

# Information Page

## Benefit Schedule

**Policyholder:** {Fid0023}  
**Master Policy Number:** SRG {Fid0036}  
**Customer Number:** {Fid0006}  
**Primary Insured's Name:** {Fid0014}  
**Coverage:** Primary Insured & Insured Spouse  
**Coverage Effective Date:** {Fid0034}  
**Monthly Premium:** {Fid0009}  
**Covered Activities:**

All activities except while riding as a fare paying passenger on a commercial airline.

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in this Description of Coverage. The maximum amount payable specified above for an Insured who is age 70 or older on the date of an accident for which benefits are payable will be reduced by a percentage of the Maximum Amount.

### Benefit Schedule

Benefit	Maximum Amount	
	Primary Insured	Insured Spouse
<b>Accidental Dismemberment Benefit</b>	\$1,000	\$500
<b>Emergency Accident Benefit</b>		
Policy Month in which Injury causing Emergency Treatment occurs:		
1-3	\$100	\$50
4-6	\$110	\$55
7-9	\$120	\$60
10-12	\$130	\$65
13-15	\$140	\$70
16-18	\$150	\$75
19-21	\$160	\$80
22-24	\$170	\$85
25-27	\$180	\$90
28-30	\$190	\$95
31+	\$200	\$100
<b>In-Hospital Indemnity Daily Benefit (Maximum Number of Days: 365)</b>		
Waiting Period: None		
Policy Month in which Injury causing Hospitalization occurs:		
1-3	\$142.86	\$71.43
4-6	\$157.15	\$78.58
7-9	\$171.43	\$85.72
10-12	\$185.72	\$92.86
13-15	\$200.00	\$100.00
16-18	\$214.29	\$107.15
19-21	\$228.58	\$114.29
22-24	\$242.86	\$121.43
25-27	\$257.15	\$128.58
28-30	\$271.43	\$135.72
31+	\$285.72	\$142.86
<b>Permanent Total Disability Lump Sum Benefit</b>		
Waiting Period: 6 Months		
Policy Month in which Injury causing Disability occurs:		
1-3	\$100,000	\$50,000
4-6	\$110,000	\$55,000
7-9	\$120,000	\$60,000
10-12	\$130,000	\$65,000
13-15	\$140,000	\$70,000
16-18	\$150,000	\$75,000
19-21	\$160,000	\$80,000
22-24	\$170,000	\$85,000
25-27	\$180,000	\$90,000
28-30	\$190,000	\$95,000
31+	\$200,000	\$100,000

### IMPORTANT

If any conflict should arise between the contents of this Description of Coverage and the Master Policy SRG {Fid0036}, or if any point is not covered herein, the terms and conditions of the Master Policy will govern in all cases. Not available in all states.

Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.  
 Executive Offices: 70 Pine Street, New York, NY 10270

**DESCRIPTION OF COVERAGE**

This Description of Coverage describes blanket accident insurance coverage provided to Insureds of the Policyholder named above (herein called the Policyholder) while those persons are participating in Covered Activities.

**ELIGIBILITY**

You are eligible for coverage as a customer of the Policyholder identified on the Schedule of Benefits.

**RIGHT TO EXAMINE**

This description of coverage is issued to You, the Primary Insured, and can be returned for any reason within the later of: (1) 60 days after it is received by You; or (2) 30 days after Your Coverage Effective Date. The Description of Coverage should be returned by mail or in person to the Company. Any premium paid will be refunded and the Description of Coverage will be treated as if it were never issued.

**DEFINITIONS**

Any capitalized terms in this Description of Coverage are to be given the meanings as ascribed in this section or as later defined.

**Benefit Schedule** - means the Benefit Schedule section of this Description of Coverage.

**Covered Activity (ies)** - means those activities set out in the Covered Activities section of this Description of Coverage, with respect to which Insured(s) are provided accident insurance under the Policy.

