Voluntary Accidental
Death & Dismemberment
Certificate of Insurance

For Employees of
Fresno County Office of Education
Policy No: GTU 3514423
Policyholder Name: Fresno County Office of Education
Policyholder Address: 1111 Van Ness Blvd.
Fresno, CA 93721

Certificateholder: All active, regular employees working 20 hours per week or more for the Policyholder and all County Board and Personnel Commission Members of the Policyholder on the U.S. payroll.

Coverage shall become effective on the first of the month following the date the enrollment form is received by the Policyholder. If hired during June or July, coverage shall become effective September 1 provided the enrollment form is received by the Policyholder.

Coverages:

<table>
<thead>
<tr>
<th>Form Number</th>
<th>Classes Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>U-GA-204-A (CW) (5/97)</td>
<td>All</td>
</tr>
</tbody>
</table>

Accidental Death Benefit Principal Sum:

The above Certificateholders may purchase an amount of Principal Sum from a minimum of $25,000 to a maximum of $500,000 in increments of $25,000.

You may elect to include coverage for your eligible dependents under the Family Plan.

Under the Family Plan, you are insured for the Principal Sum you purchased and your eligible dependents are insured for a percentage of your Principal Sum as follows:

<table>
<thead>
<tr>
<th>Plan Selected</th>
<th>% Spouse</th>
<th>% Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse only:</td>
<td>60%</td>
<td>0</td>
</tr>
<tr>
<td>Covered Child(ren) only:</td>
<td>0</td>
<td>25%</td>
</tr>
<tr>
<td>Spouse and Covered Child(ren)</td>
<td>50%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Maximum of $50,000 Principal Sum for Covered Child(ren).

CONTINUATION OF COVERAGE AT AGE 70

For the Insured employee only, at age 70, Your Principal Sum shall be based on Your previous Principal Sum per the following schedule:

<table>
<thead>
<tr>
<th>Age at Date of Loss</th>
<th>Percent of Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>70-74</td>
<td>65%</td>
</tr>
<tr>
<td>75-79</td>
<td>45%</td>
</tr>
<tr>
<td>80-84</td>
<td>30%</td>
</tr>
<tr>
<td>85 &amp; Over</td>
<td>15%</td>
</tr>
</tbody>
</table>

Continued
### Schedule continued

<table>
<thead>
<tr>
<th>Coverages continued</th>
<th>Form Number</th>
<th>Classes Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Dismemberment Benefit</td>
<td>U-GA-201-A (CW) (5/97)</td>
<td>All</td>
</tr>
<tr>
<td>Principal Sum:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same as above.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Coma Benefit</td>
<td>U-GA-217-A (CW) (5/97)</td>
<td>All</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enhanced Benefits:</th>
<th>Form Number</th>
<th>Classes Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Carrier Benefit</td>
<td>U-GA-208-A (CW) (5/97)</td>
<td>All</td>
</tr>
<tr>
<td>Continuation of Insurance Benefit</td>
<td>U-GA-223-A (CW) (5/97)</td>
<td>All</td>
</tr>
<tr>
<td>Enhanced Dismemberment Benefit for Children</td>
<td>U-GA-229-A (CW) (5/97)</td>
<td>All</td>
</tr>
<tr>
<td>Higher Education Benefit</td>
<td>U-GA-218-A (CW) (5/97)</td>
<td>All</td>
</tr>
<tr>
<td>Rehabilitation Benefit</td>
<td>U-GA-207-A (CW) (5/97)</td>
<td>All</td>
</tr>
<tr>
<td>Seat Belt Benefit</td>
<td>U-GA-225-A (CW) (5/97)</td>
<td>All</td>
</tr>
<tr>
<td>Spouse Retraining Benefit</td>
<td>U-GA-221-A (CW) (5/97)</td>
<td>All</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hazards:</th>
<th>Form Number</th>
<th>Classes Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Hour Accident Protection Excluding Corporate Owned or Leased Aircraft H-1</td>
<td>U-GA-319-A (CW) (5/97)</td>
<td>All</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Benefits and Provisions:</th>
<th>Form Number</th>
<th>Classes Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility and Classification of Insureds</td>
<td>U-GA-106-A (CW) (5/97)</td>
<td></td>
</tr>
<tr>
<td>Family Plan Endorsement</td>
<td>U-GA-302-A (CW) (5/97)</td>
<td></td>
</tr>
<tr>
<td>Continuation of Coverage at Age 70</td>
<td>U-GA-303-A (CW) (5/97)</td>
<td></td>
</tr>
<tr>
<td>Payment of Claims Endorsement</td>
<td>U-GA-310-A (CW) (5/97)</td>
<td></td>
</tr>
<tr>
<td>Conversion Privilege</td>
<td>U-GA-313-A (CW) (5/97)</td>
<td></td>
</tr>
<tr>
<td>ERISA Claims Fiduciary</td>
<td>U-GA-321-A (CW) (8/97)</td>
<td></td>
</tr>
<tr>
<td>Combined Single Limit:</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

