Voluntary
Accidental Death
& Dismemberment
Certificate of Insurance

For Employees of
The Board of Regents of the University of Wisconsin
Having issued Accident Policy Number GTU 8364005 to cover the eligible individuals of:

The Board of Regents of the University of Wisconsin

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 will govern.

IMPORTANT NOTICE

THIS INSURANCE PROVIDES ACCIDENT COVERAGE ONLY
THIS INSURANCE DOES NOT PROVIDE BENEFITS FOR SICKNESS
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<td>GENERAL POLICY CONDITIONS</td>
</tr>
</tbody>
</table>
SECTION I – ELIGIBILITY AND EFFECTIVE DATES

CERTIFICATEHOLDER:

Class I*: All employees eligible for the State of Wisconsin Group Health Insurance Program through the University of Wisconsin.

* Class I excludes rehired Wisconsin Retirement System (WRS) annuitants. Rehired annuitants who are receiving a WRS annuity shall be considered, by definition, retirees pursuant to the provisions of Class II eligibility.

Class II: All retirees of the Policyholder. Retirees may continue coverage in effect, unless excluded, at date of retirement after completing Continuation Form #1249 within sixty (60) days of cessation of insurance. For Covered Employees who retire, coverage may be continued, but not increased, and coverage is subject to the same age reductions of the Policy for Covered Employees who are Active employees.

Note: If You suffer an Injury resulting in a Covered Loss and You are covered under more than one class, We will pay only one benefit, the largest benefit.

ELIGIBILITY OF YOUR DEPENDENTS:

Individuals who enroll may elect to cover their eligible Dependents. An eligible Dependent includes Your legally married Spouse/Domestic Partner and Your Dependent Child(ren), Your legally married Spouse's Dependent Child(ren), and Your Domestic Partner's Dependent Child(ren). A legally married Spouse/Domestic Partner will not be eligible as a Dependent if he or she is also an Insured under the Policy. If You and Your legally married Spouse/Domestic Partner, legally separated Spouse/Domestic Partner, former Spouse/Domestic Partner are both Insured’s under the Policy, only one may select a Plan covering their mutual Dependents.

YOUR EFFECTIVE DATE OF INSURANCE:

A. For eligible individuals hired prior to November 1, 2010:
   Coverage is effective on the first of the month following the date the eligible employee submits the application to the institution benefits office. If filed on the first day of the month, coverage is effective that day.

B. For eligible individuals hired on or after November 1, 2010:
   Coverage is effective on the first of the month following the date the eligible employee submits the application to the institution benefits office. If filed on the first day of the month, coverage is effective that day.

SECTION II – SCHEDULE

COVERAGE(S):

<table>
<thead>
<tr>
<th>Classes Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Hour Accident Protection, Business and Pleasure, Including Corporate Owned or Leased Aircraft, Passenger and Crew, H-1</td>
</tr>
<tr>
<td>Specified Pilot Coverage</td>
</tr>
<tr>
<td>Exposure and Disappearance Coverage</td>
</tr>
<tr>
<td>Reserve Corps/National Guard Unit Coverage</td>
</tr>
</tbody>
</table>

BENEFITS:

<table>
<thead>
<tr>
<th>Classes Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death Benefit</td>
</tr>
<tr>
<td>Principal Sum:</td>
</tr>
<tr>
<td>Class I: You may select one of the following Principal Sum amounts: $25,000; $50,000; $100,000; $150,000; $200,000; $250,000; $300,000; $350,000; $400,000; $450,000; or $500,000.</td>
</tr>
<tr>
<td>Class II: As a Retiree, You must continue with Your prior selected Principal Sum amount when You were an employee or a lesser Principal Sum amount: $25,000; $50,000; $100,000; $150,000; $200,000; $250,000; $300,000; $350,000; $400,000; $450,000; or $500,000.</td>
</tr>
</tbody>
</table>
The **Principal Sum** for **Your Covered Dependents** will be a percentage of **Your Principal Sum**, as follows:

<table>
<thead>
<tr>
<th>Plan Selected</th>
<th>% Spouse/Domestic Partner</th>
<th>% Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/Domestic Partner only:</td>
<td>60%</td>
<td>0</td>
</tr>
<tr>
<td>Dependent Child(ren) only:</td>
<td>0</td>
<td>20%</td>
</tr>
<tr>
<td>Spouse/Domestic Partner and Dependent Child(ren):</td>
<td>50%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Maximum of $300,000 **Principal Sum** for **Your Spouse/Domestic Partner**.
Maximum of $50,000 **Principal Sum** for **Your Dependent Child(ren)**.

At age 70, for **You** and **You Covered Spouse/Domestic Partner** only, the **Principal Sum** will be reduced based on the **Covered Person's** 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>

This schedule of reduced benefits applies to the **Accidental Death Benefit** and the **Accidental Dismemberment and Covered Loss of Use Benefit**.

