>6</sup>% of the Insured Person's Weekly Earnings. If the sum of all Other Income Benefits equals or exceeds [50; 66 2/3; 70; 75, 100.]<sup>6</sup>% of the Insured Person's Weekly Earnings, no Weekly Accident Indemnity benefit is payable for that week. If any Other Income Benefits are payable on a basis other than [biweekly, monthly]<sup>7</sup>, the Company will calculate the equivalent [biweekly, monthly]<sup>7</sup> payment and adjust each Weekly Accident Indemnity benefit payable accordingly.

**Right to Receive and Release Needed Information.** Certain facts are needed to administer the Coordination with Other Income Benefits provision. The Company has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person. The Company need not tell, or get the consent of, any person to do this. Each person claiming benefits under this Rider must give the Company any facts it needs to pay the claim.

**Facility of Payment.** A payment made under some Other Disability Plan may include an amount which should have been paid under this Rider. If it does, the Company may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under this Rider. The Company will not have to pay that amount again.

**Right of Recovery.** If the amount of the payments made by the Company is more than it should have paid under the Coordination with Other Income Benefits provision, it may recover the excess from one or more of: (1) the persons it has paid or for whom it has paid; (2) insurance companies; or (3) other organizations.]<sup>9</sup>

**Occupation** - as used in this Rider, means the occupation, job or work the Insured Person performed[ for the Policyholder]<sup>10</sup> at the time of the accident causing the Injury for which benefits are claimed under this Rider.

**[Other Disability Plans** - as used in this Rider, means: (1) any salary continuation or disability plan provided through the Insured Person's employer; (2) any group or blanket disability plan (other than this Rider) or like plan for persons in a group; (3) any Workers' Compensation Act or similar law; or (4) the United States Social Security Act or Railroad Retirement Act or any similar plan or act.

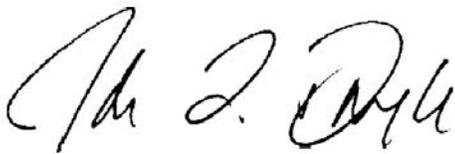
**Other Income Benefits** - as used in this Rider, means any amounts that would be provided because of the Insured Person's inability to work due to the Injury for which benefits are claimed under this Rider (or due to a related condition) under Other Disability Plans, in the absence of provisions with a purpose similar to that of the Coordination with Other Income Benefits provision, whether or not claim is made. However, if any Other Disability Plan has a provision to reduce its payments because of Weekly Accident Indemnity Benefits under the Policy, and if the Policy has covered<sup>11</sup> the Insured Person longer than that Other Disability Plan has, that Other Disability Plan's benefits will not be considered Other Income Benefits.]<sup>9</sup>

**Period of Disability** - as used in this Rider, means a period of consecutive days of continuous Total Disability

**Totally Disabled/Total Disability** - as used in this Rider, means that the Insured Person is unable to perform each and every duty of his or her Occupation[ for any employer]<sup>11</sup>[ for the Policyholder]<sup>11</sup>

**Weekly Earnings** - as used in this Rider, means [the Insured Person's base weekly earnings in his or her Occupation at the time of the accident causing the Injury for which benefits are claimed under this Rider, but not including overtime, bonuses, tips, commissions, and special compensation]<sup>12</sup>.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA, witness this Rider:



President



Secretary

**SERFF Tracking #:**

AGNY-128642868

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

NUFIC-H-GA-AR-12-01-F

**State:**

Arkansas

**Filing Company:**

National Union Fire Insurance Company of Pittsburgh, Pa.

**TOI/Sub-TOI:**

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

**Product Name:**

Group Accident

**Project Name/Number:**

NUFIC-H-GA-AR-12-01-F/NUFIC-H-GA-AR-12-01-F

## Supporting Document Schedules

|                          |                      | <b>Item Status:</b> | <b>Status Date:</b> |
|--------------------------|----------------------|---------------------|---------------------|
| Satisfied - Item:        | Flesch Certification | Approved-Closed     | 09/07/2012          |
| Comments:                |                      |                     |                     |
| Attachment(s):           |                      |                     |                     |
| CW NUFIC Readability.pdf |                      |                     |                     |

|                  |             | <b>Item Status:</b> | <b>Status Date:</b> |
|------------------|-------------|---------------------|---------------------|
| Bypassed - Item: | Application | Approved-Closed     | 09/07/2012          |
| Bypass Reason:   | N/A         |                     |                     |
| Comments:        |             |                     |                     |

|                                 |                      | <b>Item Status:</b> | <b>Status Date:</b> |
|---------------------------------|----------------------|---------------------|---------------------|
| Satisfied - Item:               | Authorization Letter | Approved-Closed     | 09/07/2012          |
| Comments:                       |                      |                     |                     |
| Attachment(s):                  |                      |                     |                     |
| CAP Letter of Authorization.pdf |                      |                     |                     |

|                     |                          | <b>Item Status:</b> | <b>Status Date:</b> |
|---------------------|--------------------------|---------------------|---------------------|
| Satisfied - Item:   | Explanation of Variables | Approved-Closed     | 09/07/2012          |
| Comments:           |                          |                     |                     |
| Attachment(s):      |                          |                     |                     |
| Generic CAP EOv.pdf |                          |                     |                     |

## CERTIFICATE OF READABILITY

| FORM NAME                                  | FORM NUMBER          | FLESCH SCORE |
|--|----------------------|--------------|
| Amendatory Endorsement – War Risk Coverage | C36295DBG            | 50.4         |
| Coma Benefit Rider                         | C11664DGB(Rev 7/12)  | 50.9         |
| Seat Belt/Air Bag Benefit Rider            | C11687DBG (Rev 7/12) | 51.2         |
| Day Care Benefit Rider                     | C11668DBG (Rev 7/12) | 50.1         |
| Tuition Benefit Rider                      | C11688DBG (Rev 7/12) | 51           |
| Accident Medical Expense Benefit Rider     | C36279DBG            | 50.7         |
| Weekly Accident Indemnity Benefit Rider    | C36299DBG            | 51.1         |

The text was Flesch scored by computer.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations.



\_\_\_\_\_  
*(Signature of Company Officer)*

*Assistant Vice President*

\_\_\_\_\_  
*(Officer's Contact Information)*

NATIONAL UNION FIRE INSURANCE  
COMPANY OF PITTSBURGH, PA.  
Administrative Offices:  
A&H Regulatory Affairs Department  
P.O. Box 9708  
Wilmington, DE 19809



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**Re: National Union Fire Insurance Company of Pittsburgh, Pa., NAIC Number 012-19445; FEIN 25-0687550**  
**Group Accident Insurance Policy**

To Whom It May Concern:

Perr&Knight is hereby authorized to submit rate, rule, and form filings on behalf of National Union Fire Insurance Company of Pittsburgh, Pa. ("NUFIC"). This authorization includes providing additional information and responding to questions regarding the filings on NUFIC's behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight at the following address:

State Filings Department  
Perr&Knight  
401 Wilshire Blvd, Suite 300  
Santa Monica, CA 90401  
Phone: (310) 230-9339  
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink that reads "Susan E. Martin". The signature is written in a cursive, flowing style.

Susan E. Martin

Assistant Vice President

National Union Fire Insurance Company of Pittsburgh, Pa.

302-765-1730

**Corporate Accident Policy (CAP) – C11656(REV 3-99)DBG  
Explanation of Variables**

**Group Accident Insurance Policy C11656(REV 3-99)DBG:**

- Brackets around numbers or alphas in a listing and punctuation or words such as “and”/”or” in a listing will be included or deleted as needed in order to make the statement read correctly.
- Numeric variables within the Policy are shown as ranges. If only specific increments apply, these increments will be listed. If amounts outside the displayed ranges are to be offered, they are specified in this document..
- The Policyholder Name and Policyholder Number will vary on a case-by-case basis.

*Note that the above variables will not be explained everywhere they appear.*

**FACE PAGE.**

1. This language will be included if the Policy is written for a specific term of insurance.
2. This language will be included if the Policy is written for a specific term of insurance and may be renewed.