U-GA-105-A (CW) (5/97)
Certificate of Insurance

ZURICH AMERICAN INSURANCE COMPANY
(Schaumburg, Illinois)

Having issued Accident Policy Number GTU 3514423 to cover the eligible employees of:

Fresno County Office of Education

The insurance evidenced by this Certificate provides ACCIDENT insurance only. It does not provide coverage for sickness. This Certificate describes the main features of the Policy, but the Policy is the only contract under which benefit payments are made. If there is an inconsistency between the Certificate and the Policy, the Policy shall govern.

IMPORTANT NOTICE - THIS INSURANCE DOES NOT PROVIDE FOR SICKNESS

DEFINITIONS

Coverages mean the losses for which the Policy provides benefits. The Coverages included in the Policy are listed on the Schedule and are described in the WHAT COVERAGES ARE INCLUDED IN THE POLICY? section of this Certificate.

Covered Child(ren) means Your dependent child(ren) who rely on You for more than 50% of their support, are Your dependents for Federal Income Tax purposes, and are either: 1) less than 19 (nineteen) years of age; or 2) is less than 25 (twenty-five) years of age and enrolled on a full-time basis in a college, university, or trade school. If a dependent child is mentally retarded or physically handicapped, insurance will not stop at age 19 or 25 if the child is both:

1. Incapable of self-sustaining employment by reason of mental retardation or physical handicap; and,
2. Chiefly dependent upon You for support and maintenance.

Proof of incapacity and dependency must be sent to Us for the Insured Child within 31 days of the child reaching age 19 or 25. Continuing proof may be required by Us but not more often than annually.

The aforementioned child(ren) shall only be Covered Child(ren) if the Family Plan is elected.

Covered Loss means a loss which meets the requisites of one or more Coverage or Enhanced Benefit, results from a Hazard, and for which benefits are payable under the Policy.

Covered Person means any person who has coverage under the Policy. It includes You and Your Covered Spouse and/or Covered Child(ren) if the Family Plan is selected.

Covered Spouse means Your legally married Spouse if the Family Plan is selected. A legally married Spouse will not be considered a Covered Spouse if they are also an Insured under the Policy.

Combined Single Limit means the most We will pay under all Coverages of the Policy, combined, for an Injury or Injuries sustained by a Covered Person that resulted from one accident. This amount is listed in the Schedule.

Enhanced Benefits mean additional benefits provided for by the Policy. The Enhanced Benefits included in the Policy are listed on the Schedule and are described in the WHAT ENHANCED BENEFITS ARE INCLUDED IN THE POLICY? section of this Certificate.

Family Plan means that You have made an election on the enrollment form to provide coverage for Your Spouse and/or Children. If You and Your legally married Spouse are both Insured’s under the Policy, only one may select the Family Plan.

Hazards are those events described in the Hazard pages attached to this Certificate to which the Coverages and Enhanced Benefits apply. The Hazards are listed on the Schedule and are described in the WHAT HAZARDS ARE INSURED AGAINST BY THE POLICY? section of this Certificate.

Injury means a bodily injury directly caused by accidental means which is independent of all other causes, results from a Hazard, and occurs while the Covered Person is insured under the Policy.
**DEFINITIONS continued**

**Policy** means the Group Insurance Policy listed in the Schedule.

**Policyholder** means the group named on the front of this Certificate.

**Principal Sum** is the amount that some of the Covered Person’s benefits are calculated from. Your Principal Sum and the Principal Sum for your Covered Spouse and/or Covered Child(ren) if the Family Plan is elected, are shown in the Schedule.

**You, Your or Insured** means an individual eligible for insurance as provided in the “Eligibility and Classification of Insureds” who completes an enrollment form, if required in the Schedule.

**We, Us, and Our** refers to Zurich American Insurance Company.
WHAT COVERAGES ARE INCLUDED IN THE POLICY?

ACCIDENTAL DEATH BENEFIT

If a Covered Person dies as a result of an Injury, We will pay the Principal Sum. The death must occur within 365 days of the Injury.

If the conveyance in which a Covered Person is riding disappears, is wrecked, or sinks, and the Covered Person is not found within 365 days of the event, We will presume that the person lost his or her life as a result of Injury. If travel in such conveyance was covered under the terms of the Policy, We will pay the Principal Sum, subject to all Policy terms.

If a Covered Person is exposed to weather because of an accident and this results in a loss of life, We will pay the Principal Sum, subject to all Policy terms.