**Classes Covered**

**Accidental Dismemberment and Covered Loss of Use Benefit**
**Principal Sum:**
Same as above.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Classes Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coma Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Permanent and Total Disability Benefit</td>
<td>Class I</td>
</tr>
<tr>
<td>Additional Dismemberment Benefit for Children</td>
<td>All</td>
</tr>
<tr>
<td>Carjacking Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Continuation of Insurance Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Day Care Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Hearing Aid or Prosthetic Appliance Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Higher Education Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Home Alteration and Vehicle Modification Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Natural Disaster Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Seat Belt/Air Bag Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Spouse/Domestic Partner Retraining Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Surviving Spouse/Domestic Partner Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Therapeutic Counseling Benefit</td>
<td>All</td>
</tr>
<tr>
<td>Travel Assistance Plan</td>
<td>All</td>
</tr>
</tbody>
</table>

**ADDITIONAL ENDORSEMENTS**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Form Number</th>
<th>Classes Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Device Benefit</td>
<td>U-VA-113-A (CW) (02/09)</td>
<td>All</td>
</tr>
<tr>
<td>Amendment to Dependent Children and Domestic Partner Definitions</td>
<td>U-VA-104-A (CW) (09/06)</td>
<td>All</td>
</tr>
<tr>
<td>Amendment to Payment of Claims</td>
<td>U-VA-104-A (CW) (09/06)</td>
<td>All</td>
</tr>
</tbody>
</table>
SECTION III – DEFINITIONS

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the Policy term.

Active and Actively at Work describes You if You are able and available for active performance of all of Your regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered Actively at Work provided You are able and available for active performance of all of Your regular duties and were working the day immediately prior to the date of Your absence.

Aggregate Limit of Liability means the total benefits We will pay for a Covered Accident or Covered Accidents set forth in the Schedule. For purposes of the Aggregate Limit of Liability provision, Covered Accident or Covered Accidents will include a Covered Loss or Covered Losses arising out of a single event or related events or originating cause and includes a resulting Covered Loss or Covered Losses. If the total benefits under the Aggregate Limit of Liability is not enough to pay full benefits to each Covered Person, We will pay each one a reduced benefit based upon the proportion that the Aggregate Limit of Liability bears to the total benefits which would otherwise be paid.

Certificate means this Certificate for the Group Accident Insurance Policy.

Chartered Aircraft means an aircraft operated by a company with an air carrier or commercial operating certificate issued by the Federal Aviation Administration or the equivalent certificate issued by a foreign government, which the Policyholder has the right to use for no more than ten (10) consecutive days and/or for no more than fifteen (15) days in a one (1) year period.

Controlled by, as used in the Coverages Section, means the Policyholder has the right to use a block of aircraft flight time for 25 or more hours in a one (1) year period or for 100 hours or more without a specified term, from a company which is in the business of providing aircraft for private use. A Chartered Aircraft will not be considered Controlled by the Policyholder.

Coverage(s) means the event or events described in the Hazards of the Policy to which benefits and additional benefits apply. The Hazards are listed in the Coverages Section on the Schedule.

Covered Accident means an Accident that results in a Covered Loss.

Covered Injury means an Injury directly caused by accidental means, which is independent of all other causes, results from a Covered Accident, occurs while the Covered Person is insured under the Policy, and results in a Covered Loss.

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

Covered Person means any person who has insurance under the terms of the Policy. It includes You and Your Spouse-/Domestic Partner and/or Dependent Child(ren) if You select a Plan covering Your Spouse/Domestic Partner and/or Dependent Child(ren).

Dependent means Your Spouse/Domestic Partner and Dependent Child(ren), as defined in this section. The Dependent will only be a Covered Dependent if a Plan covering Dependents is selected.

Dependent Child(ren) means Your or Your Covered Spouse’s or Your Domestic Partner's unmarried child(ren), including natural child, stepchild, adopted child, legal ward and a child in an adoptive placement under Wis. Stats. §43.837(1) and §48.833(2), who is dependent upon You for at least 50% of support and maintenance and who are:

  - Dependent Child(ren) who are more than fourteen (14) days old, counting from birth, but under nineteen (19) years of age.
  - Dependent Child(ren) who become married are eligible to the end of the month in which they became married.
  - Dependent Child(ren) who attain the age of 19 and are not enrolled on a full-time basis in a college, university or trade school are eligible to the end of the calendar year in which they attain the age of nineteen.
  - Dependent Child(ren) who are less than twenty five years of age and no longer enrolled on a full-time basis in a college, university or trade school are eligible to the end of the calendar year in which they cease to be enrolled in a college, university or trade school.
  - Dependent Child(ren) who are enrolled on a full-time basis in a college, university or trade school and attain the age of twenty-five are eligible to the end of the calendar year in which they attain the age of twenty-five.
Domestic Partner means a person with whom You are in a domestic partnership under one or more of the following:

1. **You and Your Domestic Partner** satisfy the definition of a domestic partnership set forth in Wis. Stats. §40.02(21d) and have submitted the Department of Employee Trust Funds' Affidavit of Domestic Partnership (ET-2371) to establish a domestic partnership as set forth in Wis. Stats. §40.51(2m)(a); and/or

2. **You and Your Domestic Partner** satisfy the definition of a domestic partnership set forth in Wis. Stats. §40.02(21d) and have submitted a University of Wisconsin System Affidavit of Domestic Partnership (UWS 50) to the University of Wisconsin.

You must submit either the acknowledgement letter from the Employee Trust Fund that confirms the establishment of a Chapter 40 domestic partnership or the UWS Affidavit of Domestic Partnership in order to enroll a domestic partner in coverage.

Injury means a bodily Injury.

Insured means an individual who is eligible for Coverage under the Policy as provided in the Certificateholder part of the Eligibility and Classification of Insureds Section, and who completes the enrollment material, if required.

Owned Aircraft means an aircraft in which the Policyholder or a related company has legal or equitable title. Fractional ownership in a company which is in the business of providing aircraft for private use will be deemed to be equitable title in the aircraft used by the Policyholder.

Plan means the Plan design as described on the Schedule.

Policy means the Group Accident Insurance Policy.

Policyholder means the group named on the front page of the Policy.