**TABLE OF CONTENTS.**

1. These items will only be included in the Table of Contents if available under the Policy.

**DEFINITIONS.**

1. This statement will be included when the Family Coverage Rider is available under the Policy.
2. The definition of Immediate Family Member will be included in the Policy when the definition of Physician is included (see Variable # 4 under this section) or when the Felonious Assault Benefit is available under the Policy.
3. The reference to Insured Dependent will be added to the definition of Insured Person when the Family Coverage Rider is available under the Policy.
4. The definition of Physician will be included in the Policy when that term is used in any of benefits or other provisions available under the Policy.

**POLICY EFFECTIVE AND TERMINATION DATES.**

1. The number of days for notice of termination will vary to 30, 60, 90 or 120 on a case-by-case basis.
2. The reference to a Policy Termination Date will only be included if the Policy is written for a specific term of insurance.

**INSURED’S EFFECTIVE AND TERMINATION DATES.**

1. This language will vary on a case-by-case basis depending on who is to receive the written enrollment.

**PREMIUM.**

1. The premiums can be changed on any **one** of the dates specified. This will vary on a case-by-case basis.
2. “First” may vary on a case-by-case basis to allow for a multi-year rate guarantee, if applicable.
3. The number of days for notice of premium change will vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
4. The language regarding premium changes as a condition of renewal will be included if the Policy is written for a specific term of insurance and may be renewed.
5. The Grace Period may vary to 31, 60, 90 or 120 days on a case-by-case basis.
6. This language will be included on a case-by-case basis at the option of the Company.

**BENEFITS.**

## CAP Explanation of Variables

1. This language will vary on a case-by-case basis.
2. The inclusion of a dollar maximum will vary on a case-by-case basis and will only be included if the Insured's Principal Sum is a multiple of the Insured's Annual Salary.
3. The reference to a maximum multiple of Annual Salary as the basis for determining the Principal Sum will be included on a case-by-case basis. This statement will be included only if the same statement and the definition of Annual Salary are included in the Master Application's Principal Sum section.
4. The age ranges and percentage reductions will vary on a case-by-case basis.
5. This language will be deleted when the Policy includes a reduction schedule which requires an increase in premium.
6. The inclusion of the Reduction Schedule provision will vary on a case-by-case basis.
7. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
8. The Limitation on Multiple Benefits provision will be included if the Policy provides benefits for more than just Accidental Death.
9. The inclusion and length of an incurral period will vary on a case-by-case basis.
10. The inclusion of loss of "Speech and Hearing in Both Ears" and "Speech or Hearing in Both Ears" must both be included as one unit and will vary on a case-by-case basis. The corresponding definition of "loss of speech and loss of hearing" will be included only if these losses are covered under the Accidental Dismemberment benefit.
11. The inclusion of loss of "Hearing in One Ear" will vary on a case-by-case basis. However, this loss will only be included if loss of "Speech and Hearing in Both Ears" and "Speech or Hearing in Both Ears" are covered under the Accidental Dismemberment benefit.
12. The inclusion of loss of "Thumb and Index Finger of Same Hand" will vary on a case-by-case basis. The corresponding definition of "loss of thumb and index finger" will only be included if this loss is covered under the Accidental Dismemberment benefit.
13. The inclusion of the Accidental Dismemberment benefit will vary on a case-by-case basis.

### **EXCLUSIONS.**

1. Exclusion 3b may be deleted on a case-by-case basis if the Policyholder chooses to waive this exclusion with no restrictions for any aircraft. The Aircraft[ Pilot and Crew][ and][ Passenger] Coverage Riders will be used should the Policyholder choose to waive the exclusion subject to restrictions and/or for a certain aircraft only.
2. Exclusion 3c. may be deleted on a case-by-case basis if the Policyholder choose to cover aircraft passengers on any aircraft. The Aircraft[ Pilot and Crew][ and][ Passenger] Coverage Rider will be used should the Policyholder choose to waive the exclusion for passengers riding only on a certain aircraft.
3. The deletion of these exclusions will vary on a case-by-case basis.
4. The exclusion for "intoxicants" may be deleted on a case-by-case basis.

### **CLAIM PROVISIONS.**

1. These time periods will vary as follows for compliance with the minimum statutory requirements of the state in which the Policy is delivered:
  - Notice of Claim – 20, 40, 50, 60 days
  - Claim Forms - 5, 10, 15 days
  - Proof of Loss – 90, 100, 120, 140, 160 days
2. The address is bracketed to allow for any future changes to this address without having to refile the forms.
3. This language will be deleted should the Policyholder and the Company agree that all payments for losses other than loss of life be made directly to the Insured.

**GENERAL PROVISIONS.**

1. 1. These time periods will vary as follows for compliance with the minimum statutory requirements of the state in which the Policy is delivered:
  - Incontestability – two, three years
  - Legal Actions – two, three, four five years; 60, 90, 180 days
2. This language will be included if the Policy is issued on a mass-marketed basis and such a provision is required.
3. The reference to either “basic” or “voluntary” will be included on a case-by-case basis depending on the type of group life policy, if any, which the Policyholder has in effect. It is possible that both terms could be deleted. Note that this variable is only applicable if the language noted in variable #3 of this section is included in the Policy.
4. If the Policyholder has group life coverage in effect, the Policyholder may choose to use the language which states that the beneficiary for the accidental death coverage will be the same as the beneficiary for the life coverage, unless otherwise specified. If the Policyholder has no group life policy in effect or if the Policyholder so chooses, such language will not be included.
5. Reference to Autopsy will be included where permitted by the laws of the state in which the Policy is delivered.
6. The reference to whether or not an Insured may assign benefits under the Policy will vary on a case-by-case basis.

Master /Participating Organization Application C11658(REV 3-99)DBG and Master Application C11569DBG:

These Applications are flexible to be populated by Policyholder specific information. They are variable to include or omit bracketed material or to change numeric values to ranges displayed within any brackets. Fields shown with XXXXX or as blanks (\_\_\_\_\_) will be completed per whatever specifications are called for on a group-by-group basis. The Classifications of Eligible Persons and Principal Sums fields are variable to describe classes of persons who are considered eligible to be insured and the amounts of insurance that are to apply to each such class. The definition of Eligible Dependent Child is variable to delete the marriage and student requirements and to adjust the limiting age to track with the provisions of PPACA

General Explanation of Variables in Each Rider:

- With regard to each Rider, the Policyholder Name and Policyholder Number will be filled in on a case-by-case basis.
- With regard to the first paragraph of each Rider, the description of the Rider’s effective date will either be the Policy’s effective date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
- Numeric variables within each Rider are shown as typical ranges. If only specific increments apply, these increments will be listed. These variables will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
- Brackets around numbers or alphas in a listing and punctuation or words such as “and”/”or” in a listing will be included or deleted as needed in order to make the statement read correctly.

*Note that the above variables will not be explained everywhere they appear.*

Amendatory Rider C11660DBG:

1. The Policy Amendment is to be used to make changes to the variable information or sections of the Policy, applications and/or riders. Changes to the variable information will be made within the parameters set forth in this explanation of variables. The Policy Amendment contains sample language for filing purposes.

## CAP Explanation of Variables

### Aircraft Pilot and Crew Coverage (Non-Policyholder) Rider C11661(REV 3-99)DBG:

1. This statement will be included if Family Coverage is available under the Policy and the Policyholder chooses to have this coverage apply only to the Insured.
2. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this coverage apply to Insureds and Insured Dependents.
3. This language is optional and will be included on a case-by-case basis.
4. This language will be included if the restriction is to apply only to pilots performing or instructing others to perform as a licensed pilot. The language will not be included if the restriction is also meant to apply to pilots learning to perform as a pilot.
5. Each restriction may be included independently of the other on a case-by-case basis.
6. All the restrictions may be deleted on a case-by-case basis.
7. This language is optional and will be included on a case-by-case basis.