**Eligible Spouse** – means the Primary Insured’s legal spouse.

**Hospital** - means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital where a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.<sup>1</sup>

**Immediate Family Member** - means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).<sup>2</sup>

**Injury** - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person’s coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.<sup>3</sup>

**Insured** - means a person: (1) who is listed under the Benefit Schedule and described under the Eligibility section of this Description of Coverage as a Primary Insured or Insured Dependent; (2) for whom premium has been paid; (3) while covered under the Policy; and (4) who has enrolled for coverage.

**Insured Dependent** - means the Primary Insured’s Insured Spouse.

**Insured Person** - means a Primary Insured or an Insured Dependent.

**Insured Spouse** – means the Primary Insured’s Eligible Spouse: (1) for whom premium has been paid when due; and (2) while covered under the Policy.

**Physician** – means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

**You, Your** - means the Insured.

**YOUR EFFECTIVE AND TERMINATION DATES**

**Effective Date.**<sup>4</sup> An Insured’s coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for the Insured’s coverage is paid; (3) the date the person becomes eligible; or (4) if individual enrollment is required, the date written enrollment is received by the Policyholder.

**Termination Date.** An Insured’s coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated (unless the Company and the Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums); (2) the end of the period for which premiums have been paid; (3) the date the Insured ceases to be eligible; or (4) the date the Insured requests, in writing, that his or her coverage be terminated.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured’s coverage was in force under the Policy.<sup>5</sup>

**DESCRIPTION OF BENEFITS**

The Maximum Amounts shown in the Benefit Schedule, subject to the Reduction Schedules, are used to determine amounts payable under each Benefit.

**Reduction Schedules.** The Maximum Amount used to determine the amount payable for a loss will be reduced if the Insured is age 70 or older on the date of the accident causing the loss with respect to any of the following Benefits provided by the Policy: Accidental Dismemberment Benefit, Emergency Accident Benefit, In-Hospital Indemnity Daily Benefit and Permanent Total Disability Lump Sum Benefit. The Maximum Amount is reduced to a percentage of the Maximum Amount that would be used if the Insured Person was under age 70 on the date of the accident according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF UNDER-AGE-70 MAXIMUM AMOUNT
70 or older	Reduced by 50%

Premium for an Insured age 70 or older is based on 100% of the coverage that would be in effect if the Insured were under age 70. "Age" as used above refers to the age of the Insured on the Insured's most recent birthday, regardless of the actual time of birth.

**Accidental Dismemberment Benefit**

If Injury to the Insured results, within 90 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
One Hand or One Foot	50%
The Sight of One Eye	50%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.<sup>6</sup>

### Emergency Accident Benefit

If an Insured suffers an Injury that, within 72 hours of the date of the accident that caused the Injury, requires him or her to receive Emergency Treatment in a Hospital emergency room or a Satellite Emergency Center, the Company will pay the Emergency Accident Benefit Maximum Amount. Only one Emergency Accident Benefit is payable for any one accident per Insured.

*Satellite Emergency Center* – as used in this Benefit means a licensed facility providing outpatient care under the direction of a Physician on a 24-hour basis. Available services must include: (1) diagnostic care, including laboratory services and diagnostic X-rays; and (2) treatment or medical care, including availability of the means for stabilization of emergency medical conditions. A Satellite Emergency Center does not include a Hospital or an office maintained by a Physician for the practice of medicine or dentistry.

### In-Hospital Indemnity Benefit

**In-Hospital Indemnity Daily Benefit.** If You or Your Insured Spouse suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires You or Your Insured Spouse to be confined in a Hospital as an Inpatient due to that Injury, the Company will pay a benefit after the Waiting Period specified in the Benefit Schedule. No benefit is provided if You or Your Insured Spouse are confined for less than the Waiting Period specified in the Benefit Schedule. The amount of the benefit is equal to 100% of the In-Hospital Indemnity Daily Payment Benefit Maximum shown in the Benefit Schedule per Day of Confinement due to that Injury. This benefit is payable monthly up to the Maximum Benefit Period shown for the In-Hospital Indemnity Daily Payment Benefit in the Benefit Schedule during any one Period of Confinement. Only one benefit is provided for any one Day of Confinement regardless of the number of Injuries for which the confinement is required.

*Days of Confinement/Confinement* – As used in this benefit means a Medically Necessary day of Hospital confinement as an Inpatient.

*Inpatient* – As used in this benefit means a person: (1) who is confined in a Hospital as a registered bed patient; and (2) for whom at least one day's room and board is charged by the Hospital unless confined as an Inpatient in any military, veterans or other government supported or sponsored Hospital for which a charge for room and board is not made.

*Medically Necessary* – As used in this benefit means: (1) essential for the diagnosis, treatment and care of the Injury; (2) in accordance with generally accepted standards of medical practice; and (3) ordered by a Physician.

*Period of Confinement* – As used in this benefit means a period of consecutive Days of Confinement as an Inpatient for all Injuries caused by the same accident. However, successive confinements as an Inpatient for all Injuries caused by the same accident are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 60 days.

### Permanent Total Disability Benefit

(Not Applicable to Insureds Age 85 or Older on the Date of the Accident)

**Lump Sum Benefit.** If, as a result of an Injury, the Insured Person is rendered Permanently Totally Disabled within 90 days of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount at the end of 6 consecutive months of such Permanent Total Disability.

The Company reserves the right, at the end of the 6 consecutive months of Permanent Total Disability to determine, on the basis of all the facts and circumstances, that Insured Person is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

*Permanently Totally Disabled/Permanent Total Disability* – As used in this benefit means:

1. That You have or Your Insured Spouse has suffered any of the following:
  - (a) loss of both hands or feet; or
  - (b) loss of one hand and one foot; or
  - (c) loss of sight in both eyes; or
  - (d) Hemiplegia; or
  - (e) Paraplegia; or
  - (f) Quadriplegia.

and

2. That You are permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to Yours immediately prior to the accident; and
3. You or Your Insured Spouse requires the supervision of a Physician, unless You have or Your Insured Spouse has reached the maximum point of recovery.

"Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight in both eyes" means total and irrecoverable loss of the entire sight in both eyes. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body. "Limb(s)" means entire arm or entire leg. "Paraplegia" means the complete and irreversible paralysis of both lower Limbs. "Quadriplegia" means the complete and irreversible paralysis of both upper and both lower Limbs.

### LIMITATIONS

**LIMITATION BASED ON THE AGE OF THE INSURED** – If an Insured Person is 70 years of age or older on the date of a covered accident for which benefits are payable, the Maximum Amount payable for any and all benefits payable under the plan will be reduced by fifty percent (50%).

### EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury.<sup>7</sup>

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.<sup>8</sup>
2. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.<sup>9</sup>
3. the Insured's commission of or attempt to commit a crime.<sup>10</sup>
4. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.<sup>11</sup>
5. declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy.<sup>12</sup>
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded).
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
  - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or

- b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
  - c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured Person's employer;
8. the Insured being under the influence of intoxicants.<sup>13</sup>
  9. the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician.<sup>14</sup>
  10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment.<sup>15</sup>
  11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
  12. the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground.
  13. any loss incurred while outside the United States, its Territories or Canada.

### CLAIMS PROVISIONS

**Notice of Claim.** Written notice of claim must be given to the Company within 20 days after an Insured's loss, or as soon thereafter as reasonably possible.<sup>16</sup> Notice given by or on behalf of the claimant to the Company at American International Companies®, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701, with information sufficient to identify the Insured, is deemed notice to the Company.

**Claim Forms.** The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

**Proof of Loss.** Written proof of loss must be furnished to the Company within 90<sup>17</sup> days after the date of the loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.<sup>18</sup>

**Payment of Claims.** Upon receipt of due written proof of death, payment for loss of life of an Insured will be made to the Insured's beneficiary as described in the Beneficiary Designation and Change provision below.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured suffering the loss. If an Insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision below.

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

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

**Time of Payment of Claims.** Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately.<sup>19</sup>

### GENERAL PROVISIONS

**Beneficiary Designation and Change.** The Insured's beneficiary(ies) is (are) the person(s) designated by the Insured and on file with the Policyholder.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the Policyholder with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

**Physical Examination and Autopsy.** The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.<sup>20</sup>

**Conformity with State Statutes.** Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.<sup>21</sup>

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

**Clerical Error.** Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in the Policy.

**Assignment.** The Policy is non-assignable. An Insured may not assign any of his or her rights, privileges or benefits under the Policy.

**Misstatement of Age.** If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

<sup>1</sup> For residents of CT, definition of Hospital will read: means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing

service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing

home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, unless the Insured is legally required to pay for services in the absence of insurance.

For residents of FL, definition of Hospital will read: means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis or is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

For residents of MO, definition of Hospital will read: means a facility which: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s) on duty or call; and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility which is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, unless the Insured is legally required to pay for services in the absence of insurance.

For residents of NC, definition of Hospital will read: means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes.

For residents of PA, definition of Hospital will read: means a facility which: (1) is operated pursuant to law and which is licensed or approved as a hospital by the responsible state agency; (2) is primarily engaged in providing medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made; and (3) provides 24-hour nursing service by or under the supervision of a registered graduate professional nurse (R.N.). A Hospital does not include: (1) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces; (2) convalescent homes, convalescent, rest, or nursing facilities; or (3) facilities primarily for the aged, drug or alcoholic rehabilitation, and those primarily affording custodial or educational care.

For residents of UT, definition of Hospital will read: means a facility which is duly licensed as a hospital and operating within the scope of that license.

<sup>2</sup> For residents of PA, definition of Immediate Family Member will read: means a person who is related to the Insured or his or her spouse in any of the following ways: spouse, child, parent, brother or sister, or persons who ordinarily reside in the Insured's household.

<sup>3</sup> For residents of FL, NH, PA, SC and WV, definition of Injury will read: means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

For residents of IL, definition of Injury will read: means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity) causes a covered loss.

For residents of MD, definition of Injury will read: means bodily injury: (1) which is sustained as a direct result of an accident that occurs while the injured person's coverage under this Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

For residents of VT, definition of Injury will read: means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under the Policy is in force; (2) which occurs while such person is participating in a Covered Activity; and (3) which is not the result of disease or bodily infirmity and directly causes a covered loss.

<sup>4</sup> For residents of UT, the following is added: In the event that an Insured's coverage ends due to the termination of the Policy, the Policyholder must give 30 days advance written notice of the termination to the Insured and must notify each of any rights he or she may have to continue coverage upon termination.

<sup>5</sup> For residents of FL, the 2<sup>nd</sup> paragraph will read: Termination of coverage will not affect a claim for a covered loss that occurs either before or after such termination if that loss results from an accident that occurred while the Insured's coverage was in force under the Policy.

<sup>6</sup> For residents of VT, the following is added: In no event will any Reduction Schedule provision or percentage of Maximum Amount provision operate to reduce the percentage payable to less than \$5,000 for loss of life or double dismemberment or \$2,500 for single dismemberment.

<sup>7</sup> For residents of IL, the introductory paragraph of Exclusions will read: No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in, or as a natural and probable consequence of, any of the following excluded risks.

For residents of WV, the introductory paragraph of Exclusions will read: No coverage shall be provided under the Policy and no payment shall be made for any loss resulting from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

<sup>8</sup> For residents of CO, Exclusion 1 will read: suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, while sane or autoeroticism.

For residents of MO, Exclusion 1 will read: suicide or any attempt at suicide while sane or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism.

<sup>9</sup> For residents of IL and VT, Exclusion 2 will read: sickness, disease, mental incapacity or bodily infirmity.

<sup>10</sup> For residents of VT, Exclusion 3 will read: the Insured's commission of or attempt to commit a felony.

<sup>11</sup> For residents of MO, Exclusion 4 will read: infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning, accidental ingestion of contaminated substances or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.

For residents of WV, Exclusion 4 will read: infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.

<sup>12</sup> For residents of OK, Exclusion 5 will read: war or acts of war declared or undeclared, while serving in the military forces or any auxiliary unit attached thereto.

<sup>13</sup> For residents of CT, Exclusion 8 will read: The Insured being intoxicated under the applicable law of the jurisdiction where the accident occurred.

For residents of NH, Exclusion 8 will read: The Insured being legally intoxicated as defined by the laws of the jurisdiction where the accident occurred.

For residents of OR, Exclusion 8 will read: The Insured being legally intoxicated as defined by the laws of the state in which the Policy is delivered.

For residents of VT, Exclusion 8 does not apply.

<sup>14</sup> For residents of CT, Exclusion 9 will read: The Insured's voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed the Insured's Physician for the Insured.

For residents of LA, Exclusion 9 will read: The Insured being under the influence of narcotics unless taken under the advice of and as specified by a Physician.

For residents of PA, Exclusion 9 will read: The Insured being under the influence of any narcotic unless taken under the advice of and as specified by a Physician.

For residents of SD, Exclusion 9 will read: The Insured being under the influence of drugs or intoxicants during the Insured's commission of a felony.

For residents of VT, Exclusion 9 does not apply.

<sup>15</sup>For residents of IL, Exclusion 10 will read: the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity.

<sup>16</sup> For residents of MS, the 1<sup>st</sup> sentence of Notice of Claim will read: Written notice of claim must be given to the Company within 30 days after an Insured's loss, or as soon thereafter as reasonably possible.

<sup>17</sup> For residents of NC, this will read: 180.

<sup>18</sup> For residents of NH and UT, the last sentence will read: Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

<sup>19</sup> For residents of MS, Time of Payment of Claims will read: Benefits payable under the Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately within forty-five (45) days after the Company's receipt of due written proof of the loss. If payment of a valid claim is not made within this forty-five (45) day period, interest will accrue on the amount payable by the Company at a rate of one and one-half percent (1 1/2%) per month until the claim is settled. The Insured may bring action to recover such benefits, including interest and any other damages as may be allowed by law, if benefits are not paid when due. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

For residents of TX, the 1<sup>st</sup> sentence of Time of Payment of Claims will read: Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss, but in no event more than 30 days from receipt of proof of loss.

<sup>20</sup> For residents of MS, Autopsy does not apply.

For residents of SC, Physical Exam and Autopsy will read: The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy during the contestable period in case of death where it is not forbidden by law. The autopsy must be performed in the state of South Carolina.

<sup>21</sup> For residents of MI, Conformity with State Statutes does not apply.

For residents of PA, Conformity with State Statutes will read: Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Insured resides is hereby amended to conform to the minimum requirements of those statutes.

For residents of VA, the following is added:

**IMPORTANT INFORMATION REGARDING YOUR INSURANCE**

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number:

**National Union Fire Insurance Company of  
Pittsburgh, Pa.  
Customer Service  
{FId0011}**

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If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

**Bureau of Insurance  
State Corporation Commission  
P.O. Box 1157  
Richmond, Virginia 23218  
Toll-free number for Virginia residents: 800-552-7945  
Out of State calls: 804-371-9741**

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

For residents of WI, the following is added:

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

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

**National Union Fire Insurance Company of Pittsburgh, Pa.  
Customer Service  
{Fid0011}**

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by contacting:

Office of the Commissioner of Insurance  
Complaints Department  
P.O. Box 7873  
Madison, WI 53707-7873  
1-800-236-8517  
608-266-0103

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