Specialized Aviation Activity means an aircraft while it is being used for one or more of the following activities:

- acrobatic or stunt flying
- aerial photography
- banner towing
- bird or fowl herding
- crop dusting
- crop seeding
- crop spraying
- endurance tests
- exploration
- fire fighting
- flight on a rocket-propelled or rocket launched aircraft
- flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted

Spouse, if used in the Policy, means Your legally married Spouse.

Under lease, as used in the Coverages Section, means an aircraft which the Policyholder does not own but has the right to use, under a written agreement, for more than ten (10) consecutive days and/or for more than fifteen (15) days in a one (1) year period. A Chartered Aircraft will not be considered Under lease.

We, Us, and Our refers to Zurich American Insurance Company.

You, Your refers to the Insured.
SECTION IV – COVERAGES

24 HOUR ACCIDENT PROTECTION, BUSINESS AND PLEASURE INCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER ONLY, H-1

The Hazards insured against by the Policy are:

A Covered Injury sustained by a Covered Person anywhere in the world, subject to the terms, conditions, exclusions and limitations under the Policy.

Hazard Limitations:

Air travel Coverage is limited to a loss sustained during a 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.

Hazard 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 in this Coverage;
   2. any aircraft except the following aircraft:
      - Aircraft on file with the Policyholder
      - provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder’s consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft and each pilot has logged at least N/A hours of which at least N/A hours were logged in this or the same class of aircraft.
   3. any aircraft engaged in a Specialized Aviation Activity;
   4. any conveyance used for tests or experimental purposes, or in a race or speed test.

Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.

SPECIFIED PILOT COVERAGE

The Hazard Exclusion in 24 Hour Accident Protection, Business and Pleasure Including Corporate Owned or Leased Aircraft, Passenger Only, H-1, stating that “Coverage is not provided if the Covered Person is the pilot, operator, member of the crew or cabin attendant of a covered aircraft.” is modified to provide Coverage for the following named pilot(s) only:

All pilots while piloting the following aircraft:

All Aircraft

provided such aircraft has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor, and the above named pilot(s) has a current and valid medical certificate and pilot certificate with a proper rating to fly such aircraft.

Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.
EXPOSURE AND DISAPPEARANCE COVERAGE

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

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 Covered 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 applicable Principal Sum, subject to all Policy terms. We have the right to recover the benefit if We find that the Covered Person survived the event.

Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.

RESERVE CORPS/NATIONAL GUARD UNIT COVERAGE

If You suffer an Injury, resulting in a Covered Loss, as defined under the Accidental Death or Accidental Dismemberment and Covered Loss of Use Benefit, while You are a member of an organized Reserve Corps or National Guard Unit and as such, You are:

1. attending any regularly scheduled or routine training of less than thirty (30) days, or You are enroute to or from such training;
2. attending a Service School or You are enroute to or from such Service School;
3. taking part in any authorized inactive duty training; or,
4. taking part as a unit member in a parade or exhibition authorized by official orders.

You will be eligible to receive the applicable Principal Sum for such Covered Loss.

No benefit will be payable for any loss that occurs during active duty.

For purposes of this Coverage, Service School means one operated by, or on behalf of, the United States of America or Canada.

Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.

SECTION V – BENEFITS

ACCIDENTAL DEATH BENEFIT

If a Covered Person suffers a loss of life as a result of a Covered Injury, We will pay the applicable Principal Sum. The death must occur within 365 days of the Covered Injury.

This benefit is subject to the limitations in Section VIII General Limitations.

ACCIDENTAL DISMEMBERMENT AND COVERED LOSS OF USE BENEFIT

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

The benefit amounts are based on the Principal Sum of the person suffering the Covered Loss.

<table>
<thead>
<tr>
<th>Covered Loss of</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Hands or Both Feet</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>One Hand or One Foot plus the loss of Sight of One Eye</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>Speech and Hearing</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>Speech or Hearing</td>
<td>50% of Principal Sum</td>
</tr>
<tr>
<td>One Hand; One Foot; or Sight of One Eye</td>
<td>50% of Principal Sum</td>
</tr>
<tr>
<td>Thumb and Index Finger of the same Hand</td>
<td>25% of Principal Sum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Loss of Use of</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four Limbs</td>
<td>150% of Principal Sum</td>
</tr>
<tr>
<td>Three Limbs</td>
<td>75% of Principal Sum</td>
</tr>
<tr>
<td>Two Limbs</td>
<td>66 2/3% of Principal Sum</td>
</tr>
<tr>
<td>One Limb</td>
<td>50% of Principal Sum</td>
</tr>
</tbody>
</table>
For purposes of this benefit:

1. **Covered Loss** means:
   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. **Covered Loss of Use** means total paralysis of a **Limb** or **Limbs**, which has continued for 12 consecutive months and is determined by our competent medical authority to be permanent, complete and irreversible. **Limb** means an arm or a leg.

This benefit is subject to the limitations in Section VIII General Limitations.

**COMA BENEFIT**

If a **Covered Person** suffers an **Injury** resulting in a **Covered Loss** within 365 days of a **Covered Accident**, and such **Injury** causes the **Covered Person** to be in a **Coma** for at least thirty-one (31) consecutive days, **We** will pay a **Coma Benefit**.

The **Coma Benefit** will be payable at 1% of the **Covered Person's Principal Sum** per month for the first 12 months the **Covered Person** remains in a **Coma**, following the initial thirty-one (31) day period. At the end of the 12 months of payment, if the **Covered Person** remains in a **Coma**, **We** will pay a lump sum benefit equal to the **Principal Sum** payable under the **Accidental Death Benefit** less the amount of the 12 months of benefit already received.