### Aircraft [ Pilot and Crew] [ and] [ Passenger] Coverage (Policyholder) Rider C11662(REV 3-99)DBG:

1. The subheadings will only be included if both "Pilot and Crew" and "Passenger" coverage are included.
2. This statement will be included if Family Coverage is available under the Policy and the Policyholder chooses to have this coverage apply only to the Insured.
3. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this coverage apply to Insureds and Insured Dependents.
4. Either the reference to "Designated Aircraft" or "aircraft owned, leased or operated by the Policyholder" will be included. The language will vary on a case-by-case basis.
5. This language is optional and will be included on a case-by-case basis.
6. This language will be included if the restriction is to apply only to pilots performing or instructing others to perform as a licensed pilot. The language will not be included if the restriction is also meant to apply to pilots learning to perform as a pilot.
7. Each restriction may be included independently of the other on a case-by-case basis.
8. All the restrictions may be deleted on a case-by-case basis.
9. The language regarding "Pilot and Crew" and/or "Passenger" coverage will be included only if those applicable exclusions in the Policy are being waived by this Rider.
10. This language will be included if passengers are covered on Designated Aircrafts (as noted in variable #3 of this section) and the Policyholder chooses to also extend coverage to Insured Persons riding as passengers on their employer's aircraft.
11. If this Rider is used to cover Designated Aircrafts, the description of such aircrafts will be listed.
12. This language will be deleted if the only restriction for a Designated Aircraft is that it be owned, leased or operated by the Policyholder.
13. The restrictions regarding a Designated Aircraft may be included on a case-by-case basis.
14. The seat restriction for Substitute Aircraft coverage may be included on a case-by-case basis.
15. The substitute aircraft language is optional and will be included on a case-by-case basis.
16. This language will be included on a case-by-case basis.
17. The definition of Airworthiness Certificate will be included if the restriction on Designated Aircraft and/or the substitute aircraft language is included.
18. All language regarding Designated Aircraft and substitute aircraft may be deleted on a case-by-case basis.

### Bereavement and Trauma Counseling Benefit Rider C22564DBG:

The range for the maximum benefit is expanded to read: \$[50 - \$1,000] and the range for the number of covered sessions is expanded to read: [3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20].

1. The reference to the Accidental Dismemberment benefit will be included only if that benefit is available under the Policy.
2. The reference to the Paralysis benefit will be included only if that benefit is available under the Policy.
3. The reference to the Loss of Use benefit will be included only if that benefit is available under the Policy.

## CAP Explanation of Variables

4. The reference to the Coma benefit will be included only if that benefit is available under the Policy.

### Carijacking Benefit Rider (Dollar Amount) C22566DBG:

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.

### Carijacking Benefit Rider (Percentage Amount) C22565DBG:

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
2. The language regarding a dollar maximum will be included on a case-by-case basis.

### Child(ren)'s Additional Indemnity for Dismemberment[ and [Paralysis][Loss of Use]] Benefit Rider C11663DBG:

1. The reference to either the Paralysis or Loss of Use benefit will be included only if that benefit is available under the Policy. The inclusion of this language will vary on a case-by-case basis.

### Coma Benefit (C11664DBG (Rev 7/12)

1. The time period will vary to 30, 60, 90, 120, 180, 365 days
2. The percentage will vary to 1%, 2%, 3%, 4% 5%

### Common Carrier Benefit Rider C11665DBG:

1. The language regarding a dollar maximum will be included on a case-by-case basis.

### Common Disaster Benefit Rider C11666(REV 3-99)DBG:

1. The inclusion and length of an incurral period will vary on a case-by-case basis.
2. This language is optional and will be included on a case-by-case basis.
3. The language regarding a dollar maximum will be included on a case-by-case basis. The range of maximums is expanded to [\$50,000 - \$5,000,000] in \$50,000 increments.

### Conversion Privilege Rider C11667DBG:

1. The reference to Accidental Dismemberment will only be included if this benefit is available under the Policy.
2. The last sentence of the second paragraph in the Rider will be added if Family Coverage is available under the Policy.

### Day Care Benefit Rider C11668(REV 3-99)DBG:

The range for the maximum benefit in item (3) is expanded to read: \$[2000 - 100,000 (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)]

1. This language will be included if benefit is to be payable if Insured Spouse suffers an Accidental Death.

### Day Care Benefit Rider C11668(Rev 7/12)DBG:

1. Time period will vary to the ranges displayed.
2. Percentages will vary to the ranges displayed
3. Amounts will vary to the ranges displayed

### Dislocations/Fractures Benefit Rider C30584DBG:

1. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
2. The inclusion and length of an incurral period will vary on a case-by-case basis.

### Elder Survivor Benefit Riders C22567DBG, C22568DBG:

1. The benefit payable under this Benefit will be payable under one of these payment plans.
2. This language will be included if the payment plan includes a Lump Sum payment.

## CAP Explanation of Variables

3. This language will be included if the payment plan is Lump Sum plus some form of Monthly payment.
4. This language will be included if the payment plan includes a Monthly payment.
5. The inclusion of language regarding a lump sum benefit if there is no Elder Dependent eligible for benefits within the specified period of time varies on a case-by-case basis.

### Emergency Evacuation Benefit Rider C11669DBG:

The 100 mile radius provision is replaced with a variable range of [50 – 100] miles.

1. The language regarding a dollar maximum will be included on a case-by-case basis and the range is expanded to read: \$[25,000 – 5,000,000 (in \$5,000 increments to \$50,000 and then \$10,000 increments to \$100,000 and then \$25,000 increments to the maximum)].
2. The language regarding the Family Travel Benefit is optional and will be included on a case-by-case basis.
3. American International Assistance Service, Inc. (A.I.A.S.) is bracketed to allow for any future changes to the service without having to refile the forms.

### Escalator Benefit Rider C11670DBG:

1. This language will be added if the effective date of this Rider is after the Policy's effective date.

### Extraordinary Commuting Benefit Rider C30589DBG:

1. This language is optional and will be included on a case-by-case basis.
2. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
3. This language will vary on case-by-case basis.

### Family Coverage Rider C11671(REV 3-99)DBG:

1. This language is added if the effective date of the Rider is other than the Policy's effective date.
2. This language will be included if the Policyholder chooses to set limitations with regard to open enrollment periods.
3. This language may be included based on a case-by-case basis.
4. The reference to "Insured Dependent Child" and "Insured Spouse" will be included on a case-by-case basis depending on whether the Policyholder chooses to extend Family Coverage to eligible children and/or eligible spouses.

### Family Extension Benefit Rider C11672DBG:

1. This language will be deleted if Family Coverage includes coverage for an Insured Spouse only.
2. This language will be deleted if Family Coverage includes coverage for Insured Dependent Children only.

### Family Income Rider C11673DBG:

1. This language will be included if Family Coverage includes coverage for an Insured Spouse.
2. This language will be included if Family Coverage includes coverage for an Insured Spouse and Insured Dependent Children.
3. This language will be included if Family Coverage includes coverage for Insured Dependent Children.

### Felonious Assault Benefit Riders C11674(REV 3-99)DBG, C11675(REV 3-99)DBG:

1. This statement will be included if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply only to the Insured.
2. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
3. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
4. The inclusion of this language will vary on a case-by-case basis. Should the Policyholder choose that this benefit applies only while an Insured is on business, this language will be included. Should the

## CAP Explanation of Variables

Policyholder choose to have this benefit apply to an Insured while on business or pleasure, the language will not be included.

5. This language is optional and will be included on a case-by-case basis.
6. The inclusion of the restriction regarding “an employee of the Policyholder” will vary on a case-by-case basis.

### Group Medical/Dental Premium Continuation Reimbursement Benefit Rider C11676DBG:

1. This language will be deleted if Family Coverage includes coverage for an Insured Spouse only.
2. This language will be deleted if Family Coverage includes coverage for Insured Dependent Children only.

### Home Alteration and Vehicle Modification Benefit Rider C22569DBG:

The range for the maximum benefit is expanded to read: \_\_\$5,000; \$10,000; \$15,000; \$20,000; \$25,000; \$30,000; \$35,000; \$40,000; \$45,000; \$50,000; \$55,000; \$55,000; \$60,000; \$65,000; \$70,000; \$75,000; \$80,000; \$85,000; \$90,000; \$95,000; \$100,000]

1. The reference to the Paralysis benefit will be included only if that benefit is available under the Policy.
2. The reference to the Loss of Use benefit will be included only if that benefit is available under the Policy.
3. This restriction will be added on a case-by-case basis.

