

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

Hartford, Connecticut  
(A stock insurance company)

Will pay benefits according to  
the conditions of this  
policy.



Policyholder Name: Snohomish County Government

Policyholder Address: 3000 Rockefeller Avenue  
Everett, WA 98201

Policy Number: ADD-S09046

Place of Delivery: Everett, WA

Policy Effective Date: April 1, 2019

TABLE OF CONTENTS

Schedule  
Participating Firms (if any)  
Contract Provisions  
Definitions  
Period of Coverage  
Exclusions  
Benefits  
Claims  
Riders (if any)

Signed for the Company

**Lisa Levin, Secretary**

**Michael Concannon, President**

## SCHEDULE

### ELIGIBLE PERSONS:

<u>Class</u>	<u>Description</u>
1	All Active, Full-time Employees who are citizens or legal residents of the United States, its territories and protectorates, excluding police officers, temporary, leased or seasonal employees.
2	All Active, Full-time Employees who are police officers who are citizens or legal residents of the United States, its territories and protectorates, excluding temporary, leased or seasonal employees.

Waiting Period: If the Eligible Person is working for the Employer prior to the Policy Effective Date and was covered under the prior plan, he or she is eligible for coverage on the Policy Effective Date or the date he or she enters an eligible class.

If the Eligible Person starts working for the Employer after the Policy Effective Date, he or she is eligible for coverage on the first day of the month coincident with or next following 1 month after his or her date of hire.

Full-time Employee means a person who:

- a) is regularly employed by the Policyholder in the usual course of their business and;
- b) works at least 30 hours per work week.

ELIGIBLE DEPENDENTS: Eligible Person's Spouse and Child(ren)

SCHEDULE

POLICY AGE LIMIT: Insured Person - None  
Spouse - None

EVIDENCE OF INSURABILITY: None

CHANGE IN CLASS: If an Insured Person enters a new Class, described in the Schedule, the insurance applicable to that person is:

- a) determined on the basis of the provisions for the new Class; and
- b) effective on the Premium Due Date on or next following the date he or she enters the new Class.

SCHEDULE

BENEFITS AND AMOUNTS:

Voluntary Plan 1

Class 1 is covered under this plan.

The Principal Sum applicable to each Insured Person is the amount for which:

- a) he or she is eligible to request as determined below;
- b) he or she has given us a Written Request; and
- c) the required premium is paid.

Accidental Death and Dismemberment Benefit

Principal Sum for each Insured Person:

Minimum Amount: \$10,000  
Maximum Amount: \$250,000  
Increments of: \$10,000

The Principal Sum requested may not exceed 10 times the Insured Person's annual earnings or the Maximum Amount shown above.

**Salary** means the Insured Person's base annual salary on the date of the accident; excluding overtime pay, bonuses, commissions and any other type of incentives.

Accidental Death and Dismemberment Reduction on and after Age 70: On the Policy Anniversary Date on or next following the Covered Person's attainment of ages 70, 75, 80 and 85, the Covered Person's amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum shown in the Schedule and applicable to the Covered Person by the percentage shown below for his or her attained age:

<u>Covered Person's Age:</u>	<u>Percentage of Principal Sum</u>
Age 70 - 74	65%
Age 75 - 79	45%
Age 80 - 84	30%
Age 85 and over	15%

Covered Persons age 70 or over will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for his or her attained age.

SCHEDULE

BENEFITS AND AMOUNTS: (continued)

Voluntary Plan 1 (continued)

Principal Sum For Each Insured Person's Eligible Spouse:

The Principal Sum applicable to an Insured Person's Spouse who is covered under the policy is the amount for which:

- a) the Insured Person is eligible to request, as determined below;
- b) the Insured Person has given us a Written Request; and
- c) the required premium is paid.

Spouse Principal Sum

Maximum  
\$150,000

The Principal Sum requested for the Spouse cannot exceed the lesser of the Spouse's Principal Sum Maximum or 60% of the amount applicable to the Insured Person.

Principal Sum For Each Insured Person's Eligible Child:

The Principal Sum applicable to an Insured Person's Child who is covered under this policy is the amount for which:

- a) the Insured Person is eligible to request, as determined below;
- b) the Insured Person has given us a Written Request; and
- c) the required premium is paid.

Child Principal Sum

Maximum  
\$25,000

The Principal Sum requested for the Child cannot exceed the lesser of the Child's Principal Sum Maximum or 20% of the amount applicable to the Insured Person.

SCHEDULE

BENEFITS AND AMOUNTS: (continued)

Voluntary Plan 1 (continued)

Seat Belt and Air Bag Coverage

Seat Belt Benefit Amount: 10%  
Maximum Amount: \$25,000  
Air Bag Benefit Amount: 5%  
Maximum Amount: \$10,000

Common Disaster Benefit

Common Disaster Limit: \$250,000

Education Benefit

Maximum Amount: \$3,750  
Percentage of Principal Sum: 5%  
Minimum Amount: \$500

Spouse Education Benefit

Maximum Amount: \$2,500  
Percentage of Principal Sum: 2.5%  
Minimum Amount: \$500

Rehabilitation Benefit

Maximum Amount: \$10,000  
Percentage of Principal Sum: 5%

Accident Hospital Indemnity Benefit

Monthly Benefit: 1% of Principal Sum to \$3,000  
Waiting Period: 8 days  
Payment Period: Retroactive

Conversion Privilege Benefit

Conversion Limit: \$500,000

Waiver of Premium

Day Care Benefit

Maximum Amount: \$5,000  
Percentage of Principal Sum: 3%  
Minimum Amount: \$500

Continuation of Medical Coverage Benefit

Maximum Amount: \$2,000  
Percentage of Principal Sum: 2%  
Minimum Amount: \$1,000

Coma Benefit

Waiting Period: 30 days

SCHEDULE

BENEFITS AND AMOUNTS:

Voluntary Plan 2

Class 2 is covered under this plan.