**Coma** will be determined by our duly licensed physician.

This benefit is subject to the limitations in Section VIII General Limitations.

**PERMANENT AND TOTAL DISABILITY BENEFIT**

**Class I Only:**

If **You** become **Permanently and Totally Disabled** as a result of a **Covered Injury** **We** will pay a **Permanent and Total Disability Benefit** provided that **You** become **Permanently and Totally Disabled** within 180 days of the **Injury**; and the **Permanent and Total Disability** continues for twelve (12) months. The benefit payable equals **Your Principal Sum** less any amount payable pursuant to the limitations in Section VIII – General Limitations of the **Policy**.

For purposes of this benefit, **Permanently and Totally Disabled** means that **You** are totally and continually disabled and cannot work, for any income, at any job that **You** are reasonably suited by education, training or experience to do. **Permanent and Total Disability** must be verified by a competent medical authority, and must be expected to continue for the rest of **Your** life.

**SECTION VI – ADDITIONAL BENEFITS**

**ADDITIONAL DISMEMBERMENT BENEFIT FOR CHILDREN**

If **You** selected a **Plan** covering **Your** eligible **Dependent Child(ren)**, and a **Covered Dependent Child** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Dismemberment Benefit**, **We** will pay **You** an additional benefit which will be equal to the benefit amount provided by the **Accidental Dismemberment Benefit**.

**CARJACKING BENEFIT**

If a **Covered Person** suffers an **Injury** resulting in a **Covered Loss** which is payable under the **Accidental Death** or **Accidental Dismemberment and Covered Loss of Use Benefit** as a direct result of an **Accident** that occurs during a **Carjacking** of a private passenger automobile that the **Covered Person** was operating, getting into or out of, or riding in as a passenger, **We** will pay an additional benefit equal to 10% of the applicable **Principal Sum** to a maximum of $25,000.

Verification of the **Carjacking** must be made part of an official police report within twenty-four (24) hours of the **Carjacking** or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within twenty-four (24) hours or as soon as reasonably possible and such verification must be provided to **Us**.

For purposes of this benefit, **Carjacking** means a person other than the **Covered Person** taking unlawful possession of a private passenger automobile by means of force or threats against the person(s) then rightfully occupying it.
CONTINUATION OF INSURANCE BENEFIT

If You, selected a Plan covering Your Dependents and You suffer an Injury resulting in a Covered Loss which is payable under the Accidental Death Benefit, all Coverages under the Policy which were in force on the date of the loss, with respect to Covered Persons other than You, will be continued automatically for 365 days after the date of the loss at no additional cost.

DAY CARE BENEFIT

If You selected a Plan covering Your Dependents and You or Your Covered Spouse/Domestic Partner suffer an Injury resulting in a Covered Loss which is payable under the Accidental Death Benefit, We will pay an additional benefit for day care expenses to the individual who incurs the expense on behalf of each Covered Dependent Child if:

1. on the date of the Accident, the Covered Dependent Child was enrolled in an Accredited Child Care Facility, or enrolls in such facility within ninety (90) days from the date of loss; and
2. the Covered Dependent Child is under age 13.

The Day Care Benefit will be equal to the lesser of:

1. the actual cost of the child care;
2. 3% of the Covered Person's Principal Sum who suffered the Covered Loss; or
3. $5,000.

If both You and Your Covered Spouse/Domestic Partner suffer a simultaneous Covered Loss, the Day Care Benefit will be based on Your Principal Sum.

The Day Care Benefit will be paid annually for four (4) consecutive years if:

1. the Covered Dependent Child is under age 13 at the time of each annual payment; and
2. proof, acceptable to Us, is received by Us that verifies that the Covered Dependent Child remains enrolled in an Accredited Child Care Facility.

An Accredited Child Care Facility means:

1. a child care facility that operates pursuant to state and local laws;
2. is licensed by the state for such child care facilities; and
3. has been provided with a Tax Identification Number by the Internal Revenue Service.

An Accredited Child Care Facility does not include a hospital; the child’s home; a nursing or convalescent home; a facility for the treatment of mental disorders; an orphanage; or a treatment center for drug and alcohol abuse.

HEARING AID OR PROSTHETIC APPLIANCE BENEFIT

If a Covered Person suffers an Injury resulting in a Covered Loss which is payable under the Accidental Dismemberment and Covered Loss of Use Benefit, We will pay an additional benefit provided:

1. the Covered Person is required to use a hearing aid or prosthetic appliance;
2. the Injury that caused the payment of the Accidental Dismemberment and Covered Loss of Use Benefit is the same Injury that requires the Covered Person to use the Hearing Aid or Prosthetic Appliance; and
3. the Hearing Aid or Prosthetic Appliance was required within one (1) year of the Injury.

The amount We will pay will be equal to the one time cost of the Hearing Aid or Prosthetic Appliance actually paid by the Covered Person.

This benefit will not be paid unless:

1. the Hearing Aid or Prosthetic Appliance was prescribed by a legally qualified physician or surgeon who is not the Covered Person's spouse, child, or relative; and
2. presentation of proof of payment is provided to Us.

For purposes of this benefit, Prosthetic Appliance will include an artificial limb or eye.

No payment will be made for ordinary living, traveling or clothing expenses.