### In-Hospital Indemnity Benefit Rider (Based Upon Principal Sum) C11677DBG:

1. This statement will be included if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply only to the Insured.
2. The reference to “Person” will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
3. This language will be included if the Policyholder chooses to offer this benefit retroactively to the first day of confinement.
4. The range will be deleted if the elimination period is one day.
5. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.

### In-Hospital Indemnity Benefit Rider (Based Upon Flat Dollar Amount) C30585DBG:

1. This statement will be included if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply only to the Insured.
2. The reference to “Person” will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
3. This language will be included if the Policyholder chooses to offer this benefit retroactively to the first day of confinement.
4. The range will be deleted if the elimination period is one day.
5. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.

### Loss of Use Benefit Rider C11678DBG:

A 25% option is added to the table of losses for *Both Arms or Both Legs*

1. The loss for One Arm or One Leg will be included on a case-by-case basis and 50%, 75% and 100% options are added.

### Natural Disaster Benefit Rider (Dollar Amount) C22571DBG:

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.

### Natural Disaster Benefit Rider (Percentage Amount) C22570DBG:

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
2. The language regarding a dollar maximum will be included on a case-by-case basis.

## CAP Explanation of Variables

### Paralysis Benefit Rider C11679DBG:

1. Reference to Uniplegia will be included on a case-by-case basis.

### Permanent Total Disability Benefit Riders C11680DBG, C11681DBG, C11682DBG:

1. The Policyholder may choose to limit this benefit to Insureds under a certain age, in which case the reference to an age limit will be included. If Family Coverage is available under the Policy, the reference to this benefit not being applicable to Insured Dependents will be included since this benefit is available only to Insureds. It is possible that none of this language will be included.

### Rehabilitation Benefit Rider C11683DBG:

The range for the maximum benefit is expanded to read:  $_{\$[2,500 - 250,000}$  (in \$2,500 increments to \$10,000 and then \$5,000 increments to the maximum)]

1. The reference to either the Paralysis or Loss of Use benefit will be included only if that benefit is available under the Policy. The inclusion of this language will vary on a case-by-case basis.

### Rehabilitative Therapy Benefit Rider (Based Upon Flat Dollar Amount) C30586DBG:

1. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
2. The inclusion and length of an incurral period will vary on a case-by-case basis.
3. This language will be included only if Family Coverage is available under the Policy.
4. This language will vary on a case-by-case basis.

### Repatriation of Remains Benefit Rider C11684(REV 3-99)DBG:

The 100 mile radius provision is replaced with a variable range of [50 – 100] miles.

1. The language regarding a dollar maximum will be included on a case-by-case basis and the range is expanded to read:  $_{\$[25,000 - 5,000,000}$  (in \$5,000 increments to \$50,000 and then \$10,000 increments to \$100,000 and then \$25,000 increments to the maximum)].
2. AIG Assist is bracketed to allow for any future changes to the service without having to refile the forms.
3. This language will be included when the Workers' Compensation exclusion is deleted from the Policy.

### Seat Belt[ and Air Bag] Benefit Rider C11686(REV 3-99)DBG:

The range for the maximum Seat Belt benefit is expanded to read:  $_{\$[5,000 - 250,000}$  (in \$5,000 increments to the maximum)

1. This language will be included if the optional Air Bag benefit is available under the Policy. Inclusion of this language will vary on a case-by-case basis and the range is expanded to read:  $_{\$[2,500 - 250,000}$  (in \$2,500 increments to \$25,000 and then \$5,000 increments to the maximum).
2. This language is optional and will be included on a case-by-case basis.

### Seat Belt[ and Air Bag] Benefit Rider C11687(REV 3-99)DBG:

1. This language will be included if the optional Air Bag benefit is available under the Policy. Inclusion of this language will vary on a case-by-case basis.
2. The language regarding a dollar maximum will be included on a case-by-case basis.
3. This language is optional and will be included on a case-by-case basis.

### Seat Belt[ and Air Bag] Benefit (Combined with Default Benefit) (C11687 (Rev 7/12)DBG):

1. This language will be included if the optional Air Bag benefit is available under the Policy. Inclusion of this language will vary on a case-by-case basis.
2. This will be included if the benefit is to be expressed as the lesser of a fixed amount or a percentage of Principal Sum

## CAP Explanation of Variables

3. Fixed dollar amounts will vary to the ranges displayed and will be included if the benefit is either a fixed amount only; or the lesser of a fixed amount or a percentage of Principal Sum.
4. Percentages will vary to the ranges displayed.
5. This will be included if the benefit is either a percentage of Principal Sum only; or the lesser of a fixed amount or a percentage of Principal Sum.
6. Amount will vary to the range displayed.
7. This will be included or omitted on a case by case basis.

### Severe Burn Benefit Rider C30587DBG:

1. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.

### Terrorism Benefit Rider C22574DBG:

1. This statement will be included if Family Coverage is available under this Policy and the Policyholder chooses to have this benefit apply only to the Insured.
2. This restriction will be included if this benefit is **not** meant to cover violent crimes committed by current employees of the Policyholder.
3. This restriction will be included if this benefit is **not** meant to cover violent crimes committed by former employees of the Policyholder.

### Tuition Benefit Rider C11688(REV 3-99)DBG:

The range for the maximum benefit in item A3 and B3 is expanded to read: \$[2,000 - 100,000] (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)

1. The reference to Spouse will be included on a case-by-case basis if the Tuition Benefit is to be available to the spouse of the Insured. The spouse does not have to be a member of an eligible class under the Policy.
2. The inclusion of language regarding a lump sum benefit if there is no Insured Dependent Child varies on a case-by-case basis.
3. The inclusion of a Tuition Benefit for Insured Dependent Children varies depending on whether Family Coverage includes coverage for dependent children.
4. This language is included on a case-by-case basis.
5. The inclusion of language regarding a lump sum benefit if there is no Insured Dependent Spouse varies on a case-by-case basis.
6. The inclusion of a Tuition Benefit for Insured Dependent Spouse varies depending on whether Family Coverage includes coverage for a spouse.

### Tuition Benefit Rider C11688(Rev. 7/12)DBG:

1. Age will vary to the range displayed.
2. Percentage will vary to the range displayed
3. Amount will vary to the range displayed.
4. The inclusion of language regarding a lump sum benefit if there is no Child varies on a case-by-case basis.
5. The inclusion of a Tuition Benefit for Children may be included or omitted on a case by case basis.
6. This language is included on a case-by-case basis.
7. The inclusion of language regarding a lump sum benefit if there is no Spouse varies on a case-by-case basis.
8. The inclusion of a Tuition Benefit for Spouse varies depending on whether Family Coverage includes coverage for a spouse.

### Waiver of Premium Benefit Rider C11689DBG:

1. This language will be included on a case-by-case basis.
2. This language will be included if Family Coverage is available under the Policy.

## CAP Explanation of Variables

3. The language regarding a dollar maximum will be included on a case-by-case basis.

### War Risk Coverage Rider C11690(REV 3-99)DBG:

1. This statement will be included if Family Coverage is available under the Policy and the Policyholder chooses to have this coverage apply only to the Insured.
2. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this coverage apply to Insureds and Insured Dependents.
3. The language regarding a dollar maximum will be included on a case-by-case basis.
4. This language is optional and will be included on a case-by-case basis.
5. The due date for the Policyholder's report will vary on a case-by-case basis.
6. The Reporting Requirements provision of this Rider may be deleted on a case-by-case basis.
7. The listing of the Designated War Risk Territories will vary on a case-by-case basis.
8. The inclusion of an Insured Person's country of permanent residence as a Designated War Risk Territory is optional at the Policyholder level.

### War Risk Coverage Endorsement (C36295DBG)

1. This option will be used when only specifically named countries or territories are to be considered Designated War Risk Territories. The listing of the Designated War Risk Territories will vary on a case-by-case basis.
2. This option will be used when Designated War Risk Territories are described as any place in the world (worldwide) **except** specifically named countries or territories. Those countries or territories will vary on a case-by-case basis.
3. This field will be used with the second option above to display countries or territories that will not be considered Designated War Risk Territories unless the Company is notified in advance of the intent to travel to one of those places. Those countries or territories will also vary on a case-by-case basis.
4. The inclusion or exclusion of an Insured Person's country of permanent residence as a Designated War Risk Territory is optional at the Policyholder level.
5. These countries or territories will vary on a case-by-case basis.
6. This will be included when the reporting requirements specified in the Rider are only to apply to certain countries or territories.