The Principal Sum applicable to each Insured Person is the amount for which:

- a) he or she is eligible to request as determined below;
- b) he or she has given us a Written Request; and
- c) the required premium is paid.

Accidental Death and Dismemberment Benefit

Principal Sum for each Insured Person:

Minimum Amount: \$10,000  
Maximum Amount: \$75,000  
Increments of: \$5,000

The Principal Sum requested may not exceed 10 times the Insured Person's annual earnings or the Maximum Amount shown above.

**Salary** means the Insured Person's base annual salary on the date of the accident; excluding overtime pay, bonuses, commissions and any other type of incentives.

Accidental Death and Dismemberment Reduction on and after Age 70: On the Policy Anniversary Date on or next following the Covered Person's attainment of ages 70, 75, 80 and 85, the Covered Person's amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum shown in the Schedule and applicable to the Covered Person by the percentage shown below for his or her attained age:

<u>Covered Person's Age:</u>	<u>Percentage of Principal Sum</u>
Age 70 - 74	65%
Age 75 - 79	45%
Age 80 - 84	30%
Age 85 and over	15%

Covered Persons age 70 or over will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for his or her attained age.

SCHEDULE

BENEFITS AND AMOUNTS: (continued)

Voluntary Plan 2 (continued)

Principal Sum For Each Insured Person's Eligible Spouse:

The Principal Sum applicable to an Insured Person's Spouse who is covered under the policy is the amount for which:

- a) the Insured Person is eligible to request, as determined below;
- b) the Insured Person has given us a Written Request; and
- c) the required premium is paid.

Spouse Principal Sum

Maximum

\$150,000

The Principal Sum requested for the Spouse cannot exceed the lesser of the Spouse's Principal Sum Maximum or 60% of the amount applicable to the Insured Person.

Principal Sum For Each Insured Person's Eligible Child:

The Principal Sum applicable to an Insured Person's Child who is covered under this policy is the amount for which:

- a) the Insured Person is eligible to request, as determined below;
- b) the Insured Person has given us a Written Request; and
- c) the required premium is paid.

Child Principal Sum

Maximum

\$25,000

The Principal Sum requested for the Child cannot exceed the lesser of the Child's Principal Sum Maximum or 20% of the amount applicable to the Insured Person.



SCHEDULE

BENEFITS AND AMOUNTS: (continued)

Voluntary Plan 2 (continued)

Seat Belt and Air Bag Coverage

Seat Belt Benefit Amount: 10%  
Maximum Amount: \$25,000  
Air Bag Benefit Amount: 5%  
Maximum Amount: \$10,000

Common Disaster Benefit

Common Disaster Limit: \$250,000

Education Benefit

Maximum Amount: \$3,750  
Percentage of Principal Sum: 5%  
Minimum Amount: \$500

Spouse Education Benefit

Maximum Amount: \$2,500  
Percentage of Principal Sum: 2.5%  
Minimum Amount: \$500

Rehabilitation Benefit

Maximum Amount: \$10,000  
Percentage of Principal Sum: 5%

Accident Hospital Indemnity Benefit

Monthly Benefit: 1% of Principal Sum to \$3,000  
Waiting Period: 8 days  
Payment Period: Retroactive

Conversion Privilege Benefit

Conversion Limit: \$500,000

Waiver of Premium

Day Care Benefit

Maximum Amount: \$5,000  
Percentage of Principal Sum: 5%  
Minimum Amount: \$500

Continuation of Medical Coverage Benefit

Maximum Amount: \$2,000  
Percentage of Principal Sum: 2%  
Minimum Amount: \$1,000

Coma Benefit

Waiting Period: 30 days

## SCHEDULE

INDIVIDUAL PREMIUMS: The following premiums are for monthly periods of coverage. The premium is per \$1,000.00 of the Insured Person's Principal Sum.

Voluntary Plans 1 and 2

Classes 1 & 2:

Voluntary Plan Premium  
Insured Person Only: \$0.03  
Insured Person And Eligible Dependents: \$0.05

The premium for Insured Persons age 70 and older will be based on the Principal Sum selected prior to reductions due to age.

POLICY PREMIUM: The premium for this policy is the sum of the Individual Premiums shown above.

PREMIUM DUE DATES: The Policy Premium is payable on the Policy Effective Date and each month thereafter. Each policy premium is due in advance of the date it becomes payable.

This policy terminates on the last day of the period for which premium is paid unless continued in force during a grace period.

PAYMENT: The Policy Premiums are to be paid to us by the Policyholder. However, they may be paid to us by any other person according to a mutual agreement among the other person, the Policyholder and us.

GRACE PERIOD: A grace period of 45 days is allowed for payment of each premium due after the first unless this policy is cancelled on or before the due date. This policy will continue in force during the grace period. The Policyholder is liable to us for the payment of premium accruing for the period this policy continues in force.

CHANGE OF PREMIUMS: We have the right on each premium Due Date after April 1, 2021 to change the rate at which further premiums will be calculated. We will give the Policyholder notice of any change at least 60 days before the Due Date on which it is to become effective.

## CONTRACT PROVISIONS

Entire Contract: The entire contract between the Policyholder and us consists of this policy, any individual applications, and any papers made a part of this policy at issue.

Changes: No agent has authority to change or waive any part of this policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this policy.

Interpretation of Policy Terms and Conditions: We have full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Group Insurance Policy.

Time Periods: All periods begin and end at 12:01 A.M., Standard Time at the place where this policy is delivered.

Certificates: We will give certificates to:

- a) the Policyholder; or
  - b) any other person according to a mutual agreement among the other person, the Policyholder and us;
- for delivery to Insured Persons.

The certificates will state the features of this policy which are important to Insured Persons.

Data Furnished by Policyholder: The Policyholder will, upon our request, give us:

- a) the names of all persons initially eligible;
- b) the names of all additional persons who become eligible;
- c) the names of all persons whose amount of Principal Sum is to be changed;
- d) the names of all persons whose insurance is cancelled; and
- e) any data necessary to calculate premiums.

The Policyholder's failure to report a person's termination of insurance does not continue the coverage beyond the date of termination.

The Policyholder, with our approval, may keep the important insurance records on all Covered Persons. The Policyholder must give us information, when and in the manner we ask, to administer the insurance provided by this policy.

The Policyholder's insurance records will be open for our inspection at any reasonable time.

CONTRACT PROVISIONS (Continued)

Cancellation: This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:

- a) the date stated in the notice; or
- b) the 61st day after we mail or deliver the notice.

If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
- b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not affect any claim for loss due to an accident which occurs before the effective date of the cancellation.

Not in Lieu of Workers' Compensation: This policy does not satisfy any requirement for workers' compensation insurance.

## DEFINITIONS

The terms listed, when used in this policy, will have the following meanings:

We, us or our means the insurance company named on the face page.

You, your or Insured Person means an Eligible Person while he or she is covered under this policy.

Covered Person means you, or your Eligible Dependent while you, he or she is covered under this policy.

Injury means bodily injury resulting directly and independently of all other causes from accident which occurs while he or she is covered under this policy. Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
  - b) medical or surgical treatment of a sickness or disease;
- is not considered as resulting from injury.

On, when used with reference to any conveyance (land, water or air), means in or on, boarding or alighting from the conveyance.

Civil or Public Aircraft means an aircraft which:

- a) has a current and valid Airworthiness Certificate;
- b) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and
- c) is not operated by the militia or armed forces of any state, national government or international authority.

Airworthiness Certificate means:

- a) the "Standard" Airworthiness Certificate issued by the United States Federal Aviation Administration; or
- b) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry.

Military Transport Aircraft means a transport aircraft operated by:

- a) the United States Air Mobility Command (AMC); or
- b) a national military air transport service of any country.

Written Request means any form provided by us for the particular request.

## INSURED PERSONS PERIOD OF COVERAGE

Eligibility Effective Date: Each Eligible Person who gives us a Written or Electronic Request for his or her coverage becomes an Insured Person on the later of:

1. the Policy Effective Date;
2. the date the Insured Person becomes eligible, if he or she enrolls or has enrolled by then;
3. the date on which the Insured Person enrolls, if he or she does so within 31 days after the date he or she is eligible; or
4. the first day of January following the Annual Enrollment Period if he or she enrolls during an Annual Enrollment Period.

If the Eligible Person is absent from work due to a physical or mental condition on the date his or her insurance, an increase in coverage, or a new benefit added to the Policy would otherwise become effective, the effective date of his or her insurance, any increase in insurance, or the additional benefit will be deferred until the date he or she returns to work as an Active Full-time Employee.

If an Eligible Person does not enroll when first eligible to do so, he or she may not enroll until:

1. an Annual Enrollment Period; or
2. He or she has a Change in Family Status.

Any such enrollment must be made during the Annual Enrollment Period, within 31 days of the Change in Family Status, or within 90 days after the date the Eligible Person acquired a child due to birth, adoption or becoming their legal guardian.

The Annual Enrollment Period is determined by the Employer on a yearly basis.

A Change in Family Status means:

1. The Eligible Person's marriage, or entrance into a domestic partnership, or the birth or adoption of a child, or becoming the legal guardian of a child;
2. the death of or a divorce from the Eligible Person's spouse or dissolution of a domestic partnership;
3. the death of or emancipation of a child;
4. The spouse's loss of employment which results in a loss of group insurance;
5. change in classification from Part-time to Full-time or from Full-time to Part-time.

Termination: Coverage of each Insured Person terminates on the earlier of:

1. the date this policy is terminated; or
2. the last day of the month he or she made any required premium contribution, if he or she failed to make any further required contribution;
3. the date he or she is no longer in a class eligible for coverage;
4. the last day of the month immediately following the date his or her Employer terminates his or her employment;
5. the date the Insured Person is absent from work as an Active Employee.

## INSURED PERSONS PERIOD OF COVERAGE (continued)

### Exceptions to Termination:

If the Insured Person is absent from work as an Active Employee, his or her insurance may be continued up to the maximum period of time stated. In each instance, such continuation shall be at the Employer's option, but must be according to a plan which applies to all employees in the same way. Continued coverage:

1. is subject to any reductions in the Policy;
2. is subject to payment of premium by the Employer; and
3. terminates when the Policy terminates.

If the Insured Person is on a documented leave of absence, other than Family or Medical Leave, all of his or her coverage (including Dependent AD&D coverage) may be continued for 1 month following the date on which the leave of absence commenced or the first to occur of:

1. the date the Group Insurance Policy terminates;
2. the date premium is due for the Insured Person but not paid by the Employer; or
3. the last day of the period for which the Insured Person makes any required premium contribution, if he or she fails to make any further required contribution.

If the Insured Person enters active military service and is granted a military leave of absence in writing, all of his or her coverage (including Dependent AD&D coverage) may be continued for the entire duration of the approved military leave of absence. If the leave ends prior to the agreed upon date, this continuation will cease immediately or the first to occur of:

1. the date the Group Insurance Policy terminates;
2. the date premium is due for the Insured Person but not paid by the Employer; or
3. the last day of the period for which the Insured Person makes any required premium contribution, if he or she fails to make any further required contribution.

If the Insured Person is laid off due to lack of work, all of his or her coverage (including Dependent AD&D coverage) may be continued for 1 month following the date on which the layoff commenced.

If the Insured Person is granted a leave of absence according to the Family and Medical Leave Act of 1993, all of his or her coverage (including Dependent AD&D coverage) may be continued to the end of the month following 12 weeks, or longer if required by state law, following the date his or her insurance would have terminated, subject to the following:

1. the leave authorization must be in writing;
2. the required premium for the Insured Person must be paid;
3. the Insured Person's benefit level will be that which was in effect on the day before said leave started, subject to any reduction included in the Policy;
4. the amount of Earnings upon which the Insured Person's benefit may be based, will be that which was in effect on the day before said leave started; and
5. continued coverage will cease immediately if one of the following events should occur:
  - a) the leave terminated prior to the agreed upon date;
  - b) the Policy terminated;
  - c) the Insured Person or the Policyholder fail to pay premium when due; or
  - d) the Policy no longer insures the Insured Person's class.

In all other respects, the terms of the Insured Person's insurance remains unchanged.

INSURED PERSONS PERIOD OF COVERAGE (continued)

Request For Change In Coverage: If an Insured Person gives us a Written or Electronic Request for a change in his or her coverage, and if he or she:

1. is not eligible for the coverage requested, the change will not become effective;
2. is eligible for the coverage requested, the change will become effective on the first of January following the date we receive the request; or
3. the date the Change in Family Status occurred, provided We were notified within the acceptable time period.



## DEPENDENTS PERIOD OF COVERAGE

Eligibility: Eligible Dependents are defined in the Schedule. In any event, an Insured Person is not an Eligible Dependent.

Spouse means the Eligible Person's spouse unless:

- a) the Eligible Person and spouse are legally separated or divorced; or
- b) the spouse has attained the Policy Age Limit, if any, shown in the Schedule.

Spouse will include your domestic partner or party to a civil union, provided you:

- 1) have executed a domestic partner affidavit satisfactory to us, establishing that you and your partner are domestic partners or parties to a civil union for purposes of the policy or;
- 2) have registered as domestic partners or parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law.

You will continue to be considered domestic partners or parties to a civil union provided you continue to meet the requirements described in the domestic partner affidavit or required by law.

Child or Children means the Eligible Person's child, stepchild, legally adopted child or foster child who is less than age 26 and primarily dependent on the Eligible Person for support and maintenance.

Effective Date: Each Eligible Dependent will become covered under the policy on the later of:

- a) the first day of the month on or next following the date the Eligible Person becomes an Insured Person;
- b) the first day of the month on or next following the date we receive the Eligible Person's Written Request for coverage of Dependents; or
- c) the first day of the month on or next following the date the person qualifies as an Eligible Dependent.

Termination: Coverage of each Eligible Dependent terminates on the Premium Due Date on or next following the earlier of:

- a) the first day of the month on or next following the date the Eligible Person ceases to be an Insured Person;  
or
- b) the first day of the month on or next following the date he or she ceases to qualify as an Eligible Dependent.

Newlywed Coverage: If an Insured Person marries while covered under the policy, his or her new spouse will automatically be covered under the policy for 31 days after the date of marriage. Benefits and amounts will be the minimum amount for those the policy is providing for Spouse coverage under the policy at that time. Coverage for the Insured Person's new spouse will cease after 31 days of the date of marriage unless the Insured Person requests in writing that coverage for their Spouse be continued; and pays the additional required premium.

Newborn/New Child Coverage: If an Insured Person has a newborn child or adopts or receives a foster or stepchild while covered under the policy, the new child will automatically be covered under the policy for 31 days after the date of birth or the date of financial dependence. Benefits and amounts will be the minimum amount for those the policy is providing for Dependent Children under the Policy at that time. Coverage for the Insured Person's new child will cease after 31 days from the date of birth or financial dependence unless the Insured Person requests in writing that coverage for their child be continued; and pays the additional required premium.

DEPENDENTS PERIOD OF COVERAGE  
DEPENDENTS PERIOD OF COVERAGE  
(Continued)

Incapacitated Child

Coverage of a child who, on the date he or she reaches age 26, is:

- a) covered under the policy;
- b) mentally or physically incapable of earning his or her own living; and
- c) unmarried and primarily dependent on the Insured Person for support and maintenance;

will not terminate solely due to age. But the Insured Person must give us written notice of the incapacity within 31 days of the termination date.

