

Accident Insurance
 Underwritten by:
 Federal Insurance Company
 202 Halls Mill Road
 Whitehouse Station, NJ 08889

Important Notice - Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, 9906-88-75, and in the Certificate which can be obtained upon request.

ELIGIBILITY – All Members of FACT as described below whose membership is in good standing.

Insured Person	Covered Hazard	Principal Sum
Standard Members, their Spouse or Domestic Partner and Dependent Children	24 Hour Business & Pleasure	\$20,000
	Common Carrier Business & Pleasure	\$40,000

The Principal Sum shall be payable if an **Accident** results in a covered **Loss of Life** not otherwise excluded. The **Accident** must occur while the **Insured Person** is insured under this policy, while it is in force. The covered **Loss of Life** must occur within one year after the **Accident**. **Disappearance:** If an **Accident** results from an insured Hazard and the **Insured Person** has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which the **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 the **Insured Person** has suffered **Loss of Life** insured under this policy. **Exposure:** If an **Accident** resulting from an insured Hazard causes the **Insured Person** to be unavoidably exposed to the elements and as a result of such exposure the **Insured Person** has a **Loss**, then such **Loss** will be insured under this policy.

24 Hour Business and Pleasure Hazard: 24 Hour Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of the policy, to which the **Insured Person** may be exposed.

Common Carrier Business and Pleasure Hazard: **Common Carrier** Business and Pleasure Hazard means all circumstances, subject to the terms and conditions of this policy, arising from and occurring while the **Insured Person** is in, entering or exiting a **Common Carrier** or a **Conveyance** operated by a military transport service as an emergency replacement for a **Common Carrier**.

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

Accidental:	% 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	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%

This **Benefit Amount** is subject to the Maximum Payment for Multiple Losses and Multiple Benefits provision. 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 the policy, the **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.

The following are **Benefit Amounts** for all additional benefits provided:

Enhanced In-Hospital Benefit

Daily **Benefit Amount** \$500
 Maximum Number of Days 30
Elimination Period 3 days

Medical Evacuation and Repatriation

Maximum **Benefit Amount** \$25,000
Benefit Amount (Hospital Admission Guaranty) \$1,000
Family Travel Expense Benefit Amount
 (Maximum Per Day) \$100
 (Maximum Number of Days) 5

Enhanced In Hospital

We will pay the **Enhanced In Hospital Benefit Amount** after the **Elimination Period**, both shown above, for each day an **Insured Person** is **In-Hospital**, if an **Accident** causes an **Insured Person** to be **In-Hospital**. The **Enhanced In-Hospital Benefit Amount** will not be paid for more than the Maximum Number of Days shown above. The **Enhanced In-Hospital Benefit Amount** is payable in addition to any other applicable **Benefit Amounts** under the policy. The **Enhanced In-Hospital Benefit Amount** will be paid until the earliest of the date: 1) the **Insured Person** dies; 2) the **Insured Person** is no longer **In-Hospital**; or 3) the Maximum Number of Days for the **Enhanced In-Hospital Benefit Amount**, shown in above, has elapsed. If an **Insured Person** is discharged from the **Hospital** and the same **Accident** causes such **Insured Person** to be **In-Hospital** again within three (3) days after discharge, then any time in the **Hospital** will count to satisfy the **Elimination Period**. However, in no event will total payment of the **Enhanced In-Hospital Benefit Amount** exceed the Maximum Number of Days shown in above.

Medical Evacuation and Repatriation

<p>For medical referrals, evacuation, repatriation or other services please call:</p> <p>Chubb Travel Assistance Program 1-800-243-6124 (Inside the USA) 1-202-659-7803 (Outside the USA Call Collect) OPS@europassistance-usa.com</p> <p>Visit www.ACETravelAssistance.com for access to global threat assessments and location based intelligence.</p> <p>Register to access the site using the Group ID and Activation Code below:</p> <p>Group ID: aceah Activation Code: security</p>	<p>Travel Assistance Program</p> <p>Plan Number: 01AH585 Organization: FEDERATION OF AMERICAN CONSUMERS AND TRAVELERS Policy Number: 9906-88-75 Assistance Provider: Europ Assistance USA</p> <p>Europ Assistance provides emergency medical and travel services and pre-trip information services. Please call when:</p> <ul style="list-style-type: none">• You require a referral to a hospital or doctor• You are hospitalized• You need to be evacuated or repatriated• You need to guarantee payment for medical expenses• You experience local communication problems• Your safety is threatened by the sudden occurrence of a political or military event
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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 above. The **Benefit Amount** for **Medical Evacuation and Repatriation** is payable in addition to any other applicable **Benefit Amount** under this policy. This insurance applies only if the covered trip: 1) is more than 100 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 above. 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 and 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**, but in no event will **We** pay more than the **Benefit Amount** for **Medical Evacuation and Repatriation** shown in above.

Limitation on Medical Evacuation and Repatriation

With respect to **Medical Evacuation and Repatriation** only, the Disease or Illness Exclusion does not apply.

EFFECTIVE DATE OF INSURANCE – Insurance becomes effective on the latest of the effective date of the policy which is 01/7/2019, 2) The first day of the 2nd month following the **Insured Person's** enrollment date in the Federation of American Consumers and Travelers.

DATE INSURANCE ENDS - Insurance will end at the earliest of: 1) the date the group policy ends, 2) the end of the period for which required premium has been paid for an **Insured Person's** insurance, or 3) the date on which an **Insured Person** ceases to meet the eligibility criteria.

EXCLUSIONS

Insurance does not apply to any Accident, Accidental Bodily Injury or Loss when the Unites States of America has imposed any trades sanctions prohibiting the insurance, or there is any other legal prohibition against providing the insurance. In addition no benefits will be paid for any **Accident, Accidental Bodily Injury** or Loss caused by or resulting from any of the following: 1) An **Insured Person** being in, entering, or exiting any aircraft: a) owned, leased or operated by the Sponsoring Organization or on the Sponsoring Organization's behalf; or b) operated by an employee of the Sponsoring Organization on the Sponsoring Organization's behalf. 2) an **Insured Person** 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. 3) 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 or diagnosis thereof. This exclusion does not apply to the **Insured Person's** bacterial infection caused by an **Accident** or by **Accidental** consumption of a

substance contaminated by bacteria. 4) while the **Insured Person** is incarcerated. 5) an **Insured Person** being intoxicated, while operating a motorized vehicle at the time of an **Accident**. Intoxication is defined by the laws of the jurisdiction where such **Accident** occurs. 6) an **Insured Person** being under the influence of any narcotic or other controlled substance at the time of an **Accident**. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician. 7) an **Insured Person** participating in parachute jumping from an aircraft. 8) an **Insured Person** being engaged in or participating in a motorized vehicular race or speed contest. 9) an **Insured Person** participating in any professional sporting activity for which the **Insured Person** received a salary or prize money. 10) 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. 11) an **Insured Person** traveling or flying on any aircraft engaged in Specialized Aviation Activities. Specialized Aviation Activity means use of a properly certified aircraft for the following: acrobatic or stunt flying, exploration, racing, pipeline inspection, any endurance tests, power line inspection, any flight on a rocket propelled or rocket launched aircraft, livestock herding, bird flock management, crop dusting, aerial photography, crop seeding, banner towing, crop spraying, or any test for experimental purpose 12) an **Insured Person's** suicide, attempted suicide or intentionally self-inflicted injury. 13) This insurance does not apply to any **Accident, Accidental Bodily Injury, Loss, Covered Loss or Loss of Property** caused by or resulting from, directly or indirectly, a declared or undeclared **War**

DEFINITIONS

Accident or Accidental means a sudden, unforeseen, and unexpected event which: happens by chance; 2) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 3) occurs while the **Insured Person** is insured under this policy which is in force; and 4) is the direct cause of loss. **Accidental Bodily Injury** means bodily injury, which is: 1) **Accidental**; 2) the direct cause of a loss; and occurs while an **Insured Person** is insured under this policy, which is in force. **Accidental Bodily Injury** does not include conditions caused by repetitive motion injuries, or cumulative trauma not a result of an **Accident**, including, but not limited to: 1) Osgood-Schlatter's Disease; 2) bursitis; 3) Chondromalacia; 4) shin splints; 5) stress fractures; 6) tendinitis; and 7) Carpal Tunnel Syndrome. **Assistance Services Administrator** means the organization that contracts with the **Company** to provide **Medical Evacuation** and **Repatriation** services to an **Insured Person**. **Benefit Amount** means the amount stated which applies: 1) at the time of an **Accident**; 2) to an **Insured Person**; and 3) for an applicable Hazard. **Company** means Federal Insurance Company. **Common Carrier** means any motorized land, water or air **Conveyance**, operated by an organization other than the **Policyholder**, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. **Common Carrier** does not include travel on cruise ships that extends beyond forty-eight (48) hours, sight-seeing tours or any **Conveyance** used for recreational activities. **Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. **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**; and b) are, in the opinion of an attending **Physician**, necessarily incurred in connection with **Repatriation** of an **Insured Person**; or c) are necessary 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 by 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. **Dependent Child** means the **Insured Person's** unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of placement with the **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-five (25) if enrolled as a full-time student at an **Institution of Higher Learning**; or 3) classified as an **Incapacitated Dependent Child**. **Domestic Partner** means a person designated in writing by the **Primary Insured Person** who is registered as a **Domestic Partner** or legal equivalent under laws of the governing jurisdiction or who: 1) is at least 18 years of age and competent to enter into a contract; 2) is not related to the **Primary Insured Person** by blood; 3) has exclusively lived with the **Primary Insured Person** for at least twelve (12) consecutive months prior to the date of enrollment; 4) is not legally married or separated; and 5) as of the date of enrollment, has with the **Primary Insured Person** at least two (2) of the following financial arrangements: a) a joint mortgage or lease; b) a joint bank account; c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or d) a joint credit card account with a financial institution. Neither the **Primary Insured Person** nor the **Domestic Partner** can be married to, nor in a civil union with, anyone else. **Elimination Period** means the consecutive amount of time, shown in Section IV-C of the Schedule of Benefits, that must elapse before a **Benefit Amount** becomes payable. The **Elimination Period** begins on the first day of an **Insured Person's Loss**. **Benefit Amounts** are not payable, nor do they accrue, during an **Elimination Period**. **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. **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**. **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**. **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.

Hospital Admission Guaranty means any charge or expense made by a **Hospital** prior to and as a condition of an **Insured Person's** admission. **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 the **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-five (25) if enrolled as a full-time student at an **Institution of Higher Learning**. **In-Hospital** means registered as an in-patient and confined to a **Hospital** while being treated by a **Physician**. **In-Hospital** does not include confinement solely for convalescent or nursing care. **Institution of Higher Learning** means any accredited public or private college, university, professional trade Or vocational school beyond the twelfth (12th) grade. **Insured Person** means a person, qualifying as a Class member: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. **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** 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** 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** 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** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an **Accident**. **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**. **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**. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a **Physician**. **Loss of 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. **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. **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. **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. **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. **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. **Owned Aircraft** means any aircraft to which the Policyholder holds legal or equitable title. **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**. **Policyholder** means Federation of American Consumers and Travelers. **Proof of Loss** means written evidence acceptable to **Us** that an **Accident**, **Accidental Bodily Injury** or Loss has occurred. **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**. **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**. **Spouse** means the **Insured Person's** husband or wife who is recognized as such by the laws of the jurisdiction in which the **Primary Insured Person** resides. **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**. **War** means: 1) hostilities following a formal declaration of war by a governmental authority; 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. **We, Us and Our** means Federal Insurance Company.

BENEFICIARY

Designation - The **Insured Person** has the right to designate a beneficiary. The Primary **Insured Person** shall have the sole right to designate a beneficiary for any child who is a minor. All beneficiary designations must be: in writing; filed with the **Policyholder** or the **Policyholder's** designated representative; and provided to **Us** at the time of claim or at such other time as **We** may require.

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: in writing; filed with the **Policyholder** or the **Policyholder's** designated representative; and 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.

Payment - The **Benefit Amount** for covered **Loss of Life** will be paid to the beneficiary designated by the **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 the **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:

the **Insured Person's Spouse** or **Domestic Partner**;
in equal shares to the **Insured Person's** surviving children;
in equal shares to the **Insured Person's** surviving parents;
in equal shares to the **Insured Person's** surviving brothers and sisters;
the **Insured Person's** estate.

CLAIM PROVISIONS

Claim Notice: Written Claim Notice must be given to **Us** or any of **Our** brokers or appointed agents within 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 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. Claim Forms: When **We** receive notice of a claim, **We** will send the **Insured Person** or the **Insured Person's** designee, within 15 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 an **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. **Claim Proof of Loss:** Complete **Proof of Loss** must be given to **Us** within 90 days after the date of **Loss**, or as soon as reasonably possible. 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 year after the deadline to submit complete **Proof of Loss**, except in cases where the claimant lacks legal capacity. Claim Payment: 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. 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** within sixty (60) days after **We** receive complete **Proof of Loss** if the **Insured Person**, the **Policyholder** and beneficiary, where applicable, have complied with all the terms of this policy.

HOW TO FILE A CLAIM

To obtain a claim form contact the Claim Administrator, Broadspire, a Crawford company. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to: Broadspire, a Crawford company, P.O. Box 459084 Sunrise, FL 33345, PHONE NUMBER 855-830-3719 Fax Number 855-830-3728. Reference policy # 9906-88-75

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 Description of Coverage which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the Description of Coverage is delivered are amended to conform to the statutes, laws or regulations of the jurisdiction.

Important Information: Travel and Medical Assistance Provider

When traveling for business or pleasure, you can now feel confident that you are in safe hands if an emergency arises. Chubb partners with Europ Assistance, a leading global medical assistance provider, to give you 24/7 access to medical and travel assistance services around the world.

With medical assistance services from Europ Assistance, help is only a phone call away. Europ Assistance has a local presence in 200 countries and territories worldwide, including 35 assistance centers staffed with multilingual assistance coordinators, case managers, and medical staff.

If you are insured and need to locate medical care, Europ Assistance is available for timely help anywhere around the world. Europ Assistance provides the following services worldwide:

Medical Assistance Services:

- Medical provider search and referrals to help find hospitals and doctors in a given locale
- Medical monitoring of treatment
- Facilitation of medical payment
- Coordination of medication

Medical Evacuation and Repatriation Services:

- Emergency medical evacuations and medically necessary repatriation
- Coordinate transportation to join a hospitalized family member
- Dependent children/traveling companion assistance

Europ Assistance Contact Information	
Toll free in the U.S. or Canada: 1.800.243.6124	From other international locations, call collect: 1.202.659.7803

Travel Risk Intelligence Portal

As part of your Chubb insurance solution, insureds can access Europ Assistance's website that features information and tools to support travelers before and during their travel excursions. The site contains real-time destination-based health, security and travel-related information including:

- Country and city risk ratings and profiles
- Health, medical, safety and security reports per locale
- Information on business conduct, transportation, holidays, currency exchange rates, etc.
- Mitigation tips and consulate contacts
- News and real-time security alerts
- General travel information

The Europ Assistance portal also includes useful tools to help minimize the inconvenience associated with international travel and support travelers in an emergency, such as translators for drugs and medical terms.

Access the portal:

Go to the URL listed below to access Europ Assistance's portal and click on the "Sign Up Now" link in the gray **Log In** box. Use your **Group ID** and **Activation Code** to fill out the registration information.

Once registered, an automated e-mail will be sent to confirm your registration. Follow the link in this email to complete your registration. You can now access the Europ Assistance portal site at any time using your new login and password.

URL: www.acetravelassistance.com

Group ID: aceah

Activation Code: security

<p>For medical referrals, evacuation, repatriation or other services please call:</p> <p>Chubb Travel Assistance Program 1-800-243-6124 (Inside the USA) 1-202-659-7803 (Outside the USA Call Collect) OPS@europassistance-usa.com</p> <p>Visit www.ACETTravelAssistance.com for access to global threat assessments and location based intelligence.</p> <p>Register to access the site using the Group ID and Activation Code below:</p> <p>Group ID: aceah Activation Code: security</p>	<p>Travel Assistance Program</p> <p>Plan Number: 01AH585 Organization: FEDERATION OF AMERICAN CONSUMERS AND TRAVELERS Policy Number: 9906-88-75 Assistance Provider: Europ Assistance USA</p> <p>Europ Assistance provides emergency medical and travel services and pre-trip information services. Please call when:</p> <ul style="list-style-type: none"> • You require a referral to a hospital or doctor • You are hospitalized • You need to be evacuated or repatriated • You need to guarantee payment for medical expenses • You experience local communication problems • Your safety is threatened by the sudden occurrence of a political or military event
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