Business Travel Accident
INSURANCE PROGRAM
Issued by
FEDERAL INSURANCE COMPANY
FOR
THE EMORY CLINIC

Chubb Underwriting Office: FEDERAL INSURANCE COMPANY
202 Hall's Mill Road
P.O. Box 1600
Whitehouse Station, New Jersey 08889-1600

Words and phrases that appear in bold print have special meaning and are defined in the Definitions section(s) of this policy. Defined terms include the plural.

Throughout this policy the words "We", "Us" and "Our" refer to the Company providing this insurance.

Please Read This Policy Carefully

BTA5000
Insuring Agreement

Section I

Policyholder’s Name and Address:
THE EMORY CLINIC
1365 CLIFTON RD.N.W.
ATLANTA, GA 30322
Policy Number: 9907-26-11
Effective Date: 01/01/2013
Anniversary Date: January 1

Issued by the stock insurance company indicated below:
FEDERAL INSURANCE COMPANY
Incorporated under the laws of INDIANA

BTA5002

Section II Policy Period and Company

Policy Period
From: 01/01/2013
To: 01/01/2014
12:01 A.M. standard time at the Policyholder’s address shown in Section I of the Insuring Agreement.

This insurance is provided by the Company in consideration of payment of the required premium.

The insurance under this policy begins on the Effective Date shown in Section I of the Insuring Agreement. The insurance under this policy ends on the last day of the Policy Period shown in Section II of the Insuring Agreement.

The Policyholder’s acceptance of this policy terminates any prior policy of the same policy number, effective with the inception of this policy.

Company

The Company issuing this policy has caused this policy to be signed by it's authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the Company.

FEDERAL INSURANCE COMPANY (Incorporated under the laws of INDIANA)

President

Secretary

Authorized Representative

BTA5004
Section I - Premium Due Date
01/01/2013

Section II - Premium Payment

The **Policyholder** shown in Section I of the Insuring Agreement is responsible for the collection and remittance of all required premiums. Premiums are calculated and payable as follows:

| Business Travel Accident | Amount Due: | $13,285 |

Any premiums shown as subject to adjustment will be adjusted as stated in the Premium Provisions under Section VIII - General Provisions of the Contract.

BTA5006
Schedule of Benefits

Chubb Group of Insurance Companies
15 Mountain View Road, P.O. Box 1615
Warren, New Jersey 07061-1615

Policyholder's Name:
THE EMORY CLINIC

Issued by the stock insurance company indicated below:
FEDERAL INSURANCE COMPANY
Incorporated under the laws of
INDIANA

BTA6000

Section I - Insured Persons

The following are the Insured Persons under this policy:

Class   Description
1   All active, full-time employees of the Policyholder who are presently covered under the Group Voluntary Accident Plan, PAI 9032130, and whose names are on file with the Policyholder.

BTA6002

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple Classes of Insured Persons described above, then such person will only be insured under the Class which provides the Insured Person the largest Benefit Amount for the loss that has occurred.

BTA6004

Section II - Qualification Period

For Insured Persons in an eligible Class on the Effective Date: none
For Insured Persons entering an eligible Class after the Effective Date: none

BTA6008

Section III - Hazards

The following are the Hazards for which insurance applies:

Class   Hazard(s)
1   24 Hour Business Travel

If, subject to all the terms and conditions of this policy an Insured Person has insurance for covered loss on the date of an Accident, covered under multiple Hazards described above, then only one Benefit Amount will be paid. This Benefit Amount shall be the largest Benefit Amount applicable under all such Hazards.

BTA6010 (Ed. 7/06)
Section IV - Benefits

A) Principal Sum

The following are Principal Sums for each Class:

<table>
<thead>
<tr>
<th>Class</th>
<th>Hazard</th>
<th>Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24 Hour Business Travel</td>
<td>$200,000</td>
</tr>
</tbody>
</table>

BTA6012

B) Accidental Death and Dismemberment Benefits:

This benefit applies to all Classes of Insured Persons. The following are Losses insured and the corresponding Benefit Amount expressed as a percentage of the Principal Sum:

Class(es)

All

Accidental:

<table>
<thead>
<tr>
<th>Benefit Amount (Percentage of Principal Sum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Life</td>
</tr>
<tr>
<td>Loss of Speech and Loss of Hearing</td>
</tr>
<tr>
<td>Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</td>
</tr>
<tr>
<td>Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</td>
</tr>
<tr>
<td>Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye</td>
</tr>
<tr>
<td>Quadriplegia</td>
</tr>
<tr>
<td>Paraplegia</td>
</tr>
<tr>
<td>Hemiplegia</td>
</tr>
<tr>
<td>Loss of Hand, Loss of Foot or Loss of Sight of One Eye</td>
</tr>
<tr>
<td>(Any one of each)</td>
</tr>
<tr>
<td>Loss of Speech or Loss of Hearing</td>
</tr>
<tr>
<td>Uniplegia</td>
</tr>
<tr>
<td>Loss of Thumb and Index Finger of the same hand</td>
</tr>
</tbody>
</table>

This Benefit Amount is subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6016
If an Insured Person has multiple Losses as the result of one Accident, then We will pay only the single largest Benefit Amount applicable to the Losses suffered, as described in Section IV - Maximum Payment For Multiple Losses and Multiple Benefits of the Contract.

BTA6018

C) Additional Benefits

The following are Benefit Amounts for all other benefits provided under this policy:

**Carjacking**
Class 1

- **Benefit Amount** 10% of the Principal Sum up to a maximum of $25,000
- This Benefit Amount is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6024

**Child Care Expense**
Class 1

- **Benefit Amount** 5% of the Principal Sum to a maximum of $5,000 annually for each Dependent Child
- **Maximum Benefit Amount** $25,000
- This Benefit Amount is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6028

**Coma**
Class 1

- **Benefit Amount** 1% per month of the Principal Sum
- **Maximum Benefit Amount** 100% of the Principal Sum
- This Benefit Amount is subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6032

**Education Expense**
Class 1

- **Benefit Amount** 5% of the Principal Sum to a maximum of $5,000 annually for each eligible Dependent Child
- **Maximum Benefit Amount** $25,000
- This Benefit Amount is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6036

**Home Alteration or Vehicle Modification**
Class 1

- **Benefit Amount** for Home Alteration 10% of the Principal Sum
- **Benefit Amount** for Vehicle Modification 10% of the Principal Sum
- **Maximum Benefit Amount** 20% of the Principal Sum to a maximum of $50,000
- This Benefit Amount is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6050
Medical Evacuation and Repatriation

Class 1

**Maximum Benefit Amount** Unlimited

- **Benefit Amount (Hospital Admission Guaranty)** $5,000
- **Family Travel Expense**
  - (Maximum Per Day) $100
  - (Maximum Number of Days) 5

The **Benefit Amounts** shown above for Hospital Admission Guaranty and Family Travel Expense, are part of, and not in addition to, the **Maximum Benefit Amount** for Medical Evacuation and Repatriation. This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6056 (Ed. 7/06)

**Psychological Therapy**

Class 1

- **Benefit Amount** 5% of the **Principal Sum** up to a maximum of $25,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6072

**Rehabilitation Expense**

Class 1

- **Benefit Amount** 5% of the **Principal Sum** up to a maximum of $25,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6074

**Seat Belt and Occupant Protection Device**

Class 1

- **Benefit Amount for Seat Belt** 10% of the **Principal Sum**
- **Alternate Benefit Amount** $2,000
- **Benefit Amount for Occupant Protection Device** 10% of the **Principal Sum**
- **Maximum Benefit Amount for Seat Belt and Occupant Protection Device** 20% of the **Principal Sum** up to a maximum of $50,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6080

**Spouse Employment Training Expense**

Class 1

- **Benefit Amount** 10% of the **Insured Person's Principal Sum** up to a maximum of $50,000

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

BTA6082

Section V - Aggregate Limit of Insurance

$5,000,000 per **Accident**

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

BTA6088

Insurance only applies for the **Classes, Hazards, Benefits** and **Losses** that are specifically indicated as insured.

BTA6090
24 Hour Business Travel Hazard

24 Hour Business Travel Hazard means all circumstances, subject to the terms and conditions of this policy, arising from and occurring while the Primary Insured Person is on Business Travel or Relocation Travel.

Insurance under this 24 Hour Business Travel Hazard begins at the actual start of Business Travel or Relocation Travel whether the point of origin is from the Primary Insured Person's residence or regular place of employment, whichever occurs last. Insurance under this 24 Hour Business Travel Hazard ends immediately upon return to the Primary Insured Person's residence or regular place of employment, whichever occurs first.

24 Hour Business Travel Hazard does not include Commutation. 24 Hour Business Travel Hazard includes Personal Excursion.

BTA5528
Section I - Insurance

Subject to all the terms and conditions of this policy and the payment of required premium, We will provide the following insurance:

Accidental Death and Dismemberment

We will pay the applicable Benefit Amount, shown in Section IV-B of the Schedule of Benefits, if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while an Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one (1) year after the Accident.

BTA5010

Carjacking

We will pay the Benefit Amount for Carjacking, shown in Section IV-C of the Schedule of Benefits, if an Insured Person suffers a covered Loss resulting from Accidental Bodily Injury due to Carjacking.

The Benefit Amount for Carjacking is payable in addition to any other applicable Benefit Amounts under this policy.

BTA5016

Child Care Expense

We will reimburse Child Care Expenses up to the Benefit Amount for Child Care Expense, shown in Section IV-C of the Schedule of Benefits, if Accidental Bodily Injury causes a Primary Insured Person's covered Loss of Life. The Benefit Amount for Child Care Expense is payable in addition to any other applicable Benefit Amounts payable under this policy.

This insurance applies only if the Primary Insured Person has a Dependent Child under the age of thirteen (13) years for whom Child Care Expenses are incurred within 365 days of a Primary Insured Person's covered Loss of Life.

We will reimburse Child Care Expenses for each eligible Dependent Child. However, Our total payment will not exceed the Maximum Benefit Amount for Child Care Expense shown in Section IV-C of the Schedule of Benefits, regardless of the number of Dependent Children for whom payment is made.

Child Care Expenses shall be paid to the natural person who incurs such expenses for the Dependent Child.

BTA5020

Coma

We will pay the Benefit Amount for Coma, shown in Section IV-C of the Schedule of Benefits, if Accidental Bodily Injury causes an Insured Person to:

1) lapse into a Coma within thirty (30) days after the Accident;
2) remain in a Coma for thirty (30) consecutive days; and
3) be confined to a Hospital or other licensed facility to receive Medically Necessary treatment for Coma, prescribed and supervised by a Physician, within the first thirty (30) days following the Accident.
The **Benefit Amount** for **Coma** will be the percentage of the **Insured Person's Principal Sum**, shown in Section IV - C of the Schedule of Benefits. The **Benefit Amount** for **Coma** is payable monthly subject to the **Maximum Benefit Amount** for **Coma** shown in Section IV-C of the Schedule of Benefits.

Brief lapses from **Coma** will not be considered an interruption of the consecutive thirty (30) day period, or cause a discontinuance in **Our** payment, if the lapses and subsequent **Coma** recurrences are due to the same **Accident**.

The **Coma** monthly payment will be made until the earliest of the date:

1) the **Insured Person** dies;
2) the **Insured Person** is no longer in a **Coma**; or
3) total payments equal the Maximum Amount for **Coma**, shown in Section IV-C of the Schedule of Benefits.

If an **Insured Person** dies within 365 days after the **Accident**, then **We** will pay a lump sum equal to the **Insured Person's Principal Sum**, less any **Benefit Amount** for **Coma** already paid.

**BTA5024**

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**Education Expense**

**We** will reimburse **Education Expense** up to the **Benefit Amount** for **Education Expense**, shown in Section IV-C of the Schedule of Benefits, if **Accidental Bodily Injury** causes a Primary Insured Person's covered **Loss of Life**. The **Benefit Amount** for **Education Expense** is payable in addition to any other applicable **Benefit Amounts** under this policy.

This insurance applies only if the Primary Insured Person has a **Dependent Child** at the time of a covered **Loss of Life** who:

1) is enrolled as a full-time student at an **Institution of Higher Learning** on the date of the Primary Insured Person's covered **Loss of Life**; or
2) subsequently enrolls as a full-time student at an **Institution of Higher Learning** within three hundred sixty five (365) days following the date of the Primary Insured Person's covered **Loss of Life**; and
3) incurs **Education Expense**.

**We** will make **Education Expense** payments for each eligible **Dependent Child**. However, **Our** total annual payment for each **Dependent Child** will not exceed the annual **Benefit Amount** for **Education Expense**, shown in Section IV-C of the Schedule of Benefits. **Our** **Education Expense** payment is limited to four (4) consecutive years for each **Dependent Child**. In no event will **Our** total payment exceed the **Maximum Benefit Amount** shown in Section IV - C of the Schedule of Benefits.

The **Benefit Amount** for **Education Expense** shall be paid to the natural person who incurs the expense.

**BTA5028**
Home Alteration or Vehicle Modification

We will reimburse charges up to the **Benefit Amount** for **Home Alteration** or the **Benefit Amount** for **Vehicle Modification** shown in Section IV-C of the Schedule of Benefits, if a covered **Loss** due to a **Accidental Bodily Injury** requires an **Insured Person** to incur expenses for **Home Alteration** or **Vehicle Modification**. The expenses for **Home Alteration** or **Vehicle Modification** must be incurred within eighteen (18) months after the **Accidental Bodily Injury**. The **Benefit Amount** for **Home Alteration** or **Vehicle Modification** is payable if:

1) a **Physician** certifies that the **Home Alteration** or **Vehicle Modification** is needed to accommodate a physical disability of an **Insured Person**;

2) the **Home Alteration** or **Vehicle Modification** is made by people experienced in such **Home Alteration** or **Vehicle Modification**;

3) the **Home Alteration** or **Vehicle Modification** is in compliance with any applicable laws or requirements for approval by the appropriate governmental authority in the jurisdiction where the services are rendered; and

4) the **Home Alteration** or **Vehicle Modification** expenses do not exceed the usual level of charges for similar alterations and modifications in the jurisdiction where the expenses are incurred.

The **Benefit Amount** for **Home Alteration** and **Vehicle Modification** is payable to the natural person who incurs the expense. The **Benefit Amount** for **Home Alteration** and **Vehicle Modification** is payable in addition to any other applicable **Benefit Amounts** under this policy. In no event will **Our** total payments for **Home Alteration** and **Vehicle Modification** exceed the **Maximum Benefit Amount** for **Home Alteration** and **Vehicle Modification** shown in Section IV-C of the Schedule of Benefits.

BTA5040

Medical Evacuation and Repatriation

If an **Insured Person's Accidental Bodily Injury**, disease or illness occurs while insured under a **Hazard** and requires the **Medical Evacuation** or **Repatriation** of the **Insured Person** while the **Insured Person** is on a covered trip, then **We** will pay the **Covered Expenses** for such **Medical Evacuation** or **Repatriation** up to the **Benefit Amount** for **Medical Evacuation and Repatriation**, shown in Section IV-C of the Schedule of Benefits. The **Benefit Amount** for **Medical Evacuation** or **Repatriation** is payable in addition to any other applicable **Benefit Amounts** under this policy. **Our** total payments for **Medical Evacuation and Repatriation** must be ordered by a **Physician**, who certifies that the **Medical Evacuation** or **Repatriation** is necessary to prevent death or serious deterioration of the **Insured Person's** medical condition. The **Medical Evacuation** or **Repatriation** must be approved and arranged by **Our** **Assistance Services Administrator**.

This insurance applies only if the covered trip:

1) is more than 100 miles from the **Insured Person's** primary residence; and

2) lasts no more than 180 consecutive days.

The **Medical Evacuation** or **Repatriation** must be ordered by a **Physician**, who certifies that the **Medical Evacuation** or **Repatriation** is necessary to prevent death or serious deterioration of the **Insured Person's** medical condition. The **Medical Evacuation** or **Repatriation** must be approved and arranged by **Our** **Assistance Services Administrator**.

If an **Insured Person's Accidental Bodily Injury**, disease or illness occurs during an insured **Hazard** and requires **Emergency Medical Treatment** while the **Insured Person** is on a covered trip, then **We** will guarantee payment of the **Hospital Admission Guaranty** incurred for such **Emergency Medical Treatment** up to the **Benefit Amount** for **Hospital Admission Guaranty**, shown in Section IV-C of the Schedule of Benefits. The **Assistance Services Administrator** must approve the **Hospital Admission Guaranty**.

If an **Insured Person's Accidental Bodily Injury**, disease or illness occurs during an insured **Hazard** and requires a **Hospital** stay for more than five (5) day(s) while the **Insured Person** is on a covered trip, then **We** will pay the **Benefit Amount** for **Family Travel Expense**, if all the following conditions are met:

1) the **Insured Person** is confined to a **Hospital**; and
2) the Hospital is at least seventy five (75) miles from the Insured Person's permanent residence; and
3) all transportation arrangements for an Immediate Family Member are made by Our Assistance Services Administrator and are by the most direct and economical route.

If an Insured Person's Accidental Bodily Injury, disease or illness occurs during an insured Hazard and requires a Hospital stay for more than five (5) day(s) while the Insured Person is on a covered trip, then We will pay for an accompanying Dependent Child to return to his or her primary residence. All transportation arrangements must be made by Our Assistance Services Administrator and shall be by the most direct and economical route.

The Benefit Amount for Medical Evacuation or Repatriation is payable on an excess basis. We will determine the charges for Medical Evacuation or Repatriation. We will then reduce that amount by amounts already paid or payable by any Other Plan. We will pay the resulting Benefit Amount. The Benefit Amounts for Hospital Admission Guaranty, and Family Travel Expense, are part of, and not in addition to, the Maximum Benefit Amount for Medical Evacuation and Repatriation. In no event will We pay more than the Maximum Benefit Amount for Medical Evacuation or Repatriation shown in Section IV-C of the Schedule of Benefits.

With respect to Medical Evacuation and Repatriation only, the Disease or Illness Exclusion in Section VI - General Exclusions of the Contract does not apply.

BTA5046 (Ed. 7/06)

**Psychological Therapy Expense**

We will reimburse Psychological Therapy Expense up to the Benefit Amount for Psychological Therapy Expense, shown in Section IV-C of the Schedule of Benefits, if an Accidental Bodily Injury causes an Insured Person to suffer a covered Loss resulting in a Physician's determination that Psychological Therapy is required for:

1) such Insured Person; or
2) a Dependent.

The Benefit Amount for Psychological Therapy Expense is payable on an excess basis. We will determine the charge for the Psychological Therapy Expense. We will then reduce that amount by amounts already paid or payable by any Other Plan. We will pay the resulting Benefit Amount, but in no event will We pay more than the Benefit Amount for Psychological Therapy Expense shown in Section IV-C of the Schedule of Benefits.

The Benefit Amount for Psychological Therapy Expense will be paid:

1) to the natural person who incurs the expense; and
2) in addition to any other applicable Benefit Amounts under this policy.

The Benefit Amount for Psychological Therapy Expense will be paid until the earlier of the date on which:

1) the total Benefit Amount for Psychological Therapy Expense, shown in Section IV-C of the Schedule of Benefits, has been paid; or
2) two (2) years have elapsed from the date of a covered Loss.

BTA5062

**Rehabilitation Expense**

We will reimburse Rehabilitation Expense up to the Benefit Amount for Rehabilitation Expense, shown in Section IV-C of the Schedule of Benefits, if Accidental Bodily Injury causes a Primary Insured Person to suffer a covered Loss which:
1) prevents a Primary Insured Person from performing all the duties of such Primary Insured Person's regular occupation; and

2) requires such Primary Insured Person to obtain Rehabilitation, as determined by a Physician approved by Us.

The Benefit Amount for Rehabilitation Expense is payable on an excess basis. We will determine the charge for the Rehabilitation Expense. We will then reduce that amount by amounts already paid or payable by any Other Plan. We will pay the resulting Benefit Amount, but in no event will We pay more than the Benefit Amount for Rehabilitation Expense shown in Section IV-C of the Schedule of Benefits.

The Benefit Amount for Rehabilitation Expense is payable in addition to any other applicable Benefit Amounts under this policy. We will pay the Benefit Amount for Rehabilitation Expense to the natural person who incurs the expense.

We will pay the Benefit Amount for Rehabilitation Expense until the earlier of the date on which:

1) the total Rehabilitation Expense Benefit Amount, shown in Section IV-C of the Schedule of Benefits, has been paid; or

2) two (2) years have elapsed from the date of the Accidental Bodily Injury.

BTA5066

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Seat Belt and Occupant Protection Device

We will pay the Benefit Amount for Seat Belt shown in Section IV-C of the Schedule of Benefits, if an Insured Person suffers an Accidental Bodily Injury resulting in a covered Loss while such Insured Person is operating or riding in a Private Passenger Automobile and using a Seat Belt.

The Seat Belt must have been properly secured and used in accordance with the recommendations of its manufacturer. If it cannot be determined whether an Insured Person was using a Seat Belt, then the Alternate Benefit Amount for Seat Belt, shown in Section IV-C of the Schedule of Benefits, will be paid.

We will also pay the Benefit Amount for an Occupant Protection Device, shown in Section IV-C of the Schedule of Benefits, if an Insured Person suffers an Accidental Bodily Injury as set forth above and such Insured Person is positioned in a seat protected by a properly deployed Occupant Protection Device. The Benefit Amount for an Occupant Protection Device will only be paid if We pay a Benefit Amount for Seat Belt other than an Alternate Benefit Amount.

Verification of the actual use of the Seat Belt and proper operation of the Occupant Protection Device at the time of an Accident must be part of an official report of such Accident or be certified, in writing, by an investigating police officer.

In no event will a Benefit Amount for Seat Belt or Occupant Protection Device be paid if an Insured Person is operating or riding as a passenger in any vehicle used for an organized race or contest of any type.

The Benefit Amount for Seat Belt and Benefit Amount for Occupant Protection Device are payable in addition to any other applicable Benefit Amounts under this policy.

In no event will Our total payments of a Benefit Amount for Seat Belt and a Benefit Amount for Occupant Protection Device exceed the Maximum Benefit Amount, shown in Section IV - C of the Schedule of Benefits.

BTA5070GA

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Spouse Employment Training Expense

We will reimburse Spouse Employment Training Expense up to the Benefit Amount for Spouse Employment Training Expense, shown in Section IV-C of the Schedule of Benefits, if Accidental Bodily Injury causes a Primary Insured Person's covered Loss of Life. The Benefit Amount for Spouse
Employment Training Expense is payable in addition to any other applicable Benefit Amounts under this policy. We will pay the Benefit Amount for Spouse Employment Training Expense to the natural person who incurs the expense.

This insurance applies only if the surviving Spouse incurs Employment Training Expense within two (2) years following the date of the Primary Insured Person's covered Loss of Life.

In no event will Our total payment exceed the Benefit Amount for Spouse Employment Training Expense, shown in Section IV-C of the Schedule of Benefits.

Section II - Eligibility, Effective Date and Termination

Eligibility
A person becomes insured under this policy if:

1) such person is a member of an eligible Class of Insured Persons as shown in Section I of the Schedule of Benefits;

2) such person has completed any required Qualification Period as shown in Section II of the Schedule of Benefits; and

3) the required premium for such person has been paid.

Effective Date of Insurance for an Insured Person
Insurance for an Insured Person becomes effective on the latest of:

1) the effective date of this policy;

2) the date on which such person first meets the eligibility criteria as an Insured Person; or

3) the beginning of the period for which required premium is paid for such Insured Person.

Termination of Insurance for an Insured Person
Insurance for an Insured Person automatically terminates on the earliest of:

1) the termination date of this policy;

2) the expiration of the period for which required premium has been paid for such Insured Person;

3) the date on which a person no longer meets the eligibility criteria as an Insured Person.
Section III - Extensions Of Insurance

Extensions of Insurance are subject to the provisions of Section I-Insurance of the Contract, and all other policy terms and conditions.

Disappearance

If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which an Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of this Policy, that an Insured Person has suffered Loss of Life insured under this policy.

BTA5088

Exposure

If an Accident resulting from an insured Hazard causes an Insured Person to be unavoidably exposed to the elements and as a result of such exposure an Insured Person has a Loss, then such Loss will be insured under this policy.

BTA5090

Section IV - Maximum Payment for Multiple Losses and Multiple Benefits

For any Benefit Amount identified as subject to this provision in the Schedule of Benefits, payment of such Benefit Amount will reduce the Principal Sum. If, subject to all the terms and conditions of this policy, an Insured Person is entitled to receive payment of multiple Benefit Amounts as the result of one (1) Accident, then the maximum We will pay for all benefits shall not exceed the Principal Sum.

For any Benefit Amount identified as not subject to this provision in the Schedule of Benefits, payment of such Benefit Amount will be in addition to any Principal Sum payable under this policy.

If, subject to all the terms and conditions of this policy, an Insured Person suffers multiple covered Losses as the result of one (1) Accident, then We will only pay the single largest Benefit Amount applicable to all such covered Losses.

For the purposes of this provision the definition of Loss includes Coma.

BTA5092

Section V - Territory

This insurance applies worldwide.

BTA5094

Section VI - General Exclusions

The following exclusions apply to all benefits or Hazards under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits or Hazards. Please read this entire policy carefully.
Owned Aircraft, Leased Aircraft, or Operated Aircraft

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, an Insured Person being in, entering, or exiting any aircraft:

1) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or
2) operated by an employee of the Policyholder on the Policyholder's behalf.

BTA5095 (Ed. 7/06)

Aircraft Pilot or Crew

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, an Insured Person being in, entering, or exiting any aircraft while 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.

BTA5098 (Ed. 7/06)

Disease or Illness

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof.

This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.

BTA5102 (Ed. 7/06)

Incarceration

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly any occurrence while an Insured Person is incarcerated after conviction.

BTA5106

Service in the Armed Forces

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.

BTA5116
Specialized Aviation

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, an Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities.

BTA5118

Suicide or Intentional Injury

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, an Insured Person's suicide, attempted suicide or intentionally self-inflicted injury.

BTA5120

Trade Sanctions

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss when:

1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury or Loss; or

2) there is any other legal prohibition against providing insurance of any Accident, Accidental Bodily Injury or Loss.

BTA5122

War

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, a declared or undeclared War.

BTA5126

Section VII - Definitions

For the purpose of these definitions, the singular includes the plural and the plural includes the singular, unless otherwise noted.
**Accident or Accidental**

**Accident** or **Accidental** means a sudden, unforeseen, and unexpected event which:
1) happens by chance;
2) arises from a source external to an **Insured Person**;
3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof;
4) occurs while the **Insured Person** is insured under this policy which is in force; and
5) is the direct cause of loss.

**Accidental Bodily Injury**

**Accidental Bodily Injury** means bodily injury, which:
1) is **Accidental**;
2) is the direct cause of a loss; and
3) occurs while an **Insured Person** is insured under this policy, which is in force.

**Accidental Bodily Injury** does not mean a **Repetitive Motion Injury**.

**Actively at Work or Active Work**

**Actively at Work**, or **Active Work** means a person is performing the material and substantial duties of his or her regular occupation for compensation.

**Assistance Services Administrator**

**Assistance Services Administrator** means the organization that contracts with the **Company** to provide **Medical Evacuation** and **Repatriation** services to an **Insured Person**.

**Benefit Amount**

**Benefit Amount** means the amount stated in the Schedule of Benefits for this policy which applies:
1) at the time of an **Accident**;
2) to an **Insured Person**; and
3) for the applicable **Hazard**.
**Business Travel**

*Business Travel* means travel by a **Primary Insured Person** that is:

1) away from such **Primary Insured Person**'s regular place of employment;
2) at the authorization, direction and expense of the **Policyholder**;
3) on the **Policyholder**'s business; and
4) for periods of 180 days or less.

**Business Travel** does not include **Commutation**. **Business Travel** includes **Personal Excursion**.

BTA5622 (Ed. 7/06)

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**Carjacking**

*Carjacking* means the unlawful forced removal or detention of an **Insured Person** while operating or riding as a passenger in, boarding or alighting from, a **Private Passenger Automobile** during the theft or attempted theft of such **Private Passenger Automobile**. The **Carjacking** must be confirmed in writing by a police report in the jurisdiction where the **Loss** occurs.

BTA5626

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**Child Care Expense**

*Child Care Expense* means the actual incurred costs for the care and supervision of an **Insured Person**'s **Dependent Child** who is less than age thirteen (13).

BTA5630

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**Class**

**Class** means the categories of **Insured Persons** described in Section I of the Schedule of Benefits.

BTA5628

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**Coma**

*Coma* means a profound state of unconsciousness, as determined by a **Physician** according to the Glasgow Coma Scale, from which an **Insured Person** cannot be aroused to consciousness even by powerful stimulation.

BTA5632

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**Common Accident**

*Common Accident* means the same **Accident** or separate **Accidents** that occur within the same consecutive twenty-four (24) hour period and result in **Loss of Life** to a **Primary Insured Person** and such **Primary Insured Person**'s **Spouse**.

BTA5642

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**Commutation**

*Commutation* means travel between a **Primary Insured Person**'s residence and regular place of employment.

BTA5646
Company

Company means FEDERAL INSURANCE COMPANY.

BTA5648

Conveyance

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

BTA5650

Covered Expenses

1) With respect to Medical Evacuation, Covered Expenses means the cost for:
   1) a land, water or air Conveyance, required to transport an Insured Person during a Medical Evacuation. Special transportation by, but not limited to, air ambulances, land ambulances and private motor vehicles must:
      a) be recommended by an attending Physician; and
      b) comply with the standard regulations of the Conveyance transporting an Insured Person.

      The means of transportation that is best suited to accommodate an Insured Person, based on the seriousness of an Insured Person's condition, will be used.

   2) medical supplies and services which are:
      a) ordered or prescribed by an attending Physician; and
      b) are, in the opinion of an attending Physician, necessarily incurred in connection with the Medical Evacuation of an Insured Person.

2) With respect to Repatriation, Covered Expenses means the cost for:
   1) Repatriation of an Insured Person; and
   2) medical supplies and services which:
      a) are ordered or prescribed by an attending Physician;
      b) are, in the opinion of an attending Physician, necessarily incurred in connection with Repatriation of an Insured Person; and
      c) are the necessary expenses for embalming, cremation, transportation and purchase of a shipping container as required by applicable law or regulation.

With respect to Medical Evacuation and Repatriation, all transportation arrangements made for an Insured Person will be by the most direct and economical route. All Covered Expenses must be arranged and receive the prior approval of Our Assistance Service Administrator.

Covered Expenses do not include those expenses incurred by an Insured Person for Accidental Bodily Injury, illness or disease, which occurs while an Insured Person is:
   1) traveling against the advice of a Physician; or
   2) traveling for the purpose of obtaining medical treatment.

BTA5654
**Dependent**

*Dependent* means a *Dependent Child*, *Spouse* of a *Primary Insured Person*.

BTA5660

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**Dependent Child**

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

1) **under the age of nineteen (19);**
2) **under the age of twenty six (26) and enrolled as a full-time student at an *Institution of Higher Learning*; or**
3) **classified as an *Incapacitated Dependent Child*.**

BTA5662GA

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**Education Expense**

*Education Expense* means the actual cost incurred for tuition, fees, or room and board billed by an *Institution of Higher Learning*. *Education Expense* also means costs for required books or course supplies but shall not include any amount reimbursed from any other source.

BTA5668

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**Emergency Medical Treatment**

*Emergency Medical Treatment* means *Hospital* treatment for a medical condition which:

1) **arises suddenly and unexpectedly; and**
2) **if left untreated could result in *Loss of Life*, or in serious deterioration of an *Insured Person*'s medical condition.**

BTA5674

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**Family Travel Expense**

*Family Travel Expense* means actual costs incurred by an *Immediate Family Member* for temporary lodging, transportation and meals while traveling to and from visits with an *Insured Person*.

BTA5678

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**Full-time Employee**

*Full-time Employee* means an employee who works at least 30 hours per week.

BTA5684
**Gainful Occupation**

**Gainful Occupation** means an occupation, including self employment, that is or can be expected to provide an Insured Person with an income equal to at least 60% of the Insured Person's monthly earnings within twelve (12) months after the Insured Person's return to work.

BTA5688

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**Hazard**

**Hazard** means the circumstances for which this insurance is provided as stated in Section III of the Schedule of Benefits and described in the Hazard Section of this policy.

BTA5696

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**Hemiplegia**

**Hemiplegia** means complete and irreversible loss of all motion and all practical use of one arm and one leg on the same side of the body that lasts longer than 365 days as determined by a Physician approved by Us.

BTA5702

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**Home Alteration**

**Home Alteration** means changes to an Insured Person's primary residence that are necessary to make the residence accessible and habitable for such Insured Person.

BTA5706

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**Hospital**

**Hospital** means a public or private institution which:

1) is licensed in accordance with the laws of the jurisdiction where it is located;
2) is accredited by the Joint Commission on Accreditation of Hospitals;
3) operates for the reception, care and treatment of sick, ailing or injured persons as in-patients;
4) provides organized facilities for diagnosis and medical or surgical treatment;
5) provides twenty-four (24) hour nursing care;
6) has a Physician or staff of Physicians; and
7) is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

BTA5712

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**Hospital Admission Guaranty**

**Hospital Admission Guaranty** means any charge or expense made by a Hospital prior to and as a condition of an Insured Person's admission.

BTA5714
**Immediate Family Member**

**Immediate Family Member** means an **Insured Person's**:

1) Spouse;
2) children including adopted children and stepchildren;
3) legal guardians or wards;
4) siblings or siblings-in-law;
5) parents or parents-in-law;
6) grandparents or grandchildren;
7) aunts or uncles;
8) nieces and nephews.

**Immediate Family Member** also means a **Spouse's** children, including adopted children and stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.

BTA5716

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**Incapacitated Dependent Child**

**Incapacitated Dependent Child** means a child who, as a result of being mentally or physically challenged, is permanently incapable of self-support and permanently dependent on a **Primary Insured Person** for support and maintenance. The incapacity must have occurred while the child was:

1) under the age of nineteen (19); or
2) under the age of twenty six (26) if enrolled as a full-time student at an **Institution of Higher Learning**.

BTA5718

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**Institution of Higher Learning**

**Institution of Higher Learning** means any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade.

BTA5724

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**Insured Person**

**Insured Person** means a person, qualifying as a **Class** member under Section I of the Schedule of Benefits:

1) who elects insurance; or
2) for whom insurance is elected,
3) and on whose behalf premium is paid.

BTA5728
Leased Aircraft

Leased Aircraft means an aircraft not owned by the Policyholder, which is subject to a written lease agreement between the Policyholder and the lessor. The Policyholder uses the aircraft as it wishes for the term of the written lease agreement. The Policyholder cannot alter or sell the aircraft without the consent of the lessor. Leased Aircraft does not include aircraft which are chartered for single trips.

Loss

Loss means Accidental:

- Loss of Foot
- Loss of Hand
- Loss of Hearing
- Loss of Life
- Loss of Sight
- Loss of Sight of One Eye
- Quadriplegia
- Paraplegia
- Hemiplegia
- Loss of Speech
- Uniplegia
- Loss of Thumb and Index Finger

Loss must occur within one (1) year after the Accident.

Loss of Foot

Loss of Foot means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

Loss of Hand

Loss of Hand means complete severance, as determined by a Physician, of at least four (4) fingers at or above 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 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.

Loss of Hearing

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 Life

Loss of Life means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident.
BTA5740

Loss of Sight

Loss of Sight means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.
BTA5742

Loss of Sight of One Eye

Loss of Sight of One Eye means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician.
BTA5744

Loss of Speech

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.
BTA5748

Loss of Thumb and Index Finger

Loss of Thumb and Index Finger means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.
BTA5750

Medical Evacuation

Medical Evacuation means the emergency transportation of an Insured Person from the location where such Insured Person is injured or becomes ill to the nearest Hospital where appropriate medical care and treatment can be provided.
BTA5756

Medically Necessary

Medically Necessary means a medical or dental service, supply or course of treatment which:

1) is ordered or prescribed by a Physician;
2) is appropriate and consistent with the patient's diagnosis;
3) is in accord with current accepted medical or dental practice; and
4) could not be eliminated without adversely affecting the patient's condition.
BTA5758
**Medical Services**

**Medical Services** means **Medically Necessary** services, including but not limited to:

1) medical care and treatment by a **Physician**;
2) **Hospital** room and board and **Hospital** care, both inpatient and outpatient;
3) drugs and medicines required and prescribed by a **Physician**;
4) diagnostic tests and x-rays prescribed by a **Physician**;
5) transportation of an **Insured Person** in an emergency transportation vehicle from the location where such **Insured Person** becomes injured to the nearest **Hospital** where appropriate medical treatment can be obtained;
6) dental care and treatment due to **Accidental Bodily Injury**;
7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy;
8) treatment performed by a licensed medical professional when prescribed by a **Physician**, if hospitalization would have been otherwise required;
9) rental of durable medical equipment;
10) artificial limbs and other prosthetic devices;
11) orthopedic appliances or braces.

BTA5760 (Ed. 7/06)

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**Occupant Protection Device**

**Occupant Protection Device** means either an air bag, which inflates for added protection to the head and chest areas, or any other personal safety restraint system other than a **Seat Belt** recognized by the U.S. National Highway Transportation Safety Board.

BTA5764

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**Operated Aircraft**

**Operated Aircraft** means any aircraft not owned by the **Policyholder** but over which the **Policyholder** exercises control. **Operated Aircraft** includes an aircraft for which the **Policyholder** pays operating expenses.

BTA5768

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**Other Plan**

**Other Plan** means any other insurance or payment source for **Medical Services** or disability, including but not limited to health coverage, disability insurance, worker’s compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance "fault" or "no-fault", employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

BTA5770

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**Owned Aircraft**

** Owned Aircraft** means any aircraft to which the **Policyholder** holds legal or equitable title.

BTA5772
**Paraplegia**

Paraplegia means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a Physician approved by Us.

BTA5774

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**Personal Excursion**

Personal Excursion means travel or activities that are unrelated to the Policyholder's business and which take place away from a Primary Insured Person's residence or regular place of employment. Such travel or activities must coincide with the Primary Insured Person's Business Travel or Relocation Travel. Personal Excursion is limited to any consecutive 7 day period immediately prior to, during or immediately following such Business Travel or Relocation Travel.

BTA5780

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**Physician**

Physician means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include:

1) an Insured Person;
2) an Immediate Family Member.

BTA5782

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**Policyholder**

Policyholder means the entity identified in the Insuring Agreement.

BTA5786

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**Primary Insured Person**

Primary Insured Person means an Insured Person who:

1) has a direct relationship with the Policyholder; and
2) where applicable, elects insurance under this policy.

BTA5790

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**Principal Sum**

Principal Sum means the amount of insurance appearing in Section IV-A of the Schedule of Benefits applicable to each Class.

BTA5792

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**Private Passenger Automobile**

Private Passenger Automobile means a four wheeled motor vehicle with a maximum seating capacity of nine (9) people, manufactured, designed and registered as a private passenger vehicle for travel on public roads.

BTA5793
Proof of Loss

Proof of Loss means written evidence acceptable to Us that an Accident, Accidental Bodily Injury or Loss has occurred.

Psychological Therapy

Psychological Therapy means Medically Necessary counseling for a mental or nervous disorder by a Physician, whether on an out-patient basis, in a Hospital or any other medical facility licensed to provide such treatment.

Psychological Therapy Expense

Psychological Therapy Expense means Reasonable and Customary Charges for Psychological Therapy.

Quadriplegia

Quadriplegia means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us.

Reasonable and Customary Charge

Reasonable and Customary Charge means the lesser of:

1) the usual charge made by Physicians or other health care providers for a given service or supply; or

2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.

Rehabilitation

Rehabilitation means treatment other than Psychological Therapy intended to prepare an Insured Person for work in any Gainful Occupation, including an Insured Person's regular occupation that is:

1) provided by a therapist licensed, registered, or certified to perform such treatment; or

2) provided in a Hospital or other facility, which is licensed to provide such treatment.

The Rehabilitation must take place under the direction of a Physician.

Rehabilitation Expense

Rehabilitation Expense means Reasonable and Customary Charges for Rehabilitation.
Relocation Travel

Relocation Travel means travel by a Primary Insured Person:

1) between such Primary Insured Person's old and new regular places of employment or residence as part of a Relocation; and

2) at the Policyholder's authorization, direction and expense.

BTA5806

Relocation

Relocation means the transfer of a Primary Insured Person by the Policyholder from the Primary Insured Person's current regular place of employment with the Policyholder to a new regular place of employment with the Policyholder that is more than fifty (50) miles from such current place of employment.

BTA5808

Repatriation

Repatriation means:

1) the transfer of an Insured Person, from the local Hospital where Emergency Medical Treatment is initially given to another Hospital or to an Insured Person's domicile or permanent residence; and

2) the necessary arrangements for the return of an Insured Person's remains to an Insured Person's domicile or permanent residence in the event of an Insured Person's Loss of Life.

BTA5810

Repetitive Motion Injury

Repetitive Motion Injury means bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia, stress fractures, tendinitis and Carpal Tunnel Syndrome.

BTA5609

Seat Belt

Seat Belt means a lap or lap and shoulder restraint device or a child restraint device, which meets the published standards of the U. S. National Highway Transportation Safety Board and has been installed in accordance with the manufacturer's instructions.

BTA5820

Specialized Aviation Activity

Specialized Aviation Activity means use of a properly certified aircraft for the following:

any flight on a rocket propelled or rocket launched aircraft

Specialized Aviation Activity shall include any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted.

BTA5826 (Ed. 7/06)
**Spouse**

Spouse means an **Insured Person's** husband or wife or who is recognized as such by the laws of the jurisdiction in which the **Primary Insured Person** resides.

BTA5828

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**Spouse Employment Training Expense**

Spouse Employment Training Expense means the actual costs incurred by a Spouse for tuition, fees, room and board billed by an **Institution of Higher Learning**. Spouse Employment Training Expense also means costs for required books or course supplies. These costs must be incurred by the **Primary Insured Person's Spouse** to attend an **Institution of Higher Learning** for the purpose of obtaining or refreshing skills needed for employment.

BTA5830

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**Subsidiary**

Subsidiary means any organization in which:

1) more than 50% of the outstanding securities or voting rights representing the present right to vote for election of directors is owned or controlled, directly or indirectly, in any combination by the **Policyholder**; or

2) the **Policyholder** exercises management control.

BTA5832

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**Uniplegia**

Uniplegia means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a **Physician** approved by Us.

BTA5854

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**Vehicle Modification**

Vehicle Modification means changes, including but not limited to installation of equipment, to a **Private Passenger Automobile** that are necessary to make such **Private Passenger Automobile** accessible to or driveable by an **Insured Person**.

BTA5856

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**War**

War means:

1) hostilities following a formal declaration of **War** by a governmental authority;

2) in the absence of a formal declaration of **War** by a governmental authority armed, open and continuous hostilities between two countries; or

3) armed, open and continuous hostilities between two factions, each in control of territory, or claiming jurisdiction over the geographic area of hostility.

BTA5858
We, Us and Our

We, Us and Our means FEDERAL INSURANCE COMPANY.

Section VIII - General Provisions

Addition of New Insured Persons

Any new person who meets the eligibility criteria for the Class(es) described in Section I of the Schedule of Benefits, Insured Persons, will automatically be an Insured Person under this policy.

Benefit Assignment

An Insured Person may assign Benefit Amounts other than those for Loss of Life. Such assignment must be in writing, signed by the Insured Person and filed with the Policyholder. The assignment shall be provided to Us at the time of claim or at such other time as We may require. We do not assume the responsibility for the validity of any assignment.

Arbitration (Non Binding)

In the event of a dispute under this policy, either We, an Insured Person, or in the event of Loss of Life, an Insured Person's beneficiary, may make a written demand for arbitration. In that case, We and an Insured Person, or in the event of Loss of Life, an Insured Person's beneficiary, will each select an arbitrator. The two arbitrators will select a third. If they cannot agree within fifteen (15) days, then either We or an Insured Person, or in the event of Loss of Life, an Insured Person's beneficiary, may request that the choice of arbitrator be submitted to the American Arbitration Association. The arbitration will be held in the State of an Insured Person's principal residence, and in all instances, arbitration will be non-binding.

Each participant shall bear the cost for arbitration and shall share equally in the cost of the umpire and the proceedings.
Beneficiary

A) Designation

An Insured Person has the right to designate a beneficiary. The Primary Insured Person shall have the sole right to designate a beneficiary for any Dependent Child who is a minor. All beneficiary designations must be:

1) in writing;
2) filed with the Policyholder; and
3) provided to Us at the time of claim; or
4) at such other time as We may require

B) Change

The Insured Person, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary except as set forth above. The Insured Person does not need the consent of anyone to do so. All beneficiary changes must be:

1) in writing;
2) filed with the Policyholder; and
3) provided to Us at the time of claim or at such other time as We may require.

We do not assume any responsibility for the validity of these changes.

C) Payment

The Benefit Amount for covered Loss of Life will be paid to the beneficiary designated by an Insured Person. Any Benefit Amount payable due to the Loss of Life of a Dependent Child will be paid to the Primary Insured Person, absent any beneficiary designation by the Dependent Child.

If an Insured Person has not chosen a beneficiary or if there is no beneficiary alive when the Insured Person dies, then We will pay the Benefit Amount for Loss of Life to the first surviving party in the following order:

1) the Insured Person's Spouse;
2) in equal shares to the Insured Person's surviving children;
3) in equal shares to the Insured Person's surviving parents;
4) in equal shares to the Insured Person's surviving brothers and sisters;
5) the Insured Person's estate.

All other Benefit Amounts are paid to the Insured Person, unless otherwise directed by an Insured Person or an Insured Person's designee, or unless otherwise noted in this policy.

If any beneficiary has not reached the legal age of majority, then We will pay such beneficiary's legal guardian.

BTA5158
Cancellation, Nonrenewal and Grace Period

A) Grace Period

The **Policyholder** is entitled to a grace period of thirty one (31) days from the premium due date for the payment of premium due. This policy will continue in force during the grace period. The grace period does not apply to the first premium payable during this policy term. Failure to pay the first premium on or before the due date will immediately terminate this policy as of inception. **We** are not required to provide notification of such termination.

B) Cancellation, Nonrenewal

The **Policyholder** may cancel this policy, or any of its individual insurance benefits, by sending **Us** written notice stating when cancellation is to take effect. The effective date of cancellation may not be earlier than the date notice is postmarked or transmitted.

**We** may cancel this policy, or any of its individual insurance benefits, if the **Policyholder** fails to pay the premium within the grace period of thirty-one (31) days after the premium due date, except for the first premium due during the Policy Period. **We** will send written notice stating the effective date of cancellation, which will be no earlier than thirty-one (31) days after the premium due date.

**We** may cancel this policy, or any of its individual insurance benefits, for reasons other than nonpayment of premium by sending written notice stating when thereafter such cancellation shall take effect. If this is a multi-year policy, then **We** may cancel the policy, or any of its individual insurance benefits, by sending written notice at least sixty (60) days prior to the Anniversary Date shown in the Insuring Agreement.

**We** may nonrenew this policy by sending written notice at least sixty (60) days before the expiration date of the Policy Period shown in the Insuring Agreement.

**We** will send notice of cancellation or nonrenewal to the **Policyholder** at its last known address. If the notice is mailed, proof of mailing will be considered proof of cancellation or nonrenewal.

The **Policyholder** is required to immediately provide notice of cancellation or nonrenewal to all **Insured Persons**.

The earned premium will be computed on a pro-rata basis. Any unearned premium will be returned to the **Policyholder** as soon as practicable.

Certificate

When required by law, **We** will issue to the **Policyholder** for delivery to the **Primary Insured Person** a Certificate of Insurance. The Certificate of Insurance will describe the benefits, exclusions, limitations, and conditions of this policy and state to whom benefits are payable. Any subsequent changes to this policy will also apply to the existing Certificates of Insurance.
Changes

This policy can only be changed by a written endorsement that becomes a part of this policy. The endorsement must be approved by one of Our officers and signed by one of Our authorized representatives. No agent has the authority to change this policy or waive any of its provisions.

BTA5166

Concealment or Fraud

Insurance under this policy is void if:

1) the Policyholder or any Insured Person has intentionally concealed or misrepresented any material fact relating to this policy before or after a Loss; or

2) the Policyholder or any Insured Person files a false report of a Loss.

BTA5165

Compliance by Policyholder and Insured Person

We have no duty to provide insurance under this policy unless the Policyholder, the Insured Person and the beneficiary, if applicable, have fully complied with all the terms and conditions of this policy.

BTA5168

Claim Notice

Written Claim Notice must be given to Us or any of Our brokers or appointed agents within twenty (20) days after the occurrence or commencement of any Loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

BTA5170

Claim Forms

When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within ten (10) business days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or the Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made.

BTA5172GA
Claim Proof of Loss

For claims involving disability, complete Proof of Loss must be given to Us within thirty (30) days after commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be given to Us at such intervals as We may reasonably require.

Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity.

For all claims except those involving disability, complete Proof of Loss must be given to Us within ninety (90) days after the date of Loss, or as soon as reasonably possible.

BTA5174

Time of Payment of Claims

For benefits payable involving disability, We will pay the Insured Person the applicable Benefit Amount no less frequently than monthly during the period for which We are liable. Any balance remaining unpaid at the termination of such period will be paid immediately upon receipt of complete Proof of Loss. All payments by Us are subject to receipt of complete Proof of Loss.

For all benefits payable under this policy except those for disability, We will pay the Insured Person or beneficiary the applicable Benefit Amount immediately after We receive complete Proof of Loss if the Insured Person, the Policyholder and the beneficiary, where applicable, have complied with all the terms of this policy. If We fail to make immediate payment, then We will mail the Insured Person or beneficiary a notice stating the reasons for failing to pay the claim, either in whole or in part. The notice will give the Insured Person or beneficiary a written itemization of any documents or other information needed to process the claim. Within fifteen (15) business days of receipt of such itemized documents and information, We will pay the claim or deny it, in whole or in part, providing the Insured Person or beneficiary with the reasons We have for denying such claim in whole or in part.

BTA5176GA

Claim and Suit Cooperation

In the event of a claim under this policy, the Policyholder, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Policyholder, the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. The Policyholder, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

BTA5178

Entire Contract and Application

This policy, the Policyholder's application and the Primary Insured Person's application, if any, together with the endorsements attached to this policy, constitute the entire contract of insurance. If an application is completed by the Policyholder or Primary Insured Person in connection with this policy, then We will attach the application to the policy when the policy is issued.

BTA5182
Examination Under Oath

We have a right to examine under oath, as often as We may reasonably require, an Insured Person, the Policyholder or the beneficiary. We may also require the Insured Person, the Policyholder or the beneficiary to provide a signed description of the circumstances surrounding the Loss and their interest in the Loss. An Insured Person, the Policyholder and the beneficiary will also produce all records and documents requested by Us and will permit Us to make copies of such records or documents.

Governing Jurisdiction and Conformance With Statutes

This policy is governed by the laws of the jurisdiction in which it is delivered to the Policyholder. Any terms of this policy which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which this policy is delivered are amended to conform to such statutes, laws or regulations. Any terms of a certificate which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the certificate is delivered are amended to conform to the statutes, laws or regulations of the jurisdiction.

Inadvertent Error

The insurance provided under this policy will not be prejudiced by the failure on the part of the Policyholder to transmit reports, collect and remit premium or comply with any of the terms and conditions of this policy when such failure is due to an inadvertent error or clerical mistake, provided that such inadvertent error or clerical mistake is corrected promptly upon discovery.

An inadvertent error or clerical mistake by Us or by the Policyholder may be corrected upon discovery with notice by the Policyholder to Us or by Us to the Policyholder.

Informational and Advertising Material

The Policyholder and its representatives must gain Our prior written approval of all material used for advertising and solicitation relating to this policy, regardless of the medium in which such material appears. We will not be responsible for any increase in payment or any changes in insurance resulting from such materials that have not been approved by Us.

Legal Action Against Us

No legal action may be brought to recover on this policy until sixty (60) days after We have been given complete Proof of Loss. No such action may be brought after three (3) years from the time complete Proof of Loss is required to be given. No such action may be brought unless there has been full compliance with all of the terms of this policy.

In no case will We be liable for benefits that are not payable under the terms of this policy or that exceed the applicable Benefit Amounts or limits of insurance of this policy.
Liberalization

If **We** adopt any changes:

1) within forty-five (45) days prior to the policy effective date shown in the Insuring Agreement; or

2) during the Policy Period,

which broaden this insurance without an additional premium charge, then the **Insured Person** will automatically receive the benefit of the broadened insurance.

BTA5192

Newly Acquired or Newly Formed Organizations

If the **Policyholder** acquires or forms another entity that becomes a **Subsidiary**, then at the **Policyholder**'s request, **We** will enroll all eligible employees of such **Subsidiary** as soon as possible subject to the following requirements:

1) all eligible employees of such **Subsidiary** fit the **Class** Description shown in Section I of the Schedule of Benefits;

2) the **Subsidiary** is acquired or formed during the Policy Period;

3) the **Policyholder** reports the name of the **Subsidiary** within ninety (90) day(s) after its acquisition or formation together with such information that **We** at our sole discretion may require to determine the additional premium; and

4) the **Policyholder** pays the additional required premium.

Item three (3) above does not apply to a **Subsidiary** with less than 100 eligible employees unless the number of eligible employees for such **Subsidiary** exceeds ten percent (10%) of the insured group.

This insurance does not apply if the **Policyholder** advises **Us** in writing that it does not seek insurance under this policy for such newly acquired or formed **Subsidiary**.

BTA5194

Physical Examination and Autopsy

**We** have the right to have an **Insured Person** examined by a **Physician** approved by **Us**, as often as reasonably necessary while a claim is open. **We** may also have an autopsy done by a **Physician**, unless prohibited by law. Any examinations or autopsies that **We** require will be done at **Our** expense.

BTA5193

Premium Payment

The **Policyholder** will collect and remit to **Us** all premium due under this policy, subject to the grace period.

Premium is adjustable. The earned premium is calculated for each reporting period based on the applicable rates and exposures. The **Policyholder** must keep records of the information **We** need to calculate the premium and send **Us** copies of these records for each reporting period.

The earned premium will be computed on a pro-rata basis. Any unearned premium will be remitted to the **Policyholder** as soon as practicable.

BTA5196
Premium Provisions

The **Policyholder** will pay all required premium due under this policy, subject to the grace period. Annual Premiums and Deposit Premiums are due at the beginning of the Policy Period and each future Anniversary Date unless otherwise indicated on the Premium Summary.

If premiums are adjustable, then **We** will compute the earned premium for each audit reporting period based on the applicable rates and exposures. The **Policyholder** must keep records of the information **We** need to perform the adjustment and send **Us** copies at **Our** request.

If the policy is written subject to adjustment shown in the Premium Schedule, then the **Policyholder** must report to **Us** the complete information for the reporting period shown in the Premium Summary. The **Policyholder** must submit the reports within the specified number of days after the end of each Reporting Period.

At the earlier of the end of the Policy Period or the policy termination, earned premium will be determined based on the reported values or exposures. If the resulting earned premium is less than the Deposit Premium, if any, then **We** will return the excess to the **Policyholder**. If the resulting earned premium is greater than the Deposit Premium, if any, then **We** will bill the **Policyholder** for the additional premium. The **Policyholder** will pay **Us**, within thirty (30) days, any additional premium generated from the premium adjustment.

BTA5197

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**Premium Rate Change**

**We** may change the premium rates for this policy on the Anniversary Date. **We** will give the **Policyholder** at least forty five (45) days prior written notice of such change.

BTA5198

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**Records and Audit**

**We** may examine the **Policyholder**'s books and records relating to this policy at any reasonable time during the policy term and up to three (3) years after expiration of this policy or until final adjustment and settlement of all claims under this policy, whichever is later.

The **Policyholder** must maintain information pertaining to **Insured Persons** including but not limited to each **Insured Person's Benefit Amount, Class, Salary**, enrollment form, if any, and beneficiary designations or assignments.

BTA5204
Statements by Policyholder or Insured Person and Incontestability

We will not use any statements, except fraudulent misstatements, made by the Policyholder or the Insured Person to void the insurance or reduce benefits payable under this policy, or to otherwise contest the validity of this policy, unless such statements are contained in a written document signed by the Policyholder or the Insured Person. If We rely on such statements for this purpose, then We will provide a copy of the written document to the Policyholder, the Insured Person or the Insured Person's designee or beneficiary, as appropriate.

We will consider all statements made by the Policyholder and the Insured Person to be representations and not warranties.

Except for nonpayment of premium, We will not use statements made by the Policyholder or the Insured Person regarding insurability to contest the validity of this policy when the statements are made more than two (2) years after this policy has been in force during the Insured Person's lifetime.

Nothing in this section will preclude Us from asserting at any time defenses based upon a claimant's ineligibility for insurance under this policy, or upon any other policy provision or condition.

BTA5206

Titles of Paragraphs

The titles of the various paragraphs of this policy and any endorsements attached to this policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate.

BTA5208

Workers' Compensation

The benefits payable under this policy are not in lieu of and do not affect any requirement for workers' compensation insurance.

BTA5210
Notice

The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.
PRIVACY POLICY AND PRACTICES

THIS NOTICE IS BEING SENT TO THE MASTER POLICYHOLDER OF A GROUP INSURANCE POLICY. IT DESCRIBES CHUBB'S POLICY FOR HANDLING CERTAIN PERSONAL INFORMATION OF ITS INDIVIDUAL CUSTOMERS.

Chubb has been serving the insurance needs of our customers for more than a century. To continue to provide innovative products and services that respond to your insurance needs, Chubb collects certain personal information about you, which is described below in The Personal Information We Collect. At Chubb, we respect the privacy of our customers. We do not sell or share our customer lists with anyone else for the purpose of marketing their products to you. Chubb's personal information handling practices are regulated by law, and this Privacy Policy describes those practices.

The Personal Information We Collect. Chubb collects personal information about you and the members of your household to conduct business operations, provide customer service, offer new products, and satisfy legal and regulatory requirements.

We may collect the following categories of information about you from these sources:

• Information from you directly or through your agent, broker, or, automobile assigned risk plan, including information from applications, worksheets, questionnaires, claim forms or other documents (such as name, address, driver's license number, and amount of coverage requested).
• Information about your transactions with us, our affiliates or others (such as products or services purchased, claims made, account balances and payment history).
• Information from a consumer reporting agency (such as motor vehicle reports).
• Information from other non-Chubb sources (such as prior loss information and demographic information).
• Information from visitors to our websites (such as that provided through online forms and online information collecting devices known as "cookies"). Chubb does not use "cookies" to retrieve information from a visitor's computer that was not originally sent in a "cookie".
• Information from an employer, benefit plan sponsor, benefit plan administrator or master policyholder for any Chubb individual or group insurance product that you may have (such as name, address and amount of coverage requested).

The Personal Information We Share. Chubb may disclose the personal information we collect to service, process, or administer business operations such as underwriting and claims and for other purposes such as the marketing of products or services, regulatory compliance, the detection or prevention of fraud, or as otherwise required or allowed by law. These disclosures may be made without prior authorization from you, as permitted by law.

Sharing Personal Information With Others. Chubb may disclose the personal information we collect to affiliated and non-affiliated parties for processing and servicing transactions, such as reinsurers, insurance agents or brokers, property and automobile appraisers, auditors, claim adjusters, third party administrators and, in the case of group insurance, employers, benefit plan sponsors, benefit plan administrators or master policyholders. For example, Chubb may disclose personal information to our affiliates and other parties that perform services for us such as customer service or account maintenance. Specific examples include mailing information to you and maintaining or developing software for us. Chubb may also disclose personal information to nonaffiliated parties as permitted by law. For example, we may disclose information in response to a subpoena, to detect or prevent fraud, or to comply with an inquiry or requirement of a government agency or regulator.

Sharing Personal Information With Service Providers or for Joint Marketing. Chubb may disclose the personal information we collect to agents and brokers so that they can market our financial products and services and to service providers who perform functions for us. Any such disclosure is required to be subject to an agreement with us that includes a confidentiality provision. We do not disclose personal information
to other financial institutions with which we may have joint marketing arrangements; however, we reserve the right to do so in the future, subject to the other financial institution entering into an agreement with us that includes a confidentiality provision.

Confidentiality and Security of Personal Information. Access to personal information is allowed for business purposes only. The people who have access to personal information, including employees of Chubb and its affiliates, and non-employees performing business functions for Chubb, are under obligations to safeguard such information. Chubb maintains physical, electronic, and procedural safeguards to guard your personal information.

Personal Health Information. Under certain circumstances, we also collect personal health information about our customers, such as information regarding an accident, disability or injury, for underwriting or claim purposes. Chubb does not disclose your personal health information for marketing purposes unless we have your express consent.

Personal Information of Former Customers. Chubb's personal information privacy policy also applies to former customers.

Changes in Privacy Policy. Chubb may choose to modify this policy at any time. We will notify customers of any modifications at least annually.

Definitions.

"Chubb" means the following companies on whose behalf this notice is given:

<table>
<thead>
<tr>
<th>Chubb &amp; Son Inc.</th>
<th>Executive Risk Indemnity Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chubb &amp; Son Inc. (of Illinois)</td>
<td>Executive Risk Specialty Insurance Company</td>
</tr>
<tr>
<td>Chubb Custom Insurance Company</td>
<td>Federal Insurance Company</td>
</tr>
<tr>
<td>Chubb Custom Market, Inc.</td>
<td>Great Northern Insurance Company</td>
</tr>
<tr>
<td>Chubb Indemnity Insurance Company</td>
<td>Northwestern Pacific Indemnity Company</td>
</tr>
<tr>
<td>Chubb Insurance Company of New Jersey</td>
<td>Pacific Indemnity Company</td>
</tr>
<tr>
<td>Chubb Lloyds Insurance Company of Texas</td>
<td>Quadrant Indemnity Company</td>
</tr>
<tr>
<td>Chubb Multinational Managers, Inc.</td>
<td>Texas Pacific Indemnity Company</td>
</tr>
<tr>
<td>Chubb National Insurance Company</td>
<td>Vigilant Insurance Company</td>
</tr>
</tbody>
</table>

"Customer" and "you" mean any individual who obtains or has obtained a financial product or service from Chubb that is to be used primarily for personal, family or household purposes. This notice applies to customers only.

"Personal information" means non-public personal information, which is defined by law as personally identifiable financial information provided by you to Chubb, resulting from a transaction with or any service performed for you by Chubb, or otherwise obtained by Chubb. Personal information does not include publicly available information as defined by applicable law.

Chubb Group of Insurance Companies
Accident Benefits and Life Department
Attention: Privacy Inquiries
202 Hall's Mill Road, P.O. Box 1600
Whitehouse Station, New Jersey, 08889-1600

Form 44-02-2087 (Ed. 9/08)
Federal Insurance Company

Business Travel Accident Insurance Application

Section I Policyholder Information

Name of Policyholder: THE EMORY CLINIC
Address 1365 CLIFTON RD.N.W.
City ATLANTA State GA Zip Code 30322
Phone Number: 
Contact Name: 
Effective Date: 01/01/2013
Policy Number: 9907-26-11

INSURANCE REQUESTED

A) CLASS OF INSURED PERSONS
1 All active, full-time employees of the Policyholder who are presently covered under the Group Voluntary Accident Plan, PAI 9032130, and whose names are on file with the Policyholder.

B) PRINCIPAL SUM
1 $200,000

C) HAZARD
1 24 Hour Business Travel

D) ACCIDENTAL DEATH AND DISMEMBERMENT

Class
All

Accidental: Benefit Amounts (Percentage of Principal Sum)
Loss of Life 100%
Loss of Speech and Loss of Hearing 100%
Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye 100%
Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye 100%
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye 100%
Quadriplegia 100%
Paraplegia 75%
Hemiplegia 50%
Loss of Hand, Loss of Foot or Loss of Sight of one Eye (Any one of each) 50%
Loss of Speech or Loss of Hearing 50%
Uniplegia 25%
Loss of Thumb and Index Finger of the same Hand 25%

E) ADDITIONAL BENEFITS

<table>
<thead>
<tr>
<th>CLASS</th>
<th>BENEFIT</th>
<th>BENEFIT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Carjacking</td>
<td>10% of Principal Sum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum Benefit Amount $25,000</td>
</tr>
<tr>
<td>Benefit Amount</td>
<td>Description</td>
<td>Calculation</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>$5,000</td>
<td>5% of Principal Sum up to a maximum of $5,000 for each Dependent Child</td>
<td>Maximum Benefit Amount $25,000</td>
</tr>
<tr>
<td>$25,000</td>
<td>1% of Principal Sum</td>
<td>Maximum Benefit Amount 100% of Principal Sum</td>
</tr>
<tr>
<td>$100</td>
<td>5% of the Principal Sum up to a maximum of $5,000 for each eligible Dependent Child</td>
<td>Maximum Benefit Amount $25,000</td>
</tr>
<tr>
<td>$25,000</td>
<td>10% of Principal Sum</td>
<td>Maximum Benefit Amount 20% of the Principal Sum up to a maximum of $50,000</td>
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<tr>
<td>$100</td>
<td>5% of Principal Sum</td>
<td>Maximum Benefit Amount $25,000</td>
</tr>
<tr>
<td>$2,000</td>
<td>10% of Principal Sum</td>
<td>Maximum Benefit Amount $2,000</td>
</tr>
<tr>
<td>$50,000</td>
<td>10% of Principal Sum</td>
<td>Maximum Benefit Amount $50,000</td>
</tr>
<tr>
<td>$25,000</td>
<td>5% of Principal Sum</td>
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<td>1% of Principal Sum</td>
<td>Maximum Benefit Amount 100% of Principal Sum</td>
</tr>
</tbody>
</table>

**Aggregate Limit of Insurance**

The Aggregate Limit of Insurance applies:

- $5,000,000 per Accident

**Premium**

<table>
<thead>
<tr>
<th>Amount Due</th>
<th>$13,285</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due Date</td>
<td>01/01/2013</td>
</tr>
</tbody>
</table>
Employee Retirement Income Security Act
Is this plan subject to Employee Retirement Income Security Act (ERISA) regulations? (Y/N) __________

Policy Acceptance
The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the Company in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

Fraud Warning
Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

Name of Policyholder:________________________________________

_________________________________________________________________________________________________________________________________

Date Signature Title

Company Authorized Representative

BT 3000 APP (Rev. 09/2006)