The maximum amount payable under all provisions of this benefit combined will be the lesser of 10% of the Covered Person's Principal Sum or $15,000.
HIGHER EDUCATION BENEFIT

If You selected a Plan covering Your Dependent Child(ren) and You suffer an Injury resulting in a Covered Loss which is payable under the Accidental Death Benefit, We will pay an additional benefit for higher education expenses to the individual who incurs the expense for each Covered Dependent Child.

A Covered Dependent 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 (1) year from the date of the Accident.

The Higher Education will be equal to 10% of Your Principal Sum, to a maximum of $25,000 per year. This amount will be paid annually for four (4) consecutive years if Your Covered Dependent Child continues his or her education. Before this benefit is paid each year, Your Covered Dependent 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, a Plan covering Your Dependents was selected, but there are no Covered Dependent Child(ren) who qualify for this benefit, We will pay an additional benefit of $1,000 to the designated beneficiary.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If a Covered Person suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Dismemberment and Covered Loss of Use Benefit, We will pay an additional benefit for home alterations and/or vehicle modifications, provided:

1. the Covered Person is required to use a wheelchair to be ambulatory on a permanent basis; and
2. the Injury that caused the payment of the Accidental Dismemberment and Covered Loss of Use Benefit is the same Injury that requires the Covered Person to need the wheelchair.

The amount We will pay will be equal to:

1. the one time cost of alterations to the Covered Person's primary residence to make it wheelchair accessible and habitable; and
2. the one time cost of modifications necessary to his or her motor vehicle to make the vehicle accessible or drivable.

Benefits will not be payable unless:

1. alterations and/or modifications are made by a person or persons experienced in such alterations and/or modifications, and are recommended by a recognized organization providing support and assistance to wheelchair users; and
2. presentation of proof of payment is provided to Us.

The maximum amount payable under all provisions of this benefit combined will be the lesser of 10% of the Covered Person's Principal Sum or $50,000.

NATURAL DISASTER BENEFIT

If a Covered Person suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Death or Accidental Dismemberment and Covered Loss of Use Benefit as a direct result of a Natural Disaster, We will pay an additional benefit equal to the lesser of 10% of the Covered Person's Principal Sum or $50,000.

For purposes of this benefit, Natural Disaster means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event.

SEAT BELT/AIR BAG BENEFIT

If a Covered Person suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Death Benefit, and the Injury which caused the accidental death directly resulted from an automobile Accident, We will pay to the beneficiary an additional benefit, which equals 10% of the applicable Principal Sum up to a maximum of $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 investigating officers; or
2. by other reasonable proof, acceptable to Us.
An additional benefit equal to 10% of the **Covered Person's Principal Sum** to a maximum of $25,000, will be paid if the **Covered Person** was driving a private passenger automobile with a manufacturer equipped driver-side air bag or riding as a passenger in a private passenger automobile with a manufacturer equipped passenger-side air bag, provided the **Covered Person's** seat belt or lap and shoulder restraint was properly fastened at the time of the **Accident**. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the **Accident**, through certification by the investigating officers or by other reasonable proof, acceptable to **Us**.

We will not pay a **Seat Belt** or **Air Bag Benefit** if the driver of the private passenger automobile in which the **Covered Person** was riding was either:

1. under the voluntary 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 will be considered proof of the driver’s intoxication. Or,
2. under the voluntary influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage.

**SPOUSE/DOMESTIC PARTNER RETRAINING BENEFIT**

If **You** selected a **Plan** covering **Your Spouse/Domestic Partner** and **You** suffer an **Injury** resulting in a **Covered Loss** which is payable under the **Accidental Death Benefit**, **We** will pay to, or on behalf of, **Your Covered Spouse/Domestic Partner**, the actual cost of any professional or trade-training program in which the **Covered Spouse/Domestic Partner** enrolls, 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 thirty (30) months from **Your** death.

The maximum amount payment under this benefit will be the lesser of 5% of **Your Principal Sum** or $25,000.

**SURVIVING SPOUSE/DOMESTIC PARTNER BENEFIT**

If **You** selected a **Plan** covering **Your Spouse/Domestic Partner** and **You** suffer an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, **We** will pay an additional benefit to **Your Covered Spouse/Domestic Partner**. The monthly benefit will be equal to 1% of **Your Principal Sum** and will be paid for a period of twelve (12) months.

**THERAPEUTIC COUNSELING BENEFIT**

If **You** selected a **Plan** covering **Your Dependents** and **You** or **Your Covered Dependents** suffer an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death or Accidental Dismemberment and Covered Loss of Use Benefit**, and **You** or **Your Covered Dependents** require **Therapeutic Counseling**, **We** will reimburse the actual expense for such counseling to the individual who incurs the expense, provided:

1. all terms and conditions of the **Policy** are met;
2. **Therapeutic Counseling** begins within ninety (90) days of the **Covered Accident**;
3. **Therapeutic Counseling** must be incurred within one (1) year from the date of the **Covered Loss**.

**Therapeutic Counseling** means treatment or counseling provided by a licensed therapist or counselor who is registered or certified to provide psychological treatment or counseling.

The maximum amount payable under this benefit is $2,500 for any one **Covered Accident**.
TRAVEL ASSISTANCE PLAN

This Travel Assistance Plan will apply to the following Covered Persons when they are traveling 100 miles or more from their Principal Residence: the Insured and his or her Spouse/Domestic Partner and/or Child(ren), if covered under the Policy. The transportation and/or services provided under this Travel Assistance Plan must be pre-authorized by Us. Under the Policy, the Travel Assistance Plan consists of the following:

- **TRAVEL ASSISTANCE BENEFITS**

  **Medical Evacuation**
  
  If a Covered Person is Injured or Ill on a Covered Trip and is being treated in a hospital, medical facility, clinic or by a medical provider which based upon Our evaluation cannot provide medical care in accordance with Western Medical Standards, We will arrange for, and cover the cost for, the transport of the Covered Person to the nearest hospital or medical facility which can provide such care. We must be contacted prior to the transport and We must pre-authorize the transport for benefits to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

  For the limited purpose of determining Our liability, We have the sole right to determine the standard of care of a hospital or medical facility, clinic or medical provider.

  **Medical Repatriation**
  
  If a Covered Person is Injured or Ill on a Covered Trip and has sufficiently recovered to travel in a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel with minimal risk to his or her health, We will arrange for, and cover the cost for, the transport of the Covered Person to his or her Principal Residence or to his or her residence in the country where he or she is currently assigned (at his or her option) in such transportation. We must be contacted prior to the transport and We must pre-authorize the transport for benefits to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician. For the limited purpose of determining Our liability, We have the sole right to determine the scheduling, the mode of transportation and the special equipment and/or personnel which are covered.

  **Non-Medical Repatriation**
  
  If a Covered Person is Injured or Ill on a Covered Trip and has sufficiently recovered to travel in a regularly scheduled economy class air flight without special equipment or personnel with minimal risk to his or her health, We will pay for the increase in cost to change the travel date on the return air flight and/or for an upgrade in the seating to his or her Principal Residence or to the country where he or she is currently assigned (at his or her option). We must be contacted prior to the transport and We must agree to the change in the travel date and/or upgrade for benefits to be payable which is also subject to the prior recommendation of the attending physician. The upgrade will be subject to Our sole discretion.

  **Return of Remains**
  
  If a Covered Person dies while on a Covered Trip, We will pay and make arrangements for the local preparation of the body for transport or cremation (not including the cost of cremation), travel clearances and authorizations, standard shipping container (not including urn or coffin) and transportation of the body or remains to its country of destination. We must be contacted prior to the preparation and transportation of the body and We must pre-authorize the services and transportation for benefits to be payable.

  **Visit to Hospital**
  
  If a Covered Person is scheduled to be hospitalized for more than seven (7) consecutive days while on a Covered Trip, We will arrange for, and cover the cost of, a regularly scheduled round trip economy class air flight of the person chosen by the Covered Person to visit the Covered Person while he or she is hospitalized. We must pre-authorize the transportation for benefits to be payable.

  **Return of Child**
  
  If a Covered Person is traveling with a Child who is under nineteen (19) years of age or a Child who prior to age nineteen (19) became incapable of self-sustaining employment by reason of mental retardation or physical handicap and remains chiefly dependent upon the Covered Person for support and maintenance while on a Covered Trip and due to the Illness or Injury to the Covered Person such Child(ren) is left unattended, We will arrange for, and cover the cost of, the transport of the child(ren) by a regularly scheduled economy class air flight to the location chosen by the Covered Person and for an attendant, if applicable. We must pre-authorize the transportation of the Child(ren) and attendant, if applicable, for benefits to be payable.
Return of Companion

If a Covered Person is traveling with a companion while on a Covered Trip and due to the Illness or Injury to the Covered Person the Covered Person cannot complete the Covered Trip as scheduled, We will pay for the lesser of the change fee for the companion’s return air flight or a one way economy class flight, whichever is less. We must pre-authorize such costs for benefits to be payable.

• TRAVEL ASSISTANCE EXCLUSIONS

We will not provide the Travel Assistance Plan if the Coverage is excluded under Section VII – General Exclusions of the Policy, or if:

1. the Covered Trip was undertaken for the specific purpose of securing medical treatment;
2. the Injuries or Illness requiring medical services resulted from the Covered Person being under the voluntary influence of any controlled substance, unless such controlled substance was prescribed by a physician and was taken in accordance with the prescribed dosage;
3. with respect to a MEDICAL EVACUATION, the medical care which is being provided is consistent with Western Medical Standards. We have sole discretion in making that determination;
4. with respect to MEDICAL EVACUATION, it is not medically necessary to transport the Covered Person to another hospital or medical facility. We have the sole discretion in making that determination;
5. based upon the medical condition of the Covered Person and/or the local conditions and circumstances, We determine that MEDICAL EVACUATION or MEDICAL REPATRIATION is not appropriate. We have sole discretion in making that determination;
6. any local, state, country or international law prohibits the provision of the transportation or services provided for under this coverage. We will be fully and completely excused from performance and discharged from any contractual obligation;
7. We did not pre-authorize the transportation and/or services.

• TRAVEL ASSISTANCE DEFINITIONS

For purposes of this Travel Assistance Plan only, the following definitions apply:

“Covered Trip” means when a Covered Person is traveling more than 100 miles from his or her Principal Residence and such travel is covered under the Policy and is not excluded under the TRAVEL ASSISTANCE EXCLUSIONS set above.

“Illness” or “Ill” means a sickness or disease which impairs normal functions of the body.

“Injured” “Injury” or “Injuries” means a bodily Injury or Injuries and is not limited to accidental bodily injuries.

“Principal Residence” means the legal domicile of the Covered Person.

“Western Medical Standards” means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.

For the purpose of the Travel Assistance Plan, if there are any differences in the definition of a term between the Travel Assistance Plan and the Policy, the definition in the Travel Assistance Plan will govern.

• TRAVEL ASSISTANCE - OTHER PROVISIONS

Right of Recovery

We have the right to recover any benefits which We have paid under this Travel Assistance Plan if the Policyholder or Covered Person recovers any money from a third party for the expenses incurred by the Policyholder or Covered Person which were covered under this Travel Assistance Plan. We will be reimbursed from such recovery and We will have a lien against that recovery. We have the right to recover any benefits from the Covered Person for transportation services and/or expenses, which were not covered under the Travel Assistance Plan.

Reservation of Rights

We reserve the right to suspend, curtail or limit Our coverage in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, act of God or refusal of authorities to permit Us to provide services or in any country for which a travel warning has been issued by the Department of State of the United States of America.
**Scope**

Illness, as covered under the Travel Assistance Plan, is solely covered under the Travel Assistance Plan, and in no way supersedes or modifies the other benefits provided under the Policy.

To contact Us regarding the Travel Assistance Plan, the Covered Person must call 1-800-263-0261 from the U.S. or Canada; and collect from anywhere else in the world at +1-416-977-0277.

**SECTION VII – GENERAL EXCLUSIONS**

A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service. Reserve or National Guard see Certificate SECTION IV – COVERAGES;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
5. commission or attempt to commit a felony, or that occurs while engaged in an illegal occupation;
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous-activity;
7. being voluntarily 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 will be considered proof of the Covered Person’s intoxication.
8. being under the voluntary influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
9. travel or flight in any aircraft except to the extent stated in the Coverage Section.

**SECTION VIII – GENERAL LIMITATIONS**

**Limitation on Multiple Covered Losses.** If a Covered Person suffers more than one loss as a result of the same Accident, We will pay only one benefit, the largest benefit.

**Limitation on Multiple Benefits.** If a Covered Person can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Covered Loss of Use Benefit, Coma Benefit, Permanent and Total Disability Benefit as a result of the same Accident, the most We will pay for these benefits in total is the Covered Person's Principal Sum.

**Limitation on Multiple Hazards.** If a Covered Person suffers a Covered Loss that is covered under more than one Hazard, We will pay only one benefit, the largest benefit.

**SECTION IX - TERMINATION OF INSURANCE**

Your insurance terminates at the end of the month and during which any of the following occurs:

1. the Policy is terminated;
2. You cease to be eligible for insurance;
3. You fail to pay the required premium, if You are so required.

If You have received approval for a benefits eligible leave of absence, layoff or sabbatical from the Policyholder in accordance with the Policyholder's written Policy, Your insurance under the Policy will continue, provided the required premiums are paid. This extension of Coverage is subject to all of the termination provisions of the Policy with the exception of number 2. above.

Your Covered Dependent's Insurance. Insurance terminates on the earliest of:

1. the date Your insurance terminates;
2. the first premium due date after Your Covered Dependent 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 (IAD) policy or to a Family AD&D (FAD) policy if You selected a Plan covering Your Dependents. The new IAD or FAD policy will be on approved forms and will not include all the Benefits and Additional Benefits of the Group Accident Policy. You must make a written application for the IAD or FAD policy within sixty (60) days of the cessation of Your insurance under the Group Accident Policy. To request a Conversion Application Form, You must call 1-800-834-1959. 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 will be the lesser of Your Principal Sum under the Group Accident Policy or $250,000;
2. The premium for the IAD or FAD policy will be the rate on file with the proper regulatory authority, if such filing is required;
3. Any IAD or FAD policy issued will take effect on the termination date of Your insurance under the Group Accident Policy; and
4. When an IAD or FAD policy becomes effective, the relationship between You and Us will be governed by that policy, including all terms and conditions, including benefits and termination dates.

The Conversion Privilege will cease when You attain age 70.

SECTION X - HOW TO FILE A CLAIM

A. Notice. You or Your beneficiary, or someone on Your behalf, must give Us written notice of the Covered Loss within ninety (90) days of such Covered Loss. The notice must name the Covered Person who sustained the Injury, You, and the Policy Number. To request a claim form, You or Your beneficiary, or someone on Your behalf may contact Us at 1-866-841-4771. The notice must be sent 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. Claim Forms. We will send the claimant proof of Covered Loss forms within fifteen (15) days after We receive notice. If the claimant does not receive the proof of Covered Loss form in fifteen (15) days after submitting notice, he or she can send Us a detailed written report of the claim and extent of Covered Loss. We will accept this report as a proof of Covered Loss if sent within the time fixed below for filing a proof of Covered Loss.

C. Proof of Covered Loss. Written proof of Covered Loss must be given to the Company within ninety (90) days after the date of loss. If the proof of loss is not submitted within ninety (90) days, the claim may be reduced or invalidated. The claim will not be reduced or invalidated if:
   1. it can be shown that it was not possible within reason to submit notice within the ninety (90) day period; and
   2. it is further shown that notice was given as soon as possible, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

SECTION XI - PAYMENT OF 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 Covered 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 Covered Loss that is acceptable to Us.

B. Who We Will Pay.

   1. Your Loss of 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 decedents who survive You in the following order:
      a. Your Spouse or Domestic Partner, if living; otherwise;
      b. Your surviving Children equally, otherwise;
      c. Your surviving Grandchildren equally, otherwise;
      d. Your surviving Parents equally, otherwise;
      e. Your surviving Siblings equally, otherwise;
      f. Your Estate.

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

3. **All Other Claims.** Benefits are to be paid to the Covered Person.

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 will be at Our expense. We can have an autopsy performed unless forbidden by law.

D. **Choice of Service Provider.** The Covered Person has the sole right to choose his or her duly licensed physician and hospital.

**SECTION XII - GENERAL POLICY CONDITIONS**

A. **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 to whom You have assigned the interest in the Policy 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.

B. **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 will not be deemed as a waiver of such rights in the same or future situations.

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

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. **Suit Against Us.** No action on the Policy may be brought until sixty (60) days after written proof of Covered Loss has been sent to Us. Any action must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina and Wisconsin) of the date the written proof of Covered 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. In those states where binding arbitration is allowed, binding arbitration will supersede this provision.

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

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

**NON-PARTICIPATING**

Nancy D. Mueller  
President  
Zurich American Insurance Company

Dennis F. Kerrigan, Jr.  
Corporate Secretary  
Zurich American Insurance Company

The Board of Regents of the University of Wisconsin  
GTU 8364005  
Effective: November 1, 2010  
Version: November 2011
This endorsement, effective November 1, 2010, forms a part of Policy No. GTU 8364005, issued to The Board of Regents of the University of Wisconsin.

THIS ENDORSEMENT CHANGES THE CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the Certificate:

SECTION II – SCHEDULE is amended to include the following:

<table>
<thead>
<tr>
<th>ADDITIONAL BENEFITS:</th>
<th>Classes Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Device Benefit</td>
<td>ALL</td>
</tr>
</tbody>
</table>

SECTION VI – ADDITIONAL BENEFITS is amended to include the following:

SAFETY DEVICE BENEFIT

If You or Your Dependent suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Death Benefit, and the Injury which caused the Accidental death directly resulted from an Accident, We will pay an additional benefit, which equals 10% of the Insured's Principal Sum up to a maximum of $25,000, provided that the You or Your Dependent was:

1. operating or riding as a passenger in or on any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities; and

2. wearing or protected by, as per manufacturer's instructions, any of the following:
   a. an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the Injury.
   b. a manufacturer equipped air bag, provided the Your or Your Dependent’s seat belt or lap and shoulder restraint was fastened at the time of the Accident.
   c. an Approved Personal Flotation Device while You or Your Dependent are swimming, engaging in water sports or legally operating or riding as a passenger in a boat, seagoing vessel, sailboard or personal watercraft.
   d. an Approved Motorcycle Helmet while You or Your Dependent are operating or riding as a passenger on a motorcycle, scooter, moped, all-terrain vehicle (ATV), or all-terrain cycle (ATC) that is being operated legally per all local and state laws, rules and regulations.
   e. an Approved Snowmobile Helmet while You or Your Dependent are operating or riding as a passenger on a snowmobile that is being operated legally.
   f. an Approved Bicycle Helmet, while You or Your Dependent are legally operating a bicycle.

Continued
g. an Approved Ski Helmet while You or Your Dependent are engaged in downhill skiing or snowboarding, after purchasing a valid lift ticket and skiing/snowboarding during normal operating hours and on the marked premises of the facility selling the lift ticket.

h. an Approved Equestrian Helmet while You or Your Dependent are engaged in horseback riding.

i. an Approved Protective Helmet while You or Your Dependent are actively at work.

j. Approved Body Armor while You or Your Dependent are actively at work.

Verification of the You or Your Dependent's actual use of the Safety Device is required as follows:

1. by supplying the official law enforcement report of the Accident, through certification by the investigating officers; or

2. by other reasonable proof, acceptable to Us.

We will not pay a Safety Device Benefit if You or Your Dependent was the driver or operator of any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities, if at the time You or Your Dependent were:

1. under the influence of alcohol:
   a. a driver/operator 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 if operating a motor vehicle.
   b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver’s intoxication; or

2. under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage; or

3. engaged in contests or competitions.

SAFETY DEVICE BENEFIT DEFINITIONS:

Approved Personal Flotation Device (PFD) means a United States Coast Guard approved Type I, II, III or V PFD of appropriate size for the intended user. For water skiing, other towed activities or operation of a personal watercraft a PFD labeled for that activity must be used.

Approved Motorcycle Helmet means a helmet meeting United States Department of Transportation Federal Motor Vehicle Safety Standard (FMVSS) 218 or subsequent standard(s).

Approved Snowmobile Helmet means a helmet meeting the United States Department of Transportation FMVSS 218 or subsequent standard(s).

Approved Bicycle Helmet means a helmet meeting American Society of Testing and Materials (ASTM) standard F1447 or subsequent standard(s).

Approved Ski Helmet means a helmet conforming to Snell Memorial Foundation standards S-98 or RS-98 or ASTM standard F2040 or subsequent standard(s).

Approved Equestrian Helmet means a helmet conforming to Snell Memorial Foundation standard E-2001 or ASTM standard F1163 or subsequent standard(s).

Approved Protective Helmet means a helmet complying with American National Standards Institute (ANSI) standard Z89.1-2003 or subsequent standard(s).

Except for the above, this Amendatory Endorsement does not vary, alter, waive, or extend any of the terms of the Policy to which it is attached.

Endorsement No. 1
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Signed for by Zurich American Insurance Company ____________________________ Date: November 1, 2010

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Please Keep This Notice With Your Insurance Papers

Problems with Your insurance?

If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem.

You can direct any questions or comments to Us at:

Zurich American Insurance Company
Consumer Affairs Department
1400 American Lane
Schaumburg, IL 60196
1-800-382-2150 (Business Hours: 8 a.m. - 4 p.m. [CT])

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

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873

or You can call 1-800-236-8517 outside of Madison or 266-0103 in Madison and request a complaint form.
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](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.