ACCIDENTAL DISMEMBERMENT BENEFIT

If an Injury to a Covered Person results in any of the following Losses, We will pay the benefit shown. The Covered Loss must occur within 365 days of the accident.

The benefit amounts are based on the Covered Person’s Principal Sum.

<table>
<thead>
<tr>
<th>Loss of</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Both hands or both feet</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>2. One hand and one foot</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>3. One hand or one foot plus the loss of sight of one eye</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>4. Sight of both eyes</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>5. Speech and Hearing</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>6. Speech or Hearing</td>
<td>1/2 of Principal Sum</td>
</tr>
<tr>
<td>7. One Hand; one foot; or sight of one eye</td>
<td>1/2 of Principal Sum</td>
</tr>
<tr>
<td>8. Thumb and index finger of the same hand</td>
<td>1/4 of Principal Sum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loss of Use of</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Four limbs</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>2. Three limbs</td>
<td>3/4 of Principal Sum</td>
</tr>
<tr>
<td>3. Two limbs</td>
<td>2/3 of Principal Sum</td>
</tr>
<tr>
<td>4. One limb</td>
<td>1/2 of Principal Sum</td>
</tr>
</tbody>
</table>

For purposes of this benefit:

1. Loss shall mean:
   a. For a foot or hand, actual severance through or above an ankle or wrist joint;
   b. Actual severance through or above the metacarpophalangeal joint of a thumb or index finger;
   c. Total and permanent loss of sight;
   d. Total and permanent loss of speech;
   e. Total and permanent loss of hearing.

2. Loss of Use shall mean total paralysis of a limb or limbs which is determined by Our competent medical authority to be permanent, complete and irreversible.

If more than one Loss arises out of the same accident, We will pay only one benefit. This will be the largest one. If a Covered Person can recover benefits under both the Accidental Dismemberment Benefit and the Accidental Death Benefit as a result of the same accident, the most We will pay is the Principal Sum.
MONTHLY COMA BENEFIT

If a Covered Person sustains an Injury within 365 days of a covered accident, and such Injury causes the Covered Person to be in a Coma for at least 31 consecutive days, We will pay a Monthly Coma Benefit.

The Monthly Coma Benefit is equal to 1% of the Covered Person’s Principal Sum, and shall be paid each month the Covered Person remains in a Coma following the initial 31 day period. The Monthly Coma Benefit will end on the earliest of the following:

1. the Covered Person is no longer in a Coma which directly resulted from the Injury;
2. the Covered Person received a Monthly Coma Benefit for 100 months; or
3. the total amount received by the Covered Person as a result of the accident, pursuant to all Coverages and Enhanced Benefits contained in the Policy is equal to the Covered Person’s Principal Sum.

Coma shall be determined by Our competent medical authority. In no event shall the total amount paid for all benefits resulting from the Covered Loss exceed the Covered Person’s Principal Sum.
WHAT HAZARDS ARE INSURED AGAINST BY THE POLICY?

24 HOUR ACCIDENT PROTECTION,
EXCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, H-1

The Hazards insured against by the Policy are:
An Injury sustained by a Covered Person anywhere in the world.

Limitations:

Air travel coverage is limited to a loss sustained during the trip, while the Covered Person is a passenger, riding in or on, boarding or getting off:

A. any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
   1. medical certificate; and
   2. pilot certificate with a proper rating to pilot such aircraft

B. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Exclusions:

Coverage is not provided:

A. If the Covered Person is the pilot, operator, member of the crew or cabin attendant of any aircraft. Or

B. Unless We have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
   1. any aircraft other than those expressly stated above;
   2. any aircraft being used for, or in connection with, aerial photography;
   3. any conveyance or aircraft being used for tests or experimental purposes;
   4. any aircraft that requires a special permit or waiver from the agency that has jurisdiction over the conveyance, even if granted;
   5. any aircraft owned or controlled by, or under lease to the Policyholder or an Insured or a member of a Covered Person’s family or household;
   6. any aircraft operated by the Policyholder or one of its employees including members of an employee’s family or household; or
   7. any conveyance used in a race or speed test.
WHAT ENHANCED BENEFITS ARE INCLUDED IN THE POLICY?

COMMON CARRIER BENEFIT

If a Covered Person sustains an Injury that is covered under the Accidental Death Benefit Coverage, We will pay, in addition to all other benefits payable, a Common Carrier Benefit, provided the Covered Person receives the Injury while a passenger riding in or on, boarding, or getting off a Common Carrier.

Such benefit shall be equal to the lesser of $250,000 or 50% of Your Principal Sum.