### In-Hospital Indemnity Benefit Rider (Based Upon Flat Dollar Amount) C30585DBG:

1. This statement will be included if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply only to the Insured.
2. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
3. This language will be included if the Policyholder chooses to offer this benefit retroactively to the first day of confinement.
4. The range will be deleted if the elimination period is one day.
5. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.

### Rehabilitative Therapy Benefit Rider (Based Upon Flat Dollar Amount) C30586DBG:

1. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
2. The inclusion and length of an incurral period will vary on a case-by-case basis.
3. This language will be included only if Family Coverage is available under the Policy.
4. This language will vary on a case-by-case basis.

## CAP Explanation of Variables

### Severe Burn Benefit Rider C30587DBG:

1. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.

### Amendatory Endorsement C30588DBG:

1. This language will be included if Family Coverage is available under the Policy.
2. This language will be included only if the Right to Continue Dependent Coverage provision is included under the Policy.
3. This language is optional and will be included on a case-by-case basis.
4. These provisions will be included only if Family Coverage is available under the Policy.
5. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
6. This language will vary on case-by-case basis.
7. This language will be included if the Policy is issued on a mass-marketed basis and such provision is required.

### Extraordinary Commuting Benefit Rider C30589DBG:

1. This language is optional and will be included on a case-by-case basis.
2. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
3. This language will vary on case-by-case basis.

### Participating Organization Endorsement C22575DBG:

1. The number of days for notice of termination will vary on a case-by-case basis. However, this number will always comply with the minimum statutory requirements of the state in which the Policy is delivered.
2. This language will be included on a case-by-case basis.
3. This language will be included on a case-by-case basis and only if premium for the Policy is paid on other than a single premium basis.
4. This language will be included only if the Emergency Evacuation Benefit is part of the Policy.

### Security Evacuation Benefit Rider (C36049DBG)

1. Reference to AIAS is variable to change if this entity changes its name.
2. The maximum will vary to the range displayed from group to group depending on the plan underwritten.
3. Reference to how maximum will apply will vary from *per Occurrence* to *per Period of Coverage* from group to group depending on the plan underwritten.
4. Period of time will vary from group to group depending on the plan underwritten.
5. Option will vary from group to group depending on the plan underwritten.
6. Option in item 3 will vary from group to group depending on the plan underwritten.
7. This entire section will be included if Transportation and Related Costs are covered under the program.
8. This will be included if becoming a Missing Person is a covered Occurrence and consulting services are covered.
9. This will be included if benefits are provided on an excess basis.
10. This will be included or omitted from group to group depending on the plan underwritten.
11. Excluded Countries will be listed here and will vary from group to group and depending on changing geopolitical situations.
12. This definition will be included if Natural Disaster is a covered Occurrence.
13. This will be included if Verified Physical Attack or a Verified Threat of Physical Attack is a covered Occurrence.
14. This will be included if becoming a Missing Person is a covered Occurrence.
15. This exclusion will be included or omitted from group to group depending on the plan underwritten.

## CAP Explanation of Variables

### Accident Medical Expense Benefit Rider C36279DBG:

1. Incurral period will be expressed either as 24, 48, 72 hours or 30, 90, 180, 365 days.
2. Maximum benefit will vary between \$300 and \$500,000
3. Maximum number of covered accidents will vary between 5, 10 and 15 in any calendar year
4. Benefit period will vary between 26, 52, 104 weeks when included
5. Will be deleted if there is no benefit period.
6. Amount will vary between \$250 and \$1,000.

### Weekly Accident Indemnity Benefit Rider (C36299DBG):

1. Elimination period will vary between 1, 3, 7, 14, 30, 60, 90, 180 days
2. This language will be included if the Policyholder chooses to offer this benefit retroactively to the first day of confinement.
3. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.
4. This expression will be included if the benefit is to be determined as the lesser of a fixed amount or a percentage of weekly earnings.
5. Fixed amount will vary between \$25 and \$2,500.
6. When included, the percentage will vary between 50; 66 2/3; 70, 75 or 100%.
7. Payment mode will vary between biweekly and monthly
8. The maximum benefit period will vary between 13, 26, 52, 104 and 260 weeks.
9. "Coordination with Other Income Benefits" and related language will be included on a case-by-case basis.
10. This will be included if the definition of occupation is to be limited to an Insured (employee)'s occupation with an employer-Policyholder.
11. The definition of Totally Disabled/Total Disability may restrict the reference to an Insured Person's occupation for "the Policyholder" or the Insured Person's occupation for "any employer." This will vary on a case-by-case basis at the option of the Policyholder.
12. The definition of Weekly Earnings will vary on a case-by-case basis as determined by each Policyholder.

### Group Accident Insurance Certificate C11657(REV 3-99)DBG:

- Brackets around numbers or alphas in a listing and punctuation or words such as "and"/"or" in a listing will be included or deleted as needed in order to make the statement read correctly.
- Numeric variables within the certificate are shown as typical ranges. If only specific increments apply, these increments will be listed.
- The Policyholder Name and Policyholder Number will vary on a case-by-case basis.
- The Benefits and Coverages listed in the certificate will only be included if they are available under the Policy.

*Note that the above variables will not be explained everywhere they appear.*

### **FACE PAGE.**

1. This language will be included if the Policy is issued on a mass-marketed basis and such a provision is required.
2. The Schedule is flexible to be populated by Policyholder specific information. The Classifications of Eligible Persons and Principal Sums fields are variable to describe classes of persons who are considered eligible to be insured and the amounts of insurance that are to apply to each such class. This Schedule contains sample language for filing purposes. (See Definition of Schedule for further explanation.)

### **TABLE OF CONTENTS.**

1. The bracketed items will only be included in the Table of Contents if they are available under the Policy.

**DEFINITIONS.**

1. The definition of Annual Salary will vary on a case-by-case basis and will only be included if the Principal Sum is determined as a multiple of earnings.
2. The references to and definition of Eligible Spouse and Insured Spouse will be included when the Insured has Family Coverage in effect for his/her spouse.
3. The references to and definition of Eligible Dependent Child(ren) and Insured Dependent Child(ren) will be included if the Insured has Family Coverage in effect for his/her children. It is also is variable to delete the marriage and student requirements and to adjust the limiting age to track with the provisions of PPACA.
4. The definition of Eligible Dependent and Insured Dependent will vary on a case-by-case basis and will be included when the Insured has Family Coverage in effect under the Policy.
5. The definition of Family Coverage will be included if this coverage is available under the Policy.
6. This definition of Insured will be included when benefits under the Policy are provided on a non-contributory basis.
7. This definition of Insured will be included when benefits under the Policy are provided on a contributory basis.
8. The definition of Immediate Family Member will be included when the definition of Physician is included (see Variable # 9 under this section) or when the Felonious Assault Benefit is available under the Policy.
9. The definition of Physician will be included when that term is used in any of benefits or other provisions available under the Policy.
10. This definition of Schedule will be used when benefits under the Policy are provided on a non-contributory basis.
11. One of these definitions of Schedule will be used when benefits under the Policy are provided on a contributory basis.

**INSURED'S EFFECTIVE AND TERMINATION DATES.**

1. This language will be included if there are combined plans.
2. This language will be included if a single plan (i.e. basic or voluntary).
3. This language will be included if a basic plan or combined plan.
4. The language will be included if a voluntary plan or a combined plan.

**INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES.**

1. This language will be included if limitations are set with regard to open enrollment periods.
2. This provision will be included when the Insured has Family Coverage in effect under the Policy.

**PREMIUM.**

1. This sentence will be included on a case-by-case basis.
2. The number of days for notice of premium change will vary on a case-by-case basis. However, this number will always match the number of days that appears in the Policy.
3. The Grace Period may vary to 31, 60, 90 or 120 days on a case-by-case basis. However, this number will always match the number of days that appears in the Policy.
4. This provision will be included if benefits under the Policy are provided on a contributory basis.

**BENEFITS.**

Principal Sum

1. The inclusion of a dollar maximum will vary on a case-by-case basis and will only be included if the Insured's Principal Sum is a multiple of the Insured's Annual Salary.
2. The reference to a maximum multiple of Annual Salary as the basis for determining the Principal Sum will be included on a case-by-case basis.
3. The Insured Dependent's Principal Sum will either be found on the Schedule or within the Principal Sum section of the certificate.

## CAP Explanation of Variables

4. The descriptions for calculating the Insured Dependent Child(ren)'s and/or Insured Spouse's Principal Sum will vary on a case-by-case basis. The appropriate sample language will be used depending on the Policyholder's plan.
5. The inclusion of this language will vary on a case-by-case basis.

### Reduction Schedule

1. The age ranges and percentage reductions will vary on a case-by-case basis.
2. This language will be deleted when the reduction schedule requires an increase in premium.
3. The inclusion of the Reduction Schedule provision will vary on a case-by-case basis.

### Limitation on Multiple Benefits

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
2. The Limitation on Multiple Benefits provision will be included if the Policy provides benefits for more than just Accidental Death.

### Accidental Death Benefit

1. The inclusion and length of an incurral period will vary on a case-by-case basis.

### Accidental Dismemberment Benefit

1. The inclusion and length of an incurral period will vary on a case-by-case basis.
2. The inclusion of loss of "Speech and Hearing in Both Ears" and "Speech or Hearing in Both Ears" must both be included as one unit and will vary on a case-by-case basis. The corresponding definition of "loss of speech and loss of hearing" will be included only if these losses are covered under the Accidental Dismemberment benefit.
3. The inclusion of loss of "Hearing in One Ear" will vary on a case-by-case basis. However, this loss will only be included if loss of "Speech and Hearing in Both Ears" and "Speech or Hearing in Both Ears" are covered under the Accidental Dismemberment benefit.
4. The inclusion of loss of "Thumb and Index Finger of Same Hand" will vary on a case-by-case basis. The corresponding definition of "loss of thumb and index finger" will only be included if this loss is covered under the Accidental Dismemberment benefit.
5. The inclusion of the Accidental Dismemberment benefit will vary on a case-by-case basis.

### Aircraft Pilot and Crew Coverage (Non-Policyholder):

1. This statement will be included when the Insured has Family Coverage in effect under the Policy and the Policyholder chooses to have this coverage apply only to the Insured.
2. The reference to "Person" will be included only if the Insured has Family Coverage in effect under the Policy and the Policyholder chooses to have this coverage apply to Insureds and Insured Dependents.
3. This language is optional and will be included on a case-by-case basis.
4. This language will be included if the restriction is to apply only to pilots performing or instructing others to perform as a licensed pilot. The language will not be included if the restriction is also meant to apply to pilots learning to perform as a pilot.
5. Each restriction may be included independently of the other on a case-by-case basis.
6. All the restrictions may be deleted on a case-by-case basis.

### Aircraft [ Pilot and Crew ] and [ Passenger ] Coverage (Policyholder):

1. The subheadings will only be included if both "Pilot and Crew" and "Passenger" coverage are included.
2. This statement will be included when the Insured has Family Coverage in effect under the Policy and the Policyholder chooses to have this coverage apply only to the Insured.
3. The reference to "Person" will be included only if the Insured has Family Coverage in effect under the Policy and the Policyholder chooses to have this coverage apply to Insureds and Insured Dependents.

## CAP Explanation of Variables

4. Either the reference to “Designated Aircraft” or “aircraft owned, leased or operated by the Policyholder” will be included. The language will vary on a case-by-case basis.
5. This language is optional and will be included on a case-by-case basis.
6. This language will be included if the restriction is to apply only to pilots performing or instructing others to perform as a licensed pilot. The language will not be included if the restriction is also meant to apply to pilots learning to perform as a pilot.
7. Each restriction may be included independently of the other on a case-by-case basis.
8. All the restrictions may be deleted on a case-by-case basis.
9. The language regarding “Pilot and Crew” and/or “Passenger” coverage will be included only if those applicable exclusions in the certificate are being waived.
10. This language will be included if passengers are covered on Designated Aircrafts (as noted in variable #3 of this section) and the Policyholder chooses to also extend coverage to Insured Persons riding as passengers on their employer’s aircraft.
11. Either the actual description of the Designated Aircrafts or the reference to the description of such aircrafts in the Policy will be included, if applicable. The listing will vary on a case-by-case basis.
12. This language will be deleted if the only restriction for a Designated Aircraft is that it be owned, leased or operated by the Policyholder.
13. The restrictions regarding a Designated Aircraft may be included on a case-by-case basis.
14. The substitute aircraft language is optional and will be included on a case-by-case basis.
15. The definition of Airworthiness Certificate will be included if the restriction on Designated Aircraft and/or the substitute aircraft language is included.
16. All language regarding Designated Aircraft and substitute aircraft may be deleted on a case-by-case basis.

### Bereavement and Trauma Counseling Benefit:

The range for the maximum benefit is expanded to read: \$[50 - \$1,000] and the range for the number of covered sessions is expanded to read: [3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20].

1. The reference to the Accidental Dismemberment benefit will be included only if that benefit is available under the Policy.
2. The reference to the Paralysis benefit will be included only if that benefit is available under the Policy.
3. The reference to the Loss of Use benefit will be included only if that benefit is available under the Policy.
4. The reference to the Coma benefit will be included only if that benefit is available under the Policy.

### Carjacking Benefit Rider (Dollar Amount):

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.

### Carjacking Benefit Rider (Percentage Amount):

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
2. The language regarding a dollar maximum will be included on a case-by-case basis.

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

1. The reference to either the Paralysis or Loss of Use benefit will be included only if that benefit is available under the Policy. The inclusion of this language will vary on a case-by-case basis.

### Common Carrier Benefit:

1. The language regarding a dollar maximum will be included on a case-by-case basis.

### Common Disaster Benefit:

1. The inclusion and length of an incurral period will vary on a case-by-case basis.
2. This language is optional and will be included on a case-by-case basis.

## CAP Explanation of Variables

3. The language regarding a dollar maximum will be included on a case-by-case basis. The range of maximums is expanded to [\$50,000 - \$5,000,000] in \$50,000 increments

### Conversion Privilege:

1. The reference to Accidental Dismemberment will only be included if this benefit is available under the Policy.
2. The last sentence of the first paragraph will be added if the Insured has Family Coverage in effect under the Policy.

### Day Care Benefit

The range for the maximum benefit in item (3) is expanded to read: \$[2000 - 100,000 (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)]

1. This language will be included if benefit is to be payable if Insured Spouse suffers an Accidental Death.

### Dislocations/Fractures Benefit:

1. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
2. The inclusion and length of an incurral period will vary on a case-by-case basis.

### Elder Survivor Benefits:

1. The benefit payable under this Benefit will be payable under one of these payment plans.
2. This language will be included if the payment plan includes a Lump Sum payment.
3. This language will be included if the payment plan is Lump Sum plus some form of Monthly payment.
4. This language will be included if the payment plan includes a Monthly payment.
5. The inclusion of language regarding a lump sum benefit if there is no Elder Dependent eligible for benefits within the specified period of time varies on a case-by-case basis.

### Emergency Evacuation Benefit:

The 100 mile radius provision is replaced with a variable range of [50 – 100] miles.

1. The language regarding a dollar maximum will be included on a case-by-case basis and the range is expanded to read: \$[25,000 – 5,000,000 (in \$5,000 increments to \$50,000 and then \$10,000 increments to \$100,000 and then \$25,000 increments to the maximum)].
2. The language regarding the Family Travel Benefit is optional and will be included on a case-by-case basis.
3. AIG Assist is bracketed to allow for any future changes to the service without having to refile the forms.
4. The definition of Children will be included if the Family Travel Benefit is included.

### Escalator Benefit:

1. This language will be added if the effective date of this Benefit is after the Policy's effective date.

### Extraordinary Commuting Benefit:

1. This language is optional and will be included on a case-by-case basis.
2. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
3. This language will vary on case-by-case basis.

### Family Extension Benefit:

1. This language will be deleted if Family Coverage includes coverage for an Insured Spouse only.
2. This language will be deleted if Family Coverage includes coverage for Insured Dependent Children only.

### Family Income:

## CAP Explanation of Variables

1. This language will be included if Family Coverage includes coverage for an Insured Spouse.
2. This language will be included if Family Coverage includes coverage for an Insured Spouse and Insured Dependent Children.
3. This language will be included if Family Coverage includes coverage for Insured Dependent Children.

### Felonious Assault Benefit:

1. This statement will be included when the Insured has Family Coverage in effect under the Policy and the Policyholder chooses to have this benefit apply only to the Insured.
2. The reference to "Person" will be included only if the Insured has Family Coverage in effect under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
3. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
4. The inclusion of this language will vary on a case-by-case basis. Should the Policyholder choose that this benefit applies only while an Insured is on business, this language will be included. Should the Policyholder choose to have this benefit apply to an Insured while on business or pleasure, the language will not be included.
5. This language is optional and will be included on a case-by-case basis.
6. The inclusion of the restriction regarding "an employee of the Policyholder" will vary on a case-by-case basis.

### Group Medical/Dental Premium Continuation Reimbursement Benefit:

1. This language will be deleted if Family Coverage includes coverage for an Insured Spouse only.
2. This language will be deleted if Family Coverage includes coverage for Insured Dependent Children only.

### Home Alteration and Vehicle Modification Benefit Rider:

The range for the maximum benefit is expanded to read: [\$5,000; \$10,000; \$15,000; \$20,000; \$25,000; \$30,000; \$35,000; \$40,000; \$45,000; \$50,000; \$55,000; \$55,000; \$60,000; \$65,000; \$70,000; \$75,000; \$80,000; \$85,000; \$90,000; \$95,000; \$100,000]

1. The reference to the Paralysis benefit will be included only if that benefit is available under the Policy.
2. The reference to the Loss of Use benefit will be included only if that benefit is available under the Policy.
3. This restriction will be added on a case-by-case basis.

### In-Hospital Indemnity Benefit (Based Upon Principal Sum):

1. This statement will be included when the Insured has Family Coverage in effect under the Policy and the Policyholder chooses to have this benefit apply only to the Insured.
2. The reference to "Person" will be included only if the Insured has Family Coverage in effect under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
3. This language will be included if the Policyholder chooses to offer this benefit retroactively to the first day of confinement.
4. The range will be deleted if the elimination period is one day.
5. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.

### In-Hospital Indemnity Benefit (Flat Dollar Amount):

1. This statement will be included if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply only to the Insured.
2. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
3. This language will be included if the Policyholder chooses to offer this benefit retroactively to the first day of confinement.
4. The range will be deleted if the elimination period is one day.

## CAP Explanation of Variables

5. This language will be included if the Policyholder chooses to have this benefit paid only after the elimination period.

### Loss of Use Benefit:

A 25% option is added to the table of losses for *Both Arms or Both Legs*

1. The loss for One Arm or One Leg will be included on a case-by-case basis and 50%, 75% and 100% options are added..

### Natural Disaster Benefit (Dollar Amount):

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.

### Natural Disaster Benefit (Percentage Amount):

1. Only the Benefits within the brackets that are available under the Policy will be included in this listing.
2. The language regarding a dollar maximum will be included on a case-by-case basis.

### Paralysis Benefit:

1. Reference to Uniplegia will be included on a case-by-case basis.

### Permanent Total Disability Benefit:

1. The Policyholder may choose to limit this benefit to Insureds under a certain age, in which case the reference to an age limit will be included. If the Insured has Family Coverage in effect under the Policy, the reference to this benefit not being applicable to Insured Dependents will be included since this benefit is available only to Insureds. It is possible that none of this language will be included.

### Psychological Therapy Benefit Rider (C22572DBG)

1. The 90 day time period is expanded to vary between 90, 180 and 365 days
2. The \$5,000 maximum is expanded to between \$5,000 and \$50,000.
3. The percentages are expanded to vary between 5%, 10%, 15%, 20% and 25%

### Rehabilitation Benefit:

The range for the maximum benefit is expanded to read: \$[2,500 - 250,000 (in \$2,500 increments to \$10,000 and then \$5,000 increments to the maximum)]

1. The reference to either the Paralysis or Loss of Use benefit will be included only if that benefit is available under the Policy. The inclusion of this language will vary on a case-by-case basis.

### Rehabilitative Therapy Benefit Rider C30586DBG:

1. The reference to "Person" will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.
2. The inclusion and length of an incurral period will vary on a case-by-case basis.
3. This language will be included only if Family Coverage is available under the Policy.
4. This language will vary on a case-by-case basis.

### Repatriation of Remains Benefit:

The 100 mile radius provision is replaced with a variable range of [50 – 100] miles.

1. The language regarding a dollar maximum will be included on a case-by-case basis.
2. AIG Assist is bracketed to allow for any future changes to the service without having to refile the forms.
3. This language will be included when the Workers' Compensation exclusion is deleted from the Policy.

### Seat Belt and Air Bag Benefit (Dollar Amount):

The range for the maximum Seat Belt benefit is expanded to read: \$[5,000 - 250,000] (in \$5,000 increments to the maximum)

## CAP Explanation of Variables

1. This language will be included if the optional Air Bag benefit is available under the Policy. Inclusion of this language will vary on a case-by-case basis and the range is expanded to read: \$[2,500 – 250,000] (in \$2,500 increments to \$25,000 and then \$5,000 increments to the maximum).
2. This language is optional and will be included on a case-by-case basis.

### Seat Belt and Air Bag Benefit (Percentage of Principal Sum Amount):

1. This language will be included if the optional Air Bag benefit is available under the Policy. Inclusion of this language will vary on a case-by-case basis.
2. The language regarding a dollar maximum will be included on a case-by-case basis.
3. This language is optional and will be included on a case-by-case basis.

### Severe Burn Benefit Rider C30587DBG:

1. The reference to “Person” will be included only if Family Coverage is available under the Policy and the Policyholder chooses to have this benefit apply to Insureds and Insured Dependents.

### Terrorism Benefit:

1. This statement will be included if Family Coverage is available under this Policy and the Policyholder chooses to have this benefit apply only to the Insured.
2. This restriction will be included if this benefit is **not** meant to cover violent crimes committed by current employees of the Policyholder.
3. This restriction will be included if this benefit is **not** meant to cover violent crimes committed by former employees of the Policyholder.

### Tuition Benefit:

The range for the maximum benefit in item A3 and B3 is expanded to read: \$[2,000 - 100,000] (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)

1. The reference to Spouse will be included on a case-by-case basis if the Tuition Benefit is to be available to the spouse of the Insured. The spouse does not have to be a member of an eligible class under the Policy.
2. The inclusion of language regarding a lump sum benefit if there is no Insured Dependent Child varies on a case-by-case basis.
3. The inclusion of a Tuition Benefit for Insured Dependent Children varies depending on whether Family Coverage includes coverage for dependent children.
4. This language is included on a case-by-case basis.
5. The inclusion of language regarding a lump sum benefit if there is no Insured Dependent Spouse varies on a case-by-case basis.
6. The inclusion of a Tuition Benefit for Insured Dependent Spouse varies depending on whether Family Coverage includes coverage for a spouse.

### Waiver of Premium Benefit:

1. This language will be included on a case-by-case basis.
2. This language will be included if the Insured has Family Coverage in effect under the Policy.
3. The language regarding a dollar maximum will be included on a case-by-case basis.

### War Risk Coverage:

1. This statement will be included when the Insured has Family Coverage in effect under the Policy and the Policyholder chooses to have this coverage apply only to the Insured.
2. The reference to “Person” will be included only if the Insured has Family Coverage in effect under the Policy and the Policyholder chooses to have this coverage apply to Insureds and Insured Dependents.
3. The language regarding a dollar maximum will be included on a case-by-case basis.
4. This language is optional and will be included on a case-by-case basis.

## CAP Explanation of Variables

5. This provision will be included if the Premium provision is included in the certificate.
6. Either the actual description of the Designated War Risk Territories or the reference to the description of such territories in the Policy will be included, if applicable. The listing will vary on a case-by-case basis.
7. The inclusion of an Insured Person's country of permanent residence as a Designated War Risk Territory is optional at the Policyholder level.

### EXCLUSIONS.

1. Exclusion 3b may be deleted on a case-by-case basis if the Policyholder chooses to waive this exclusion with no restrictions for any aircraft. The Aircraft[ Pilot and Crew][ and][ Passenger] Coverage Riders will be used should the Policyholder choose to waive the exclusion subject to restrictions and/or for a certain aircraft only.
2. Exclusion 3c. may be deleted on a case-by-case basis if the Policyholder choose to cover aircraft passengers on any aircraft. The Aircraft[ Pilot and Crew][ and][ Passenger] Coverage Rider will be used should the Policyholder choose to waive the exclusion for passengers riding only on a certain aircraft.
3. The deletion of these exclusions will vary on a case-by-case basis.
4. The exclusion for "intoxicants" may be deleted on a case-by-case basis.

### CLAIM PROVISIONS.

1. These time periods will vary as follows for compliance with the minimum statutory requirements of the state in which the Policy is delivered.
  - Notice of Claim – 20, 40, 50, 60 days
  - Claim Forms - 5, 10, 15 days
  - Proof of Loss – 90, 100, 120, 140, 160 days
2. The address is bracketed to allow for any future changes to this address without having to refile the forms.
3. This language will be deleted should the Policyholder and the Company agree that all payments for losses other than loss of life be made directly to the Insured.

### GENERAL PROVISIONS.

1. This provision will be included on a case-by-case basis.
2. These time periods will vary as follows for compliance with the minimum statutory requirements of the state in which the Policy is delivered;
  - Incontestability – two, three years
  - Legal Actions – two, three, four five years; 60, 90, 180 days
3. The reference to either "basic" or "voluntary" will be included on a case-by-case basis depending on the type of group life policy, if any, which the Policyholder has in effect for Insureds. It is possible that both terms could be deleted. Note that this variable is only applicable if the language noted in variable #4 of this section is included.
4. If the Policyholder has group life coverage in effect for Insureds, the Policyholder may choose to use the language which states that the beneficiary for the accidental death coverage will be the same as the beneficiary for the life coverage, unless otherwise specified. If the Policyholder has no group life policy in effect for Insureds or if the Policyholder so chooses, such language will not be included.
5. The "Insured Dependent's Beneficiary Designation and Change" provision will be included only if the Insured has Family Coverage in effect under the Policy.
6. Reference to Autopsy will be included where permitted by the laws of the state in which the Policy is delivered.
7. The reference to whether or not an Insured may assign benefits under the Policy will vary on a case-by-case basis.
8. This language will be included only if the Premium section is included in the certificate.

**SERFF Tracking #:**

AGNY-128642868

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

NUFIC-H-GA-AR-12-01-F

**State:**

Arkansas

**Filing Company:**

National Union Fire Insurance Company of Pittsburgh, Pa.

**TOI/Sub-TOI:**

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

**Product Name:**

Group Accident

**Project Name/Number:**

NUFIC-H-GA-AR-12-01-F/NUFIC-H-GA-AR-12-01-F

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date | Schedule | Schedule Item Name     | Replacement Creation Date | Attached Document(s)                    |
|---------------|----------|------------------------|---------------------------|---|
| 08/24/2012    | Form     | TUITION BENEFIT RIDER  | 08/31/2012                | C11668_Rev 7-12_DBG.pdf<br>(Superseded) |
| 08/24/2012    | Form     | DAY CARE BENEFIT RIDER | 08/31/2012                | C11688_Rev 7-12_DBG.pdf<br>(Superseded) |

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

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Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

## DAY CARE BENEFIT RIDER

This Rider is attached to and made part of the Policy or Certificate[ as of the Policy Effective Date shown in the Policy's Master Application.][ effective [Month Day, Year].] It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider

**Day Care Benefit.** If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay a benefit on behalf of any Child of the Insured on the date of the accident causing death and who: (1) is enrolled in a Day Care Center on the date of the Insured's death; or (2) enrolls in a Day Care Center within [60,90,180,365]<sup>1</sup> days after the Insured's death. The benefit is payable for each year of the Insured Dependent Child's enrollment in a Day Care Center. The total amount of the benefit each year is equal to the least of:

1. the actual cost of care for that Insured Dependent Child charged by that Day Care Center for that year;
2. [2 - 20 (in 1% increments to 10% and then 5% increments to the maximum)]<sup>2</sup>% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$[2000 - 100,000 (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)]<sup>3</sup>.

The applicable portion of the yearly benefit for each period of enrollment is payable upon receipt of due proof of enrollment, but not more frequently than monthly.

The benefit is not payable for any period of enrollment in a Day Care Center before the date of the accident that caused the Insured's death. The benefit is not payable for any period of enrollment after the earlier of: (1) the date the Child reaches 13 years of age; or (2) the date four (4) years after the later of the date of the Insured's death or the date the Child first enrolls in a Day Care Center.

**Child** - as used in this Rider, means the Insured's unmarried child, including a natural, step, foster or adopted child from the moment of placement in the Insured's home, under age 13 and primarily dependent on the Insured for support and maintenance.

**Day Care Center** - as used in this Rider, means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with applicable laws and regulations of the jurisdiction.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A stylized handwritten signature consisting of a large 'P' followed by a vertical line and a horizontal line.

President

A handwritten signature that appears to start with 'D' followed by several loops and a period.

Secretary

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

## TUITION BENEFIT RIDER

This Rider is attached to and made part of the Policy or Certificate[ as of the Policy Effective Date shown in the Policy's Master Application.][effective [Month Day, Year].] It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

**Tuition Benefit.** If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay the following benefit:

[A.] **[For the Children under Age [23 - 29]<sup>1</sup>.** The Company will pay a benefit to or on behalf of any Child under age [23 - 29]<sup>1</sup> on the date of the accident causing death and who, on the date of the Insured's death: (1) is a full-time student in any Institution of Higher Learning above grade 12; or (2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured's death. The benefit will be paid for each year of the Child's continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years. The total amount of the benefit each year is equal to the least of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Insured Dependent Child;
2. [2-20]<sup>2</sup>% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$[2,000 - 100,000 (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)]<sup>3</sup>.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

A Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's death.[ If there is no Child under age [23 - 29]<sup>1</sup> eligible for the benefit within 365 days after the date of the Insured's death, the Company will pay a one-time lump sum benefit of \$[1,000 - 10,000]<sup>3</sup> to the Insured's designated beneficiary.]<sup>4</sup> ]<sup>5</sup>

[B.] **[For the Spouse.** The Company will pay a benefit to or on behalf of any Spouse on the date of the accident causing death and who, for the purpose of obtaining an independent source of support [or to enrich his or her ability to earn a living]<sup>6</sup>: (1) is enrolled in any Institution of Higher Learning or professional or trade training program on the date of the Insured's death; or (2) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after the date of the Insured's death. The benefit will be paid for each year of the Spouse's continuous enrollment in an Institution of Higher Learning or professional or trade training program, to a maximum of four (4) consecutive years. The total amount of the benefit for all institutions and programs combined each year is equal to the least of:

1. the total actual tuition (exclusive of room and board) charged by those institutions or programs for enrollment during that year for the Insured Spouse;
2. [2-20]<sup>2</sup>% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$[2,000 - 100,000 (in \$1,000 increments to \$10,000 and then \$5,000 increments to the maximum)]<sup>3</sup>.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

A Spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured's death. [ If there is no Spouse eligible for the benefit within 30 months after the date of the Insured's death, the Company will pay a one-time lump sum benefit of \$[1,000 - 10,000]<sup>3</sup> to the Insured's designated beneficiary.]<sup>7</sup> ]<sup>8</sup>

**[Child** - as used in this Rider, means the Insured's unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured's home, under age [23-29]<sup>1</sup> and primarily dependent on the Insured for support and maintenance.]<sup>5</sup>

**Institution of Higher Learning** - as used in this Rider, means any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.

**[Spouse** - as used in this Rider, means the Insured's legal spouse.]<sup>8</sup>

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary