

Guide to Benefits

ACE American Insurance Company (A Stock Company)
Philadelphia, PA 19106
(Herein called We, Us, Our)



Accidental Death and Dismemberment

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below.

Who is eligible for this protection?

All eligible account holders of the Participating Organization with a covered account in good standing.

What if I have coverage under more than one account?

If you have more than one enrolled account offering coverage under this plan, the maximum amount We will pay for any one loss will be two times the largest benefit amount payable.

Period of Coverage:

You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid.

COVERED ACTIVITIES

24-Hour Coverage - We will pay the benefits described in the Policy when you suffer a Covered Accident any time while insured by the Policy. Unless otherwise specified, We will pay benefits only once for a Covered Accident.

Exposure & Disappearance

Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by the Policy; and the body is not found within one year of the Covered Accident.

Description of Benefits - Accidental Death and Dismemberment Benefits - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum (PS) is \$2,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident. Benefits will be reduced at age 70.

SCHEDULE OF COVERED LOSSES

Covered Loss	Benefit Amount
Life.....	100% of the PS
Two or more Members.....	100% of the PS
One Member.....	50% of the PS
Thumb & Index Finger of the Same Hand.....	25% of the PS

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Aggregate Limit - We will not pay more than \$5,000,000 for all losses per Covered Accident. If this amount does not allow all covered persons to be paid the amount the plan otherwise provides, the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay does not exceed the aggregate policy limit.

What is not covered?

We will not pay benefits for any loss or Injury that is caused by, or results from:

- intentionally self-inflicted Injury.
- suicide or attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- commission of, or attempt to commit, a felony.

- the Insured being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- commission of or active participation in a riot or insurrection.
- an accident if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.
- Injury covered by workers' compensation, employers' liability laws, or similar occupational benefits.
- Injury or loss contributed to the use of any drug or narcotic, except as prescribed by a Doctor.
- Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; hang-gliding, parachuting, amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.
- flight in, boarding, or alighting from an Aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline.
- medical or surgical treatment, diagnostic procedure, administration of anesthesia related to medical mishap or negligence, including malpractice. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Definitions: "Covered Accident" means an accident that occurs while coverage is in force for you and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. "Injury" means accidental bodily harm sustained by you from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. "We, Our, Us" means the insurance company underwriting this insurance or its authorized agent.

ACE USA must be notified within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the claimant, claimants financial institution, and the Policy Number.

Policy Number: ADD N06524163, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact our Administrator, SWBC, at 1-888-309-7374.

Payment of Claims – Any benefits due at the time of the covered person's death will be paid to the designated beneficiary. If there is no named beneficiary or surviving beneficiary on record with Us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following: 1) Spouse; 2) Children; 3) Parents; 4) Brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured's estate.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.