For purposes of this Enhanced Benefit, Common Carrier shall mean:

1. any land or water conveyance licensed to carry persons for hire;
2. any civilian aircraft that holds a certificate of Public Convenience and Necessity, license, or similar permit for civilian scheduled air carriers issued by the country where the aircraft is registered.

CONTINUATION OF INSURANCE BENEFIT

If You enrolled in the Family Plan, and suffer a loss of life covered under the Accidental Death Benefit, all Coverages and Enhanced Benefits under the Policy which were in force on the date of the loss, with respect to Covered Persons other than You, are continued automatically for 365 days after the date of Your loss at no additional cost.

ENHANCED DISMEMBERMENT BENEFIT FOR CHILDREN

If You selected the Family Plan, and Your Covered Child suffers an Injury and is eligible for an Accidental Dismemberment Benefit, We will pay You, in addition to the benefit calculated pursuant to the Accidental Dismemberment Benefit, an additional enhanced benefit which will be equal to the lesser of the benefit provided by the Accidental Dismemberment Benefit or $50,000.

HIGHER EDUCATION BENEFIT

If You selected the Family Plan, and suffer a loss of life which is covered under the Accidental Death Benefit, We will pay, in addition to all other benefits payable under the Policy, a “Higher Education Benefit” to each Covered Child.

A Covered Child is eligible for the Higher Education Benefit if on the date of the accident:

1. he or she is enrolled as a full-time student in an accredited college, university or trade school; or
2. he or she was at the 12th grade level and enrolls in an accredited college, university or trade school within one year from the date of the accident.

The Higher Education Benefit that will be paid by Us is equal to 5% of Your Principal Sum, to a maximum of $5,000. This amount shall be paid annually for four consecutive years if Your Covered Child continues his or her education. Before this benefit is paid each year, Your Covered Child must present written proof, acceptable to Us, that he or she is attending an institution of higher learning on a full-time basis.

If, at the time of the accident, the Family Plan is selected, but there are no dependent children who qualify for this benefit, We will pay an additional benefit of $1500 to Your designated beneficiary.
WHAT ENHANCED BENEFITS ARE INCLUDED IN THE POLICY? continued

REHABILITATION BENEFIT

If You suffer an Injury which causes You to receive an Accidental Dismemberment Benefit under the Policy, We will pay an additional amount for the Reasonable and Customary expenses actually incurred for Rehabilitation Training in an amount equal to the lesser of:

1. the actual expenses that are incurred within two years from the date of the accident for the Rehabilitation Training;
2. $5,000; or
3. 5% of Your Principal Sum.

Rehabilitation Training means a treatment program that:

1. is prescribed by a licensed physician acting within the scope of his or her license that is approved by Us prior to the provision of services;
2. is required due to Your Injury; and
3. prepares You for an occupation which You would not have engaged in except for the Injury.

Reasonable and Customary expenses means the common charges made by other providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, We will determine the amount based upon: 1) the complexity involved; 2) the degree of professional skill required; and 3) any other pertinent factors. We reserve the right to make the final determination of what is Reasonable and Customary.

SEAT BELT BENEFIT

If a Covered Person suffers a loss of life covered under the Accidental Death Benefit, and the Injury which caused the accidental death directly resulted from an automobile accident, We shall pay to the beneficiary an additional benefit, which equals 10% of the Principal Sum up to a maximum $25,000, provided that the Covered Person was:

1. operating or riding as a passenger in any private passenger automobile designed for use primarily on public roads; and
2. wearing an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the Injury.

Verification of the Covered Person’s actual use of the seat belt or lap and shoulder restraints is required as follows:

1. in the official law enforcement report of the accident, through certification by the investigation officers; or
2. by other reasonable proof, acceptable to Us.

We will not pay this benefit if the driver of the automobile in which the Covered Person was riding was either:

1. under the influence of alcohol:
   a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.
   b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items shall be considered proof of the driver’s intoxication. Or,
2. under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.

SPOUSE RETRAINING BENEFIT

If You enrolled in the Family Plan and suffer a loss of life covered under the Accidental Death Benefit, We shall pay to, or on behalf of, Your Covered Spouse, the actual cost of any professional or trade-training program in which Your Covered Spouse has enrolled, provided:

1. the purpose of the training program is to obtain an independent source of support and maintenance;
2. the actual cost is incurred within 30 months from Your death; and
3. the professional or trade training program is licensed by the state.

The maximum total payment available under this benefit shall be $5,000.

U-GA-104-A (CW) (5/97)
WHAT ITEMS ARE EXCLUDED OR LIMITED FROM COVERAGE?

A. A loss shall not be a Covered Loss if it is caused by, contributed to, or resulted from:
   1. Suicide, attempted suicide, or a purposeful self-inflicted wound;
   2. War, or any act of war, declared or undeclared;
   3. A Covered Person’s involvement in any type of active military service;
   4. Illness, disease or infection;
   5. Pregnancy, including childbirth, but not including complications thereof;
   6. Travel or flight in an aircraft except to the extent stated in the Hazards;
   7. Skydiving, parasailing, hanggliding, bungee-jumping, or any similar activity; or
   8. The Covered Person’s participation in the commission or attempted commission of any felony or assault.

B. No benefits will be paid for amounts that exceed the Combined Single Limit. The Combined Single Limit, if any, is shown in the Schedule of Benefits.

U-GA-104-A (CW) (5/97)
C. No benefits will be paid for a Covered Loss contributed to, either directly or indirectly, by a Covered Person’s being:

1. intoxicated.
   a. A Covered Person will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated if operating a motor vehicle.
   b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items shall be considered proof of the Covered Person’s intoxication.

2. under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.

WHEN DOES COVERAGE TERMINATE?

You. Your insurance terminates at the end of the period for which premium has been paid and during which any of the following occurs:

A. The Policy is terminated;
B. You cease to be an Eligible Person; or
C. You fail to pay the required premium if You are so required.

Covered Person other than You. Insurance terminates at the earliest of the following:

A. the date Your insurance terminates; or
B. the first premium due date after the person no longer qualifies as a Covered Person.

CONVERSION PRIVILEGE

If Your insurance ceases for reasons other than termination of the Policy or nonpayment of premium, You are entitled to convert Your coverage to an Individual Accidental Death or Dismemberment Policy (IAD Policy) or to a Family AD&D Policy (FAD Policy) if the Family Plan was selected. The new IAD or FAD Policy will be on one of Our forms and may not include all the Coverages and Enhancements of the Group Policy. You must make a written application for the IAD or FAD Policy within 31 days of the cessation of insurance under the Group Policy. You do not have to show proof of good health.

The issuance of the IAD or FAD Policy is subject to the following conditions:

1. The Principal Sum for the IAD or FAD Policy shall be the lesser of Your Principal Sum under the Group Policy or $250,000;
2. The premium for the IAD or FAD Policy shall be Our usual rate on file with the proper regulatory authority, if such filing is required;
3. Any IAD or FAD Policy issued shall take effect on the termination date of Your insurance under the Group Policy; and
4. When an IAD or FAD Policy becomes effective, the relationship between You and the Company shall be governed by that policy, including all terms and conditions, including benefits and termination dates.

The conversion privilege shall cease when You attain age 70.
HOW DO YOU FILE A CLAIM?

A. Notice. You or the beneficiary, or someone on Your behalf, must give Us written notice of the Covered Loss within 90 days of such loss. The notice must name the Covered Person who sustained the Injury, Your name, and the Policy Number. To request a claim form, You or the beneficiary, or someone on Your behalf may contact Us at 1-866-841-4771. Send the notice to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041, or any of Our agents. Notice to Our agents is considered notice to Us.

B. Claims Forms. We will send the claimant Proof of Loss forms within 15 after We receive notice. If the claimant does not receive the Proof of Loss form in 15 days after submitting notice, he or she can send Us a detailed written report of the claim and extent of loss. We will accept this report as a Proof of Loss if sent within the time fixed below for filing Proofs of Loss.

C. Proof of Loss. Written Proof of Loss, acceptable to Us, must be sent within 90 days of the loss. Failure to furnish Proof of Loss acceptable to Us within such time shall neither invalidate nor reduce any claim if it was not reasonably possible to furnish the Proof of Loss and the proof was provided as soon as reasonably possible.

WHEN AND HOW WILL WE PAY CLAIMS?

A. Time of Payment. We will pay claims for all Covered Losses, other than Covered Losses for which the Policy provides any periodic payment, immediately upon receipt of written Proof of Loss that is acceptable to Us. Unless an optional periodic payment is stated or chosen, any loss to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance which remains when Our liability ends will then be paid when We receive the Proof of Loss that is acceptable to Us.

B. Who We Will Pay.

1. Loss of Your Life. Covered Losses resulting from Your death are paid to Your named beneficiary at the time of death. If there is no beneficiary named or Your named beneficiary pre-deceases or dies at the same time as You, We will pay the benefit to Your survivors in the following order:
   a. Your legally married spouse;
   b. Your children;
   c. Your parents;
   d. Your estate

2. Loss of Life of a Covered Person other than You. Covered Losses for the death of a Covered Person other than You shall be paid to You. If You pre-decease or die at the same time as the Covered Person other than You, the benefit shall be paid to Your beneficiary unless Your beneficiary designation has not been made or is no longer living at the time of death. In such case, the benefits shall be paid to Your estate.

3. All Other Claims. Benefits are to be paid to You. You may direct in writing that all, or part of the Accident Medical Expense Benefit, if applicable, shall be paid directly to the party who furnished the service. The direction may be changed by You at any time up to the filing of the Proof of Loss.

C. Physical Examination and Autopsy. We have the right to examine a Covered Person when and as often as We may reasonably request while the claim is pending. Such examination shall be at Our expense. We can have an autopsy made unless forbidden by law.

D. Choice of Service Provider. The Covered Person has the sole right to choose his or her doctor and hospital.
GENERAL POLICY CONDITIONS

A. Assignment of Interest. A transfer of interest is binding when We get written notice on a form acceptable to Us. We have no duty to confirm that a transfer is valid.

B. Beneficiaries. You have the sole right to name a beneficiary. The beneficiary has no interest in the Policy other than to receive certain payments. You may change the beneficiary at any time unless You have assigned the interest in the Policy. In such case, the person who You have assigned the interest in the Policy to may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed unless the previous beneficiary was designated as irrevocable. Any beneficiary designation must be in writing on a form acceptable to Us.

C. Suit Against Us. No action on the Policy may be brought until 60 days after written Proof of Loss has been sent to Us. Any action must commence within 3 years (5 years in Kansas and Tennessee; and 6 years in South Carolina and Wisconsin) of the date the written Proof of Loss was required to be submitted. If the law of the state where the Covered Person lives makes such limit void, then the action must begin within the shortest time period permitted by law.

D. Conformity with Statute. Terms of the Policy that conflict with the laws of the state where it is delivered are amended to conform to such laws.

E. Change or Waiver. A change or waiver of any terms or conditions of the Policy must be issued by Us in writing and signed by one of Our executive officers. No agent has authority to change or waive Policy terms or conditions. A failure to exercise any of Our rights under the Policy shall not be deemed as a waiver of such rights in the same or future situations.

F. Clerical Error. A clerical error or omission will not increase or continue Your coverage or benefits which otherwise would not be in force. If You apply for insurance which You are not eligible, We shall only be liable for any premiums paid to Us.

In Witness Whereof, We have caused the Policy to be executed and attested, and, if required by state law, the Policy shall not be valid unless countersigned by Our authorized representative.

Nancy D. Mueller
President
Zurich American Insurance Company

Dennis F. Kerrigan, Jr.
Corporate Secretary
Zurich American Insurance Company
Residents of California who purchase health insurance should know that the insurance companies licensed in this state to write this type of insurance are members of the California Health Insurance Guaranty Association. The purpose of this Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however, as noted in the box below.

The California Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in California. You should not rely on coverage by the California Health Insurance Guaranty Association in selecting an insurance company or an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or which is excluded from coverage.

Insurance companies or their agents are required by law to give or send you this notice. *However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.*

Policyholders with additional questions may contact:

The California Health Insurance Guaranty Association  
P. O. Box 70069  
Los Angeles, California  90070

California Department of Insurance  
100 Van Ness Avenue, 17th Floor  
San Francisco, California  94102

The state law that provides for this safety-net coverage is called the California Health Insurance Guaranty Association Act. On the next page is a brief summary of this law’s coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone’s rights or obligations under the act or the rights or obligations of the Association.

(please turn to back of page)
COVERAGE
Generally, individuals will be protected by the California Health Insurance Guaranty Association if they live in this state and are insured under a health insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE
However, persons holding such policies are not protected by this Association if:

• they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
• the insurer was not authorized to do business in this state;
• their policy was issued by a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, a non-profit hospital service plan, or a health care service plan.

The Association also does not provide coverage for:

• any policy or portion of a policy which is not covered by the insurer or for which the individual has assumed the risk;
• any policy of reinsurance (unless an assumption certificate was issued);
• any plan or program of an employer or association that provides health benefits to its employees or members to the extent the plan is self-funded or uninsured.

LIMITS ON AMOUNT OF COVERAGE
The Act also limits the amount the Association is obligated to pay: The Association is not liable to pay in excess of the lesser of (1) the contractual obligations for which the insurer is liable or for which the insurer would have been liable if it were not an impaired or insolvent insurer, or (2) $200,000 in health insurance benefits, increased or decreased annually based upon changes in the health care cost component of the consumer price index.

PREMIUM SURCHARGE
Member insurers are required to recoup assessments paid to the Association by way of a surcharge on premiums charged for insurance policies to which the Act applies.
Advisory notice to policyholders regarding the
U.S. Treasury Department's Office of Foreign Assets Control
("OFAC") regulations

No coverage is provided by this policyholder notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided.

This notice provides information concerning possible impact on your insurance coverage due to directives issued by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Please read this Notice carefully.

OFAC administers and enforces sanctions policy based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons." This list can be located on the United States Treasury's website – http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC restrictions. When an insurance policy is considered to be such a blocked or frozen contract, no payments or premium refunds may be made without authorization from OFAC. Other limitations on premiums and payments also apply.
**Privacy Notice**

**We Take Important Steps to Protect the Personal Information We Collect About You**

**Dear Customer:**

We care about your privacy. That is why we believe in your right to know what nonpublic personal information we collect about you and what we do with that information. This Privacy Notice describes the nonpublic personal information we collect about you and how we handle the information as it relates to individuals who either own or are covered by insurance we issue, or who use other financial products or services we provide.

### Overview

<table>
<thead>
<tr>
<th>UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION</th>
</tr>
</thead>
</table>

#### Why are you receiving this Notice?

Financial institutions, which include the Company, choose how they share your personal nonpublic information. Federal and state law gives consumers the right to limit some but not all sharing of that information. Federal law also requires us to tell you how we collect, share and safeguard your nonpublic personal information. You are receiving this Privacy Notice because our records show either that you are the owner of an insurance policy or you are (or are authorized to act on behalf of) a current insured, future beneficiary and/or claimant under a policy, product or services issued by the Company.

#### What types of Information do we collect?

The types of nonpublic personal information we collect and share depend on the product or service you have with us. For example, this information can include:

- Information about you we receive from you on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, employment information, information about your income, medical information;
- Information about your transactions with the Company and its affiliates;
- Information about your claims history;
- Data from insurance support organizations, government agencies, insurance information sharing bureaus;
- Property information and similar data about you or your property; and
- Information we receive from a consumer reporting agency, such as a credit report.

When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.

#### What do we do with the nonpublic personal information we collect?

WE SHARE YOUR NONPUBLIC PERSONAL INFORMATION IN THE COURSE OF SUPPORTING YOUR INSURANCE COVERAGE OR NON-INSURANCE PRODUCTS OR SERVICES, AS AUTHORIZED BY LAW, OR WITH YOUR CONSENT. THIS INCLUDES SHARING, AS PERMITTED BY LAW, YOUR NONPUBLIC PERSONAL INFORMATION WITH AFFILIATED PARTIES AND NONAFFILIATED THIRD PARTIES, AS APPLICABLE, IN THE COURSE OF SUPPORTING YOUR INSURANCE COVERAGE OR NON-INSURANCE PRODUCTS. IN THE SECTION BELOW, WE LIST THE REASONS WE CAN SHARE YOUR NONPUBLIC PERSONAL INFORMATION, WHETHER WE ACTUALLY SHARE YOUR NONPUBLIC PERSONAL INFORMATION, AND WHETHER YOU CAN OPT OUT OF THIS SHARING (OR IF YOU ARE A RESIDENT OF VERMONT, WHETHER YOU HAVE THE RIGHT TO OPT IN TO ALLOWING THIS SHARING).
<table>
<thead>
<tr>
<th>Reasons we may share your personal information</th>
<th>Does Company Share?</th>
<th>Can you opt out of this sharing or limit this sharing or is your authorization required for this sharing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For our everyday business purposes – to affiliates and non-affiliates to process your transactions, administer insurance coverage, products or services, maintain your account and report to credit bureaus</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For our marketing purposes or for joint marketing with other financial companies</td>
<td>No</td>
<td>We don’t share</td>
</tr>
<tr>
<td>For our affiliates’ everyday business purposes – transaction and experience information</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For our affiliates’ everyday business purposes – creditworthiness</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>For our affiliates to market to you</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For non-affiliates to market to you</td>
<td>No</td>
<td>We don’t share</td>
</tr>
</tbody>
</table>

**Collecting and safeguarding information**

**How often does the Company notify me about their practices?**

We must notify you about our sharing practices when you receive your policy, open an account or purchase a service, and each year while you are a customer, or when significant or legal changes require a revision.

**Why and how does the Company collect my nonpublic personal information?**

We collect nonpublic personal information when you apply for insurance or file an insurance claim to help us provide you with our insurance products and services, and determine your insurability or other eligibility. We may also ask you and others for information to help us verify your identity in order to prevent money laundering and terrorism. We collect personal information from:

- Applications, forms and telephone, web site or written contact with you. This information can include social security number, driver’s license number and income.
- Your transaction(s) with us, our affiliates and other non-affiliated third parties. Transactional information includes such things as your insurance coverage, premiums, claims and payment history. Non-affiliated third parties may include appraisers, investigators, insurance companies, etc.
- Information from physicians, hospitals and other medical providers. We collect this information only in connection with the issuance of individual or group insurance policies on your life or health, and with the processing and adjustment of claims under that insurance.

Information in a report prepared by an insurance support organization may be retained by that organization and provided to others.

**What nonpublic personal information does the Company disclose?**

We may provide to an affiliated or non-affiliated party the same nonpublic personal information listed above in the section entitled, “What information do we collect?”.

**How does the Company safeguard my nonpublic personal information?**

Employees who have access to your nonpublic personal information are required to maintain and protect the confidentiality of that information. Access to your personal information may be needed to conduct business on your behalf or to service your insurance coverage. In addition, we maintain physical, electronic and procedural measures to protect your personal information in compliance with applicable laws and regulatory standards.
FOR RESIDENTS OF ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, ILLINOIS, MAINE, MASSACHUSETTS, MINNESOTA, MONTANA, NEW JERSEY, NEVADA, NORTH CAROLINA, NORTH DAKOTA, OHIO OR VIRGINIA:

You have the following individual rights under state law:

Except for certain claims related to claims and lawsuits, you have the right to access the recorded personal information that we have collected about you which we reasonably can locate and retrieve. To access your recorded personal information you must submit a written request reasonably describing the information you seek, and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1400 American Lane, T2 FL16, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com. If you would like a copy of your recorded personal information that we reasonably can locate and retrieve, we may charge you a reasonable fee to cover the costs incurred in providing you a copy of the recorded information. If you request medical records, we may elect to supply that information to you through your designated medical professional. We may also direct you to a consumer reporting agency to obtain certain consumer report information.

Generally, most of the recorded nonpublic personal information we collect about you and have in our possession is from policy applications or enrollment forms you submit to obtain our products and services, and is reflected in your statements and other documentation you receive from us. If you believe that the personal information we have about you in our records is incomplete or inaccurate, please let us know at once in writing, and we will investigate and correct any errors we find.

You also have the right to request the correction, amendment, or deletion of recorded personal information about you that we have in our possession. You must make your request in writing and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1400 American Lane, T2 FL16, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.

FOR HEALTH INSURANCE POLICIES ISSUED IN NEVADA:

If you wish to make a complaint or an inquiry concerning your health insurance policy, you may contact the Nevada Department of Business and Industry, Division of Insurance by calling (toll-free) (888) 872-3234. The hours of operation of the Division are Monday through Friday from 8 a.m. until 5 p.m., Pacific Standard Time.

### Key words and phrases

#### TERMS YOU SHOULD KNOW

<table>
<thead>
<tr>
<th>Definitions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Everyday business purposes</strong></td>
<td>The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as:</td>
</tr>
<tr>
<td></td>
<td>• Processing transactions, mailing and auditing services</td>
</tr>
<tr>
<td></td>
<td>• Administering insurance coverage, product, services or claims</td>
</tr>
<tr>
<td></td>
<td>• Providing information to credit bureaus</td>
</tr>
<tr>
<td></td>
<td>• Protecting against fraud</td>
</tr>
<tr>
<td></td>
<td>• Responding to court/governmental orders or subpoenas and legal investigations</td>
</tr>
<tr>
<td></td>
<td>• Responding to insurance regulatory authorities</td>
</tr>
<tr>
<td><strong>Affiliates</strong></td>
<td>Financial or nonfinancial companies related by common ownership or control.</td>
</tr>
<tr>
<td></td>
<td>• <em>Company affiliates include insurance and non-insurance companies under common ownership with the Company and that provide insurance and non-insurance products or services.</em></td>
</tr>
<tr>
<td><strong>Non-affiliates</strong></td>
<td>Financial or nonfinancial companies not related by common ownership or control. We do not rent or sell your nonpublic personal information. However, we may share your information with companies that we hire to perform business services for us, such as data processing, computer software maintenance and development, and transaction processing. When we disclose information to others to perform these services, they are required to take appropriate steps to protect this information and use it only for purposes of performing the business services.</td>
</tr>
<tr>
<td></td>
<td>• <em>Company does not share information with non-affiliates to market to you.</em></td>
</tr>
<tr>
<td><strong>Joint marketing</strong></td>
<td>A formal agreement between non-affiliated financial companies that together market financial products or services to you.</td>
</tr>
<tr>
<td></td>
<td>• <em>Company does not jointly market.</em></td>
</tr>
</tbody>
</table>
Changes to this Privacy Notice; contact us

We may change the policies, standards and procedures described in this Notice at any time to comply with applicable laws and/or to conform to our current business practices. We will notify you of material changes.

If you have any questions about your contract with us, you should contact your agent.

If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1400 American Lane, T2 FL16, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.

This Privacy Notice is sent on behalf of the following affiliated companies: