

Individual Accident Policy

Description of Coverage

Underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies

This insurance provides a Covered Person- coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major-medical expenses. There is no coverage for losses resulting from sickness.

The following benefits are included in this policy:

Accidental Death and Dismemberment Insurance:

We will pay the applicable Loss of Life Benefit Amount (See Schedule below) if an Accident results in a covered Loss not otherwise excluded. The covered Loss must occur within one year after the Accident. Covered Persons are covered 24 hours a day, 365 days a year, An additional Loss of Life Benefit Amount will be paid if the Loss occurs while the Covered Person is in, entering, or exiting a Common Carrier or a Conveyance operated by a military transport service as an emergency replacement for a Common Carrier.

Accident or Accidental means a sudden, unforeseen, and unexpected event which happens by chance, arises from a source external to the Covered Person, is independent of illness, disease or other bodily malfunction and is the direct cause of loss.

Common Carrier means any motorized land, water or air Conveyance, operated by an organization other than the Covered Person, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract.

Who is Covered	Plan 1 Loss of Life Benefit Amount	Plan 2 Loss of Life Benefit Amount
Policyholder	\$150,000	\$250,000
Spouse/ Domestic Partner (if Family coverage is selected)	\$90,000	\$150,000
Dependent Child	\$30,000	\$50,000

ACCIDENTAL LOSS OF LIFE AND DISMEMBERMENT

<u>Accidental:</u>	<u>Percent of Loss of Life Benefit Amount:</u>
Loss of Life	100%
Loss of Speech and Loss of Hearing	100%
Loss of Speech and Loss of one of: Hand, Foot or Sight of an Eye	100%
Loss of Hearing and Loss of one of: Hand, Foot or Sight of an Eye	100%
Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a Combination of any two of a Loss of Hand, a Loss of Foot or Loss of Sight of an Eye	100%
Loss of One Hand, Loss of One Foot or Loss of Sight of an Eye	50%
Loss of Speech or Loss of Hearing	50%
Loss of Thumb and Index Finger	25%

Loss of Speech means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

Loss of Sight means the permanent and irrecoverable loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

Loss of Hearing means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician.

Loss of Foot means the complete severance through or above the ankle joint. We will consider it a Loss of Foot even if the foot is later reattached.

Loss of Hand means complete severance, as determined by a Physician, of at least four (4) fingers proximal to the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance of a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then we will not pay an additional Benefit Amount for such amputation

If the Covered Person suffers more than one loss as the result of one Accident, we will pay only the single largest Benefit Amount applicable per occurrence.

Permanent Total Disability (Lump Sum) Insurance

If an Accidental Bodily Injury causes the Covered Person to suffer Permanent Total Disability, we will pay the Maximum Benefit Amount (See Schedule below) after 365 days from the date the Covered Person is determined to be permanently and totally disabled. Payment of the Maximum Benefit Amount for Permanent Total Disability reduces the Loss of Life Benefit Amount payable under this policy.

Permanent Total Disability means **Total Disability** that

- 1) continues without interruption for 365 days and
- 2) is reasonably expected, in the opinion of a Physician approved by Us, to continue without interruption and without expectation of full or partial recovery for the rest of the Covered Person's life.

Total Disability means that **Accidental Bodily Injury** solely and directly:

- 1) prevents a Covered Person from performing all the substantial and material duties of any Gainful Occupation for which such Covered Person is qualified, or could be qualified, by reason of education, training, experience, or skill;
- 2) causes a condition which is medically determined by a Physician, approved by Us, to be of continuous and indefinite duration; and
- 3) requires the continuous care of a Physician, unless the Covered Person has reached his or her maximum point of recovery.

Accidental Bodily Injury means bodily injury, which is:

- 1) **Accidental**;
- 2) The direct cause of a loss; and
- 3) Occurs while a Covered Person is insured this policy, which is in force.

Limitation for Permanent Total Disability:

- 1) Insurance for Permanent Total Disability (Lump Sum) does not apply to persons age seventy (70) or older on the date of the Accident; and
- 2) This benefit is not available to a Dependent Child.

Who is Covered	Plan 1 Maximum Benefit Amount	Plan 2 Maximum Benefit Amount
Policyholder	\$150,000	\$250,000
Spouse/ Domestic Partner (if Family coverage is selected)	\$90,000	\$150,000
Dependent Child	N/A	N/A

Dependent Child means the Policyholder's unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of placement with the Policyholder. The Dependent Child must be primarily dependent upon such Policyholder for maintenance and support, and must be:

- 1) under the age of nineteen (19);
- 2) under the age of twenty-five (25) if enrolled as a full-time student at an Institution of Higher Learning; or
- 3) classified as an Incapacitated Dependent Child.

Domestic Partner means a person designated by a Policyholder who is registered as a Domestic Partner or legal equivalent under the laws of the governing jurisdiction or who:

- 1) is at least eighteen (18) years of age and competent to enter into a contract;
- 2) is not related to the Policyholder by blood;
- 3) has exclusively lived with the Policyholder for at least one (1) year prior to the effective date of the policy;
- 4) is not legally married to or separated from someone else; and
- 5) as of the effective date of the policy, has with the Policyholder at least (2) of the following financial arrangements:
 - a) a joint mortgage or lease;
 - b) a joint bank account;
 - c) joint title or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or
 - d) a joint credit card account with a financial institution.

Neither the Policyholder nor the Domestic Partner can be married to, nor in a civil union with, anyone else.

GENERAL EXCLUSIONS

The following exclusions apply to the entire policy.

The insurance does not apply to:

- loss occurring while the Covered Person is riding as a passenger in, entering, or exiting any aircraft owned or leased by a Covered Person unless the aircraft is in the control of a paid licensed, professional pilot hired by a Covered Person at the time of loss.
- loss occurring while the Covered Person is in, entering, or exiting any aircraft while the Covered Person is acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency
- loss caused by or resulting from the Covered Person's emotional trauma, mental or physical illness, disease, normal pregnancy, childbirth or miscarriage, bacterial or viral infection, or bodily malfunctions, or medical or diagnostic treatment. This exclusion does not apply to loss resulting from the Covered Person's Accidental bacterial infection or from consumption of a substance contaminated by bacteria;

- loss caused by or resulting from the Covered Person committing a felony, or attempting to commit a felony;
- loss caused by or resulting from the Covered Person being intoxicated, as defined by the laws of the jurisdiction where the loss occurred, or under the influence of any narcotic unless taken on the advice of a Physician and used in accordance with the prescription.
- loss caused by or resulting from the Covered Person's participation in scuba diving to depths of more than 100 feet; skydiving; hang-gliding or para-gliding; parascending other than over water; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; or caving.
- loss caused by or resulting from the Covered Person engaging in or participating in a motorized race or speed contest including training or practice.
- suicide, attempted suicide or loss that is intentionally self-inflicted;
- loss caused by or resulting from a declared or undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these, the destruction or seizure of property for a military purpose, or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance.

PREMIUM RATE CHANGES

We may change the premium rates for the policy on Anniversary Date. We will give you at least 45 days' prior written notice.

This is an accident only policy and it does not pay benefits for loss from sickness. This insurance does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. The insurance benefits are underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Companies. All products may not be available in all states or certain terms may be different where required by state law. This material contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889