Coverage will continue as long as:

- a) the incapacity continues; and
- b) the required premium is paid.

We may, from time to time, require proof of continued incapacity and dependency. After the first two years, we cannot require proof more than once each year.

Request For Change In Coverage: If an Insured Person gives us a Written Request for a change in the coverage of his or her Eligible Dependents, and if he or she:

- a) is not eligible for the coverage requested, it will not become effective; or
- b) is eligible for the coverage requested, the change will become effective on the first day of the month on or next following the date we receive the request.

DEPENDENTS PERIOD OF COVERAGE  
EXCLUSIONS

This policy does not cover any loss resulting from:

1. intentionally self-inflicted Injury, suicide or attempted suicide, whether sane or insane;
2. war or act of war, whether declared or undeclared;
3. Injury sustained while full-time in the armed forces of any country or international authority;
4. Injury sustained while riding On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
5. Injury sustained while riding On any aircraft:
  - a) as a pilot, crewmember or student pilot;
  - b) as a flight instructor or examiner; or
  - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under this policy;
6. Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
7. Injury sustained while committing or attempting to commit a felony;
8. Injury sustained as a result of being legally intoxicated from the use of alcohol.

EXCLUSIONS  
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If a Covered Person's injury results in any of the following losses within 365 days after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for all losses due to the same accident.

The amount of the Principal Sum is determined in the Schedule.

For Loss of:

Life .....	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes .....	The Principal Sum
One Hand and One Foot .....	The Principal Sum
Speech and Hearing .....	The Principal Sum
Either Hand or Foot and Sight of One Eye .....	The Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....	The Principal Sum
Movement of Both Lower Limbs (Paraplegia) .....	Three-Quarters The Principal Sum
Movement of Both Upper and Lower Limbs of One Side of Body (Hemiplegia) .....	Three-Quarters The Principal Sum
Either Hand or Foot .....	One-Half The Principal Sum
Sight of One Eye .....	One-Half The Principal Sum
Speech or Hearing .....	One-Half The Principal Sum
Thumb and Index Finger of Either Hand.....	One-Quarter The Principal Sum

Loss means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, speech or hearing, entire and irrecoverable loss thereof;
- c) thumb and index finger, actual severance through or above the metacarpophalangeal joints;
- d) movement of limbs, complete and irreversible paralysis of such limbs.

EXPOSURE

Exposure to the elements will be presumed to be injury if:

- a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which the Insured Person was an occupant at the time of the accident; and
- b) this policy would have covered injury resulting from the accident.

DISAPPEARANCE

A Covered Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) this policy would have covered injury resulting from the accident.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT  
SEAT BELT AND AIR BAG BENEFIT

If a Covered Person's Injury results in a covered Loss under the Accidental Death and Dismemberment Benefit while:

- a) a passenger riding in; or
- b) the licensed operator of;

an Automobile and at the time of the accident, he or she was properly wearing a Seat Belt as verified on the police report, then the amount of the Principal Sum will be increased by a Percentage of the Principal Sum to a Maximum Amount.

If the above Seat Belt Benefit is payable, We will pay an additional Percentage of the Principal Sum to a Maximum Amount as an Air Bag Benefit if:

- a) the Covered Person was positioned in a seat that was equipped with a factory-installed Air Bag;
- b) the Covered Person was properly strapped in the Seat Belt when the Air Bag inflated; and
- c) the police report establishes that the Air Bag inflated properly upon impact.

Air Bag means an inflatable supplemental passive restraint system installed by the manufacturer of the Automobile or proper replacement parts as required by the Automobile manufacturer's specifications that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.

Automobile means a duly registered, four-wheeled, private passenger: car, pick-up truck, van, self-propelled motor home or sport utility vehicle which is not being used as a Common Carrier.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

Seat Belt means an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications.

Exclusions: This Seat Belt and Air Bag Benefit does not cover any loss if the Covered Person is:

- a) under the influence of any intoxicant, excitant, hallucinogen, or any narcotic or other drug, or similar substance as verified in the police accident report (unless administered under the advice of a physician); and
- b) operating the Automobile.

The Percentage of Principal Sum and Maximum Amount for the Seat Belt Benefit and the Air Bag Benefit are shown in the Schedule.

If both the Insured Person and the Insured Person's Covered Spouse dies as a result of injury received:

- a) in the same accident; or
- b) in separate accidents which occur within 24 hours of each other; and
- c) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit for each death;

the Principal Sum applicable to the Insured Person's spouse in the absence of this Benefit is increased to equal the lesser of:

- a) the Insured Person's Principal Sum; or
- b) an amount which, when added to the Insured Person's Principal Sum, equals the Common Disaster Limit.

The Principal Sum amounts applicable to the Insured Person and the Insured Person's Covered Spouse in the absence of this Benefit are determined in the Schedule. The Common Disaster Limit for this Benefit is shown in the Schedule.

COMMON DISASTER BENEFIT  
EDUCATION BENEFIT

If:

- a) the Insured Person's Spouse and Eligible Child(ren) are covered under the policy; and
- b) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of the Insured Person's or Covered Spouse's death;

we will pay an Education Benefit to each Student as provided below.

A Student is a person for whom we receive proof that he or she:

- a) is covered as the Insured Person's Eligible Dependent on the date of the Insured Person's or Covered Spouse's death; and
- b) is a full-time post-high school student in a school for higher learning on the date of the Insured Person's or Covered Spouse's death; or
- c) became a full-time post-high school student in a school for higher learning within 365 days after the Insured Person's or Covered Person's death and was a student in the 12th grade on the date of the Insured Person's or Covered Person's death.

He or she is not considered to be a Student after the first to occur of:

- a) our payment of the fourth Education Benefit to or on behalf of that person; or
- b) the end of the 12th consecutive month during which we have not received proof that he or she is a Student.

If the Insured Person dies, the Education Benefit is an amount equal to the lesser of:

- a) the Maximum Amount; or
- b) the amount determined by applying the Percent to the amount of the Insured Person's Principal Sum.

If the Covered Spouse dies, the Education Benefit is an amount equal to the lesser of:

- a) the Maximum Amount; or
- b) the amount determined by applying the Percent to the amount of the Covered Spouse's Principal Sum.

We will pay the Education Benefit to any one Student during any one school year.

The Education Benefit is payable to each person:

- a) on the date; and
- b) for whom;

we have received proof that he or she is a Student.

If he or she is a minor, we will pay the benefit to the Student's legal representative.

If:

- a) a Principal Sum is payable because of the Insured Person's and/or Covered Spouse's death; and
- b) no Eligible Dependent qualifies as a Student;

we will pay the Minimum Amount in accordance with the Payment of Claims provision.

The amount of Principal Sum is determined in the Schedule.

The Maximum Amount, Percent and Minimum Amount are shown in the Schedule.

EDUCATION BENEFIT  
SPOUSE EDUCATION BENEFIT

If the Insured Person's Injury results in loss of life and:

- a) the Insured Person's Eligible Spouse is covered under the policy; and
- b) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit;

we will pay an Education Benefit to his or her Surviving Covered Spouse as provided below.

The Surviving Covered Spouse, to qualify for the Education Benefit, must enroll in an Occupational Training program:

- a) for the purpose of obtaining an independent source of income;
- b) within one (1) year of the date of the Insured Person's death.

The Education Benefit is an amount equal to the lesser of:

- a) the Expense Incurred for Occupational Training;
- b) a Percentage of the Insured Person's Principal Sum; or
- c) the Maximum Amount.

The expense must be incurred within two (2) years of the date of the Insured Person's death.

We will pay the Education Benefit due immediately after we receive proof that the Spouse has enrolled in an Occupational Training program.

Occupational Training means any:

- a) education;
- b) professional; or
- c) trade training;

program which prepares the Spouse for an occupation for which he or she otherwise would not have been qualified.

Expense Incurred means:

- a) the actual tuition charged, exclusive of room and board; and
- b) the actual cost of the materials needed;

for the Occupational Training program.

If a Principal Sum is payable because of the Insured Person's death and there is no Surviving Covered Spouse, we will pay the Minimum Amount in accordance with the Payment of Claims provision.

The amount of the Principal Sum is determined in the Schedule.

The Maximum Amount, Percentage of Principal Sum and Minimum Amount are shown in the Schedule.



SPOUSE EDUCATION BENEFIT  
REHABILITATION BENEFIT

If an Insured Person's Injury results in any loss, other than loss of life, payable under the policy, within 365 days after the date of accident, we will pay a benefit equal to the lesser of:

- a) the Expense Incurred for Rehabilitative Training;
- b) a Percentage of the Insured Person's Principal Sum; or
- c) the Maximum Amount;

for Rehabilitative Training.

The expense must be incurred within two (2) years of the date of accident.

The amount of Principal Sum is determined in the Schedule.

The Percentage of Principal Sum and Maximum Amount are shown in the Schedule.

Rehabilitative Training means any training which:

- a) is required due to the Insured Person's Injury; and
- b) prepares the Insured Person for an occupation in which he or she would not have engaged except for the Injury.

Expense Incurred means the actual cost:

- a) of the training; and
- b) of the materials needed for the training.

REHABILITATION BENEFIT  
ACCIDENT HOSPITAL INDEMNITY BENEFIT

We will pay the Monthly Benefit or a portion thereof when the Insured Person is Confined during one or more periods of hospital confinement if:

- a) the Confinement is due to injury;
- b) the first day of Confinement occurs within 30 days after the accident; and
- c) the Confinement exceeds the Waiting Period.

The Monthly Benefit and Waiting Period are shown in the Schedule.

For a period of less than one month, 1/30<sup>th</sup> of the Monthly Benefit will be paid for each day of Confinement for which benefits are payable.

We will not pay for any day of Confinement which:

- a) is applied to the Waiting Period at the beginning of Confinement;
- b) exceeds the Payment Period shown in the Schedule;
- c) occurs after 2 years from the date of accident; or
- d) exceeds the Monthly Benefit

Payment will be made for the days applied to the Waiting Period if:

- a) the Waiting Period states that "payment is retroactive"; and
- b) the Confinement exceeds the Waiting Period.

The Waiting Period is applied only once for any one accident.

Confined and Confinement mean:

- a) being admitted to a Hospital for receiving inpatient hospital services; and
- b) the patient is charged for at least one day's room and board by the hospital each time he or she is admitted.

A period of Confinement consists of consecutive days of Confinement following the date the Insured Person is admitted as an inpatient.

The last calendar day of a period of Confinement is not counted as a day of Confinement unless a charge is made for the last day.

Hospital means an institution which:

- a) operates pursuant to law;
- b) primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis;
- c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- d) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- a) a nursing home, convalescent home, or skilled nursing facility;
- b) a place for drug addicts or alcoholics; or
- c) a place for rest, custodial care, or for the aged.

If an Insured Person ceases to be covered under the policy because he or she ceases to be eligible for coverage and:

- a) the policy has not terminated; and
- b) he or she has not failed to pay any required premium;

he or she has a conversion privilege as provided below.

The conversion right allows the Insured Person to request coverage under a conversion policy from the Insurer, without giving medical evidence of insurability, to cover the Insured Person but not his or her dependents.

Insurer, as used on this page, means us or another insurance company which has agreed with us to issue converted policies according to this conversion privilege.

The Insured Person must:

- a) give the Insurer a Written Request for the converted policy; and
- b) pay the Insurer the initial premium;

within 31 days after he or she ceases to be covered under the policy.

The converted policy:

- a) will have the provisions, limitations and exclusions on the form the Insurer is issuing for this purpose at conversion;
- b) will provide coverage on a twenty-four hour-a-day basis;
- c) will provide benefits for accidental death and dismemberment alone;
- d) will take effect on the date the Insured Person ceases to be covered under the policy;
- e) may exclude any condition excluded by the policy;
- f) will not pay for any loss covered by this policy;
- g) will provide a Principal Sum for the Insured Person which will be:
  - 1) the amount of his or her Principal Sum under the policy on the date of conversion, rounded to the nearest \$1,000, subject to a minimum of \$25,000.00 and a maximum amount of \$500,000, if he or she is under age 70;
  - 2) \$25,000.00, if he or she is age 70 or older but less than age 75; or
  - 3) \$12,500.00, if he or she is age 75 or older;
- h) will have premiums based on the Insurer's rates in effect for new applicants of the Insured Person's class and age at conversion.

CONVERSION PRIVILEGE  
WAIVER OF PREMIUM BENEFIT

Waiver of Premium: We will waive the Insured Person's payment of premium and continue his or her coverage and his or her Covered Dependent's coverage, if any, during a period of Total Disability as defined.

Total Disability means a disability which:

- a) begins while the Insured Person is covered under the policy;
- b) is caused by bodily Injury or disease which continuously prevents him or her from performing any work for compensation or profit; and
- c) has existed continuously for a period of at least nine months.

Proof of Disability must be sent to us at least nine months but not later than twelve months from the beginning of Total Disability (or within one year of death if proof was not furnished during the Insured Person's lifetime). We have the right to:

- a) require satisfactory proof of continuous Total Disability; or
- b) examine him or her at any time during the first two years after receiving initial proof of disability, but not more than once a year after that.

Refund of Premium: When proof of disability is received, we will refund the Insured Person or to his or her estate, if he or she has died, any premium paid during the period of continuous disability.

Waiver Ceases: The Waiver of Premium will cease on the Premium Due Date on or next following the first to occur of:

- a) the date the Insured Person ceases to be totally disabled;
- b) the date the Insured Person fails to submit the required proof of continuous disability;
- c) the date the Insured Person fails to submit to any physical examination;
- d) the date the Insured Person attains age 65, if totally disabled before age 60;
- e) five years after the date the Insured Person's Total Disability began, if disabled on or after age 60; or
- f) the date the policy terminates.

WAIVER OF PREMIUM BENEFIT  
DAY CARE BENEFIT

We will pay a Day Care Benefit for each of the Insured Person's Eligible Dependents who are covered under this policy if:

- a) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of the Insured Person's or Covered Spouse's death;
- b) such dependent is under age 13 at the time of the Insured Person's or Covered Spouse's death; and
- c) proof of enrollment in a Day Care Program is provided as described below.

Payment will be to the person who has legal physical custody of the Eligible Dependent and who has primary responsibility for the Eligible Dependent's Expenses. Payment will be made in accordance with the Claims provision of the Policy.

Proof of enrollment for each child in a Day Care Program may be in the form of, but will not be limited to, the following:

- a) a copy of the child's approved enrollment application in a Day Care Program; or
- b) cancelled check(s) evidencing payment to a Day Care facility or Day Care Provider; or
- c) a letter from the Day Care facility or Day Care provider stating that the child:
  - 1) is attending a Day Care Program; or
  - 2) has been enrolled in a Day Care Program and will be attending within 365 days of the date of the death.

Proof of enrollment must be sent to us prior to the last day of the 12<sup>th</sup> month on or next following the date of the death.

One Day Care payment will be made each year, for a maximum of 4 Day Care Benefit payments, for each Eligible Dependent.

The Day Care Benefit is the lesser amount of:

- a) the Maximum Amount; or
- b) an amount determined by applying the Day Care Percent to the amount of the Insured Person's or Covered Spouse's Principal Sum.

We will pay the Minimum Amount stated in the Schedule in accordance with the Claims Provision for payment of benefits for loss of life if:

- a) a Principal Sum is payable because of the Insured Person's or Covered Spouse's death; and
- b) no person qualifies as an Eligible Child for a Day Care Benefit.

The Maximum Amount, Minimum Amount, Percent and Principal Sum are shown in the Schedule.

Day Care Program means a program of child care which:

- a) is operated in a private home, school or other facility; and
- b) provides, and makes a charge for, the care of children; and
- c) is licensed as a Day Care center or is operated by a licensed Day Care provider, if such licensing is required by the state or jurisdiction in which it is located; or
- d) if licensing is not required, provides child care on a daily basis for 12 months a year.

DAY CARE BENEFIT  
CONTINUATION OF MEDICAL COVERAGE BENEFIT

If:

- a) an Insured Person's Eligible Dependents are covered under this policy; and
- b) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of the Insured Person's death;

we will pay a Continuation of Medical Coverage Benefit provided the Insured Person's Covered Dependents elect to continue Medical Coverage in accordance with the Consolidated Omnibus Reconciliation Act of 1988 (COBRA).

The Continuation of Medical Coverage Benefit will be in three annual installment amounts each equal to the lesser of:

- a) a percentage of the Insured Person's Principal Sum; or
- b) the Maximum Amount.

The Continuation of Medical Coverage Benefit is payable to the Insured Person's Covered Dependent's Insurance Carrier on the date we have received the bill for such continuation of coverage.

If:

- a) a Principal Sum is payable because of the Insured Person's death; and
- b) no person qualifies as a Covered Dependent; or
- c) the Insured Person's Covered Dependents do not elect to continue coverage pursuant to COBRA;

we will pay the Minimum Amount in accordance with the claim provision for payment of benefits for loss of life.

The Maximum Amount, Percent, and Minimum Amount are shown in the Schedule. The Principal Sum is determined in the Schedule.

CONTINUATION OF MEDICAL COVERAGE BENEFIT  
COMA BENEFIT

If, as the result of an Injury, a Covered Person:

- a) becomes Comatose within 31 days from the accident; and
- b) remains continuously Comatose for at least the number of days shown as the Waiting Period;

we will pay 1% of the Comatose Maximum Benefit Amount for each month after the Waiting Period that a Covered Person remains in a Coma.

Payment will cease on the earliest to occur of:

- 1) the end of the month in which the Covered Person dies;
- 2) the end of the month in which the Covered Person recovers from the Coma; or
- 3) when the total payment equals the Comatose Maximum Benefit Amount.

The Comatose Maximum Benefit Amount equals the Principal Sum less all other payments under the Accidental Death and Dismemberment Benefit for the Injury.

The amount of the Principal Sum and Waiting Period are shown in the Schedule.

We will not pay more than the Principal Sum under this benefit, and the Accidental Death and Dismemberment Benefit, for all losses including Coma, which are due to the same accident.

Coma means complete and continuous:

- a) unconsciousness; and
- b) inability to respond to external or internal stimuli.

The amount of Principal Sum and the Waiting Period are shown in the Schedule.

COMA BENEFIT  
DEPENDENT CHILD DISMEMBERMENT BENEFIT

If:

- a) the Insured Person's eligible children are covered under the policy; and
- b) such child's Injury results in any of the Losses under the Accidental Death and Dismemberment Benefit for other than Loss of life;

we will double the amount of the Principal Sum payable for that loss.

We will not pay more than double the amount of Principal Sum under this Benefit and the Accidental Death and Dismemberment Benefit for all losses which are due to the same Accident.

The amount of the Principal Sum is shown in the schedule.



DEPENDENT CHILD DISMEMBERMENT BENEFIT  
CLAIMS

Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary) must give us written notice of a claim within 20 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent.

Claim Forms: When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us.

Proof of Loss: Proof of loss must be sent to us in writing within 90 days after:

- a) the end of a period of our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

Time of Claim Payment: We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately after we receive the proof of loss.

Payment of Claims: We will pay any benefit due for loss of the Insured Person's life:

- a) according to the beneficiary designation in effect at the time of the Insured Person's death; or
- b) if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at the time of death; or
- c) to the survivors, in equal shares, in the first of the following classes to have a survivor at the Insured Person's death:
  - 1) spouse,
  - 2) children,
  - 3) parents,
  - 4) brothers and sisters.

If there is no survivor in these classes, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

CLAIMS  
CLAIMS  
(Continued)

Benefits will be paid into a checking account which will be owned by:

- a) the Insured Person; or
- b) the beneficiary or beneficiaries named in writing by the Insured Person.

The checking account owner may elect a lump sum payment by writing a check for the full amount in the checking account. However, a checking account will not be established for a benefit payable to the Insured Person's estate or for a Principal Sum that is less than \$10,000.

If a benefit due is payable to:

- a) the Insured Person's estate; or
- b) the Insured Person or any person who is either a minor or not competent to give a valid release for the payment;

we may pay up to \$1,000 of the amount to some other person. The other person will be someone related to the minor or incompetent person by blood or marriage who we believe is entitled to the payment.

We will be relieved of further responsibility to the extent of any payment made in good faith.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense:

- a) to have the person who has a loss examined by a physician when and as often as we feel is necessary; and
- b) to make an autopsy in case of death where it is not forbidden by law.

Legal Actions: The Insured Person cannot take legal action against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years following the date proof of loss is due.

Naming a Beneficiary: The Insured Person may name a beneficiary or change a revocably named beneficiary by giving his or her written request to the Policyholder. The request takes effect on the date he or she executes it, regardless of whether he or she is living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received the Insured Person's request.

Assignment: We will recognize any assignment the Insured Person makes under this policy, provided:

- a) it is duly executed; and
- b) a copy is on file with us.

We and the Policyholder assume no responsibility for the validity or effect of an assignment.

CLAIMS