



ZURICH

ZURICH AMERICAN INSURANCE COMPANY
Schaumburg, Illinois

Certificate of Insurance

Having issued **Accident Policy** Number GTU 8338555 to cover the eligible individuals of:

The Aerospace Corporation

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**

TABLE OF CONTENTS

| | |
|--------------|----------------------------------|
| Section I | ELIGIBILITY AND EFFECTIVE DATES |
| Section II | SCHEDULE |
| Section III | DEFINITIONS |
| Section IV | COVERAGES INSURED AGAINST |
| Section V | BENEFITS INCLUDED |
| Section VI | ADDITIONAL BENEFITS INCLUDED |
| Section VII | GENERAL EXCLUSIONS |
| Section VIII | GENERAL LIMITATIONS |
| Section IX | TERMINATION |
| Section X | HOW TO FILE A CLAIM |
| Section XI | PAYMENT OF CLAIMS |
| Section XII | GENERAL POLICY CONDITIONS |

SECTION I – ELIGIBILITY AND EFFECTIVE DATES

CERTIFICATE HOLDER:

- Class I:** All Officers, Employees, Directors, Employees on Advanced Study Grants, Temporary Casual and Part-Time Employees who work for a minimum period of time as determined by the Policyholder and domiciled in the United States.
- Class II:** All Trustees of the Policyholder.
- Class III:** All Paid Consultants* to the Board of Trustees and Members of Committees elected by the Board of Trustees of the Policyholder.
All other Paid Consultants* of the Policyholder who are not included in Class III.
- Class IV:** * Paid Consultants means any individual who contracts with the Policyholder to provide consulting services, who executes a Professional Services Agreement, is offered
- Class V:** The eligible Spouse or Domestic Partner of a Covered Person, not included in any other Class.
- Class VI:** The eligible Dependent Child(ren) of a Covered Person, not included in any other Class.

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.

YOUR EFFECTIVE DATE OF INSURANCE:

- A. For eligible individuals hired prior to January 1, 2025:
The Policy effective date.
- B. For eligible individuals hired on or after January 1, 2025:
The first day of Active work..

SECTION II – SCHEDULE

COVERAGES(S):

Classes Covered

| | |
|--|----------------|
| 24 Hour Accident Protection While on A Specified Event, Including Corporate Owned or Leased Aircraft, Passenger Only H-3 | V, VI |
| Full Occupational Coverage, Including Corporate Owned or Leased Aircraft, Passenger Only H-4 | I, II, III, IV |
| Commutation Coverage | I |
| Exposure and Disappearance Coverage | All |
| War Risk Coverage | All |

BENEFITS:

Classes Covered

| | |
|--|-----|
| ACCIDENTAL DEATH BENEFIT Principal Sum: | All |
|--|-----|

Class I: Four (4) times Your Base Annual Earnings*, subject to a minimum benefit of \$50,000 and a maximum benefit of \$400,000, reduced by any amount paid or payable for the same Accident under the American Express Cardmember Travel Accident Program underwritten by AMEX Assurance Company, Policy

AX0949 (including any rewrite or successor of such policy). However, after applying the reduction, a minimum Principal Sum Amount of \$50,000 shall be payable under this Policy. The Principal Sum Amount reduction will only apply when the benefit is payable under the American Express Card Program, is applicable to You under an American Express card issued to the Insured, which is sponsored by the Policyholder (Corporate Card).

*Base Annual Earnings means Your annual pay excluding overtime, bonuses or any other remuneration arising out of employment with the Policyholder. With respect to the Insured paid on an hourly basis, Base Annual Earnings means Your hourly rate times the number of hours in his or her normal working year, but not to exceed 2,080 hours per year.

- Class II:** \$500,000
- Class III:** \$150,000
- Class IV:** \$50,000
- Class V:** \$50,000
- Class VI:** \$25,000

Aggregate Limit of Liability per Covered Accident \$12,000,000.

**ACCIDENTAL DISMEMBERMENT
AND PLEGIA BENEFIT**

Principal Sum:

Same as above.

Coma Benefit

Classes Covered

All

All

ADDITIONAL BENEFITS:

Critical Burn Benefit

Home Alteration And Vehicle Modification Benefit

Classes Covered

All

All

ADDITIONAL ENDORSEMENTS

Form Number

Classes Covered

Enhanced Out of Country Travel Medical Insurance Benefit

U-VA-124-A
VA (03/13)

All

Enhanced Travel Assistance Plan

U-VA-125-A
VA (03/13)

All

Safety Device Benefit

U-VA-113-C
VA (05/19)

All

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

Insured, 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 or Domestic Partner** and/or **Dependent Child(ren)** if **You** select a **Plan** covering **Your Spouse or Domestic Partner** and/or **Dependent Child(ren)**.

Dependent means **Your Spouse or Domestic Partner** and **Dependent Child(ren)**, as defined in this section.

Dependent Child(ren), if used in the **Policy**, means **Your** unmarried **Child(ren)** and, those unmarried **Child(ren)** of **Your** legally married **Spouse** as defined in the **Policyholder's** medical plan as on file and approved by **Us** who rely on **You** for more than 50% of their support, and are either: 1) less than nineteen (19) years of age; 2) less than twenty-five (25) years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental retardation or physical handicap.

Foreign National means a person who is a citizen of a country or other jurisdiction other than the United States of America and who is not a resident of the United States of America.

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

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

hang gliding

U-VA-102-A (VA) (09/06)

Page 5 of 13

hunting
parachuting or skydiving
pipe line inspection
power line inspection
racing
skywriting

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 WHILE ON A SPECIFIED EVENT, INCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER ONLY H-3

Classes V, VI Only

The **Hazards** insured against by the **Policy** are:

A **Covered Injury** sustained by **You** during a specified event, subject to the terms, conditions, limitations and exclusions under the **Policy**, during a specified event to:

While traveling on a business trip and/or relocation trip* with a primary Insured person. *The trip must be approved by and at the expense of the Policyholder.

Coverage, subject to limitations and exclusions, is provided between:

Hazard Limitations:

Air travel **Coverage** is limited to a loss sustained during the trip, while **You** are 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 **You** are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. For **Your** travel or activities, which deviate from the requirements for, or travel that is an extension of the specified event. This does not include a **Personal Deviation** and **Side Trips** of a personal nature.
- C. 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 **Owned** or **Controlled** by, or **Under lease** to the **Policyholder**:

Any aircraft provided by Twin Otter International 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.

3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured** or a member of an **Insured's** family or household;
4. any aircraft operated by the **Policyholder** or one of the Policyholder's employees including members of an employee's family or household;
5. any aircraft engaged a **Specialized Aviation Activity**;
6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Hazard Definitions:

- **Personal Deviation** means non-business activities undertaken while on the specified, but unrelated to the specified trip.
- **Side Trip** means non-business travel of a personal nature that: 1) is incidental to the specified; 2) would not have been taken if not for the specified; 3) is taken during the course of the specified; and 4) is limited to 10 days.

Note: A complete updated list of all Corporate Aircraft must be provided to **Us** on each anniversary of the **Policy**.

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

FULL OCCUPATIONAL COVERAGE, INCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER ONLY H-4

Classes I, II, III, IV Only

The **Hazards** insured against by the **Policy** are:

A **Covered Injury** sustained by **You** anywhere in the world while on or off the premises of the **Policyholder** performing the usual and customary duties of **Your** regular occupation, or while on the **Business of the Policyholder** during a **Bona Fide Trip**, subject to the terms, conditions, limitations and exclusions under the **Policy**.

Hazard Limitations:

Air travel **Coverage** is limited to a loss sustained during a **Bona Fide Trip**, while **You** are 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. The 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 American or the Armed Forces of any foreign government.

Hazard Exclusions:

Coverage is not provided:

- A. If **You** are the pilot, operator, member of the crew or cabin attendant of any aircraft
- 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 **Owned** or **Controlled** by, or **Under lease** to the **Policyholder** except the following aircraft:

Any aircraft provided by Twin Otter International

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
 3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured** or a member of an **Insured's** family or household;

4. any aircraft operated by the **Policyholder** except those indicated in 2. above, or one of the **Policyholder's** employees including members of an employee's family or household; or
5. any aircraft engaged in a **Specialized Aviation Activity**;

Hazard Definitions:

- **Bona Fide Trip** means a trip that begins when **You** leave the place where **You** normally work or live (whichever last occurs) to go on the trip. It ends when **You** return from the trip to the place where **You** normally work or live (whichever occurs first).
- **Business of the Policyholder** means while on assignment by or at the direction of the **Policyholder** to further the **Business of the Policyholder**. It does not include an **Injury** sustained during:
 1. usual travel to and from work;
 2. leaves of absence or vacations; or
 3. a **Personal Deviation** or **Side Trip** of a personal nature, during a **Bona Fide Trip**, that is not at the direction of and in furtherance of the economic interest of the **Policyholder**It does not include employees who are hired to operate a truck.
- **Personal Deviation** means non-business activities undertaken while on the **Bona Fide Trip**, but unrelated to the **Bona Fide Trip**.
- **Side Trip** means non-business travel of a personal nature that: 1) is incidental to the **Bona Fide Trip**; 2) would not have been taken if not for the **Bona Fide Trip**; 3) is taken during the course of the **Bona Fide Trip**; and 4) is limited to 10 days.

Note: A complete updated list of all Corporate Aircraft must be provided to **Us** on each anniversary of the **Policy**.

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

COMMUTATION COVERAGE

Class I Only

Coverage is extended to include a **Covered Injury** that **You** suffer while commuting directly to or from **Your** home and place of regular employment. This **Coverage** begins when **You** leave **Your** home or place of work. This **Coverage** ends when **You** arrive at **Your** home or place of work.

Except for events beyond **Your** control, excluded **Injuries** are those arising out of or in the course of any deviation from **Your** normal route for personal reasons.

This **Coverage** will not be extended if the operator of the private passenger automobile in which **You** were riding at the time **You** incurred such **Covered Injury** was either:

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

The maximum amount payable under this benefit will be \$50,000.

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

EXPOSURE AND DISAPPEARANCE COVERAGE

Classes All

If **You** are 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 **You** are riding disappears, is wrecked, or sinks, and **You** are not found within 365 days of the event, **We** will presume that **You** lost **Your** 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 **You** survived the event.

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

WAR RISK COVERAGE

Classes All

The exclusion for war or any acts of war, whether declared or undeclared, as found in Section VII General Exclusions of this **Certificate**, is modified and **Covered Injuries** directly resulting from war or any acts of war are covered under the **Policy** provided:

- A. the **Injury** does not result from war or any acts of war, whether declared or undeclared, occurring within any of the states of the United States of America (including the District of Columbia), Afghanistan, Belarus, Iraq, Israel and Occupied Territories, Russia, South Sudan, Sudan, Ukraine or **Your** country of residence.

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 **You** suffer 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 PLEGIA BENEFIT

If an **Injury** to **You** 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**.

| Covered Loss of | Benefit |
|---|-----------------------------|
| 1. Both Hands or Both Feet | Principal Sum |
| 2. One Hand and One Foot | Principal Sum |
| 3. One Hand or One Foot plus the loss of Sight of One Eye | Principal Sum |
| 4. Sight of Both Eyes | Principal Sum |
| 5. Speech and Hearing | Principal Sum |
| 6. Speech or Hearing | 50% of Principal Sum |
| 7. One Hand; One Foot; or Sight of One Eye | 50% of Principal Sum |
| 8. Thumb and Index Finger of the same Hand | 25% of Principal Sum |

Plegia

| | |
|---|-----------------------------|
| 1. Quadriplegia (total paralysis of all four Limbs) | Principal Sum |
| 2. Paraplegia (total paralysis of both lower Limbs) | 75% of Principal Sum |
| 3. Hemiplegia (total paralysis of upper and lower Limbs on one side of the body) | 75% of Principal Sum |
| 4. Uniplegia (total paralysis of one Limb) | 25% of Principal Sum |

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. **Plegia** must continue for 12 consecutive months and be determined by **Our** competent medical authority to be permanent, complete and irreversible paralysis of one or more limbs. A **Limb** means an arm or a leg. Proof of total paralysis may be required by **Us** on a periodic basis. Benefits are not payable for paralysis caused by a stroke.

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

COMA BENEFIT

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

The **Coma Benefit** will be equal to 1% of the **Insureds Principal Sum** and will be paid each month the **Insured** remains in a **Coma** following the initial thirty-one (31) day period. The **Coma Benefit** will end on the earliest of the following:

1. when the **Insured** is no longer in a **Coma** which directly resulted from the **Injury**;
2. when the **Insured** has received a **Coma Benefit** for 100 months.

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

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

SECTION VI – ADDITIONAL BENEFITS

CRITICAL BURN BENEFIT

If **You** suffer an **Injury** resulting in a **Covered Loss** as a result of a **Covered Accident** which is payable under the **Accidental Dismemberment and Plegia Benefit**, an additional benefit will be payable equal to the lesser of 10% of the applicable **Principal Sum** or \$25,000, provided all terms and conditions of the **Policy** are met and

1. **You** have received second degree or higher burns over 25% of **Your** body; and
2. **You** have undergone reconstructive surgery to treat the burned areas of the body; and
3. the reconstructive surgery has taken place within 365 days of the occurrence of the **Injury**.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

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

1. **You** are 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 Plegia Benefit** is the same **Injury** that requires **You** to need the wheelchair.

The amount **We** will pay will be equal to:

1. the one time cost of alterations to **Your** primary residence to make it wheelchair accessible and habitable; and
2. the one time cost of modifications necessary to **Your** 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 **Your Principal Sum** or \$25,000.

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;

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. being 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;
6. 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 **You** suffer 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 **You** can recover benefits under more than one of the following benefits: **Accidental Death Benefit, Accidental Dismemberment and Plegia Benefit, Coma Benefit** as a result of the same **Accident**, the most **We** will pay for these benefits in total is **Your Principal Sum**.

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

Aggregate Limit. **We** will not pay more than the **Aggregate Limit of Liability** stated in the Schedule.

SECTION IX - TERMINATION OF INSURANCE

Your Insurance. **Your** insurance automatically terminates on the earliest of:

1. the date the **Policy** is terminated;
2. the date **You** cease to be eligible for insurance;
3. the expiration date of the period for which required premium has been paid for **You**;
4. the date **You** fail to pay the required premium, if **You** are so required;
5. the date **You** retire.

Within fifteen (15) days of **Policyholder's** receipt of termination, the **Policyholder** will notify **You** of such termination if **Your** premium is payroll deducted.

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, 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**, acceptable to **Us**, must be sent within ninety (90) days of the **Covered Loss**. Failure to furnish proof of **Covered Loss** acceptable to **Us** within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the proof of **Covered Loss** and the proof was provided as soon as reasonably possible

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 the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as **You**, **We** will pay the benefit to the beneficiary named by **You** for the **Policyholder's** Group Life Insurance policy. If there is no beneficiary

named by **You** for the **Policyholder's** Group Life Insurance policy, or the named beneficiary predeceases 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** or **Domestic Partner**;
 - b. **Your Child(ren)**;
 - c. **Your** parents;
 - d. **Your** brothers and sisters;
 - e. **Your** estate.
2. All Other Claims. Benefits are to be paid to **You**.
3. If a **Foreign National** is entitled to benefits for a **Covered Loss** and **We** are unable to make payment directly to him or her because of legal restrictions in the country or jurisdiction where such **Foreign National** is located, **We** will pay the benefits to a bank account owned by the **Foreign National** in the United States of America.
- C. **Physical Examination and Autopsy.** **We** have the right to examine **You** 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.** **You** have the sole right to choose **Your** 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 **You** live 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. **Validation of Policy.** The validity of the **Policy** will not be contested, except for nonpayment of premium, after it has been in force for two years from the effective date. No statement made by **You** under the **Policy** relating to **Your** insurability or the insurability of **Your Dependents** will be used in contesting the validity of the **Policy** with respect to which such statement was made: (1) after the **Policy** has been in force prior to the contest for period of two years during the lifetime of during **Your** lifetime about whom the statement was made; and (2) unless the statement is contained in a written instrument signed by **You**
- G. **Written Statements.** No written statement made by an **Insured** will be used in any contest unless a copy of the statement is furnished to the person or to his beneficiary or personal representative.
- H. **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.



Kristof Terryn
President
Zurich American Insurance Company



Laura J. Lazarczyk
Corporate Secretary
Zurich American Insurance Company

NON-PARTICIPATING

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event **You** need to contact someone about this insurance for any reason please contact the **Policyholder's** agent. If an agent was not involved in the sale of this insurance or if **You** have additional questions, **You** may contact Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196. The telephone number is: 1-866-841-4771.

In the event **You** are unable to contact or obtain satisfaction from the **Company** or agent, **You** can contact the Virginia State Corporation Commission's Bureau of Insurance at: Street Address: Tyler Building, 1300 E. Main St., Richmond, Virginia 23219 Mailing Address: P.O. Box 1157 Richmond, Virginia 23218 Phone: (Richmond area) 804-371-9691. National toll free number: 877-310-6560

The Aerospace Corporation
GTU8338555
Effective: January 1, 2024

Sep/2024



AMENDATORY ENDORSEMENT

Safety Device Benefit

ZURICH AMERICAN INSURANCE COMPANY

1299 Zurich Way
Schaumburg, Illinois 60196

This endorsement, effective January 1, 2024, forms a part of **Policy** No. GTU8338555, issued to The Aerospace Corporation.

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:

ADDITIONAL BENEFITS:

Safety Device Benefit

Classes Covered

Class I II III IV V VI

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

SAFETY DEVICE BENEFIT

If **You** 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 **You** were:

1. operating or riding as a passenger in 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 **You** seat belt or lap and shoulder restraint was fastened at the time of the **Accident**.

- c. an **Approved Personal Flotation Device** while **You** 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** 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** are operating or riding as a passenger on a snowmobile that is being operated legally.
- f. an **Approved Bicycle Helmet**, while **You** are legally operating a bicycle.
- g. an **Approved Ski Helmet** while **You** 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** are engaged in horseback riding.
- i. an **Approved Protective Helmet** while **You** are actively at work.
- j. **Approved Body Armor** while **You** are actively at work.

Verification of **You** 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** were 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** were :

- 1. under the influence of alcohol committing a felony at the time of loss:
 - a. a driver/operator will be conclusively presumed 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; or
- 2. 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).

Approved Body Armor means a ballistic-resistant vest complying with National Institute of Justice (NIJ) Standard-0101.06 or subsequent standard(s).

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

Endorsement No. as issued with policy



Signed for by Zurich American Insurance Company _____

Date: September 6, 2024



Out of Country Travel Medical Insurance Benefit

ZURICH AMERICAN INSURANCE COMPANY

1299 Zurich Way
Schaumburg, Illinois 60196

This endorsement, effective January 1, 2024, forms a part of **Policy** No. GTU8338555, issued to The Aerospace Corporation.

THIS ENDORSEMENT CHANGES THE POLICY/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 **Policy/Certificate**:

| Out of Country Travel Medical Insurance Schedule | | | |
|--|---|--|--|
| Benefit | Maximum Benefit Amount per Covered Person per Covered Accident and Illness | Deductible per Covered Person per Covered Accident and Illness | Co-Insurance Rate(s) per Covered Person per Covered Accident and Illness |
| Medical Expense Benefit | \$250,000 | \$0 | 100% |
| Medical Expense Benefit Sublimits: | | | |
| Daily Hospital Room and Board | The average semi-private room rate per day | The Deductible shown in the Medical Expense Benefit | 100% |
| Daily Intensive Care Unit | Two (2) times the average semi-private room rate per day | The Deductible shown in the Medical Expense Benefit | 100% |
| Dental | Up to a maximum of \$3,000 | The Deductible shown in the Medical Expense Benefit | 100% |
| Pregnancy | The Maximum Benefit Amount shown in the Medical Expense Benefit | The Deductible shown in the Medical Expense Benefit | 100% |

We or **Our Assistance Provider** will pay the **Reasonable and Customary** expenses incurred by the **Covered Person** for **Medically Necessary** medical services or treatments resulting from a **Covered Accident** or an **Illness** while such **Covered Person** is traveling outside his or her country of **Principal Residence** while on the **Business of the Policyholder** including **Personal Deviations** and **Side Trips**. **We** or **Our Assistance Provider** will pay the **Co-Insurance Rate** up to the Maximum Benefit Amount for the Medical Expense Benefit, in excess of the applicable **Deductible(s)** as shown in the Out of Country Travel Medical Insurance Schedule and subject to any Medical Expense Sublimits as shown in the Out of Country Travel Medical Insurance Schedule. The Medical Expense Benefit Sublimits are included within, and not in addition to, the Maximum Benefit Amount for the Medical Expense Benefit.

Coverage under this benefit is conditional upon notification within twenty-four (24) hours, or as soon as reasonably possible by the **Covered Person** or **Policyholder to Us** or **Our Assistance Provider** at 1-800-263-0261, of the need for medical treatment. **Our Assistance Provider**, in conjunction with the local attending **Physician**, shall coordinate the most suitable medical care.

For purposes of this Out of Country Travel Medical Insurance Benefit only, the following additional definitions apply in addition to the Definitions stated in Section III of the **Policy**:

Assistance Provider means Zurich Travel Assist.

Benefit Plan means the benefits provided under this Out of Country Travel Medical Insurance Benefit.

Business of the Policyholder means a temporary assignment by or at the direction of the **Policyholder** to further the business of the **Policyholder** which lasts no longer than ninety (90) days. It does not include an **Accident** or **Illness** which occurs during bona fide leaves of absence or vacation. If the temporary assignment exceeds ninety (90) days in duration, the location of the assignment will be considered the place of permanent assignment.

Co-Insurance Rate(s) means the percentage of the eligible expenses shown in the Out of Country Travel Medical Insurance Schedule payable by **Us** or **Our Assistance Provider** on **Our** behalf, after the **Covered Person** pays the applicable **Deductible(s)**, if any.

Deductible(s) means the dollar amount the **Covered Person** must pay before benefits under this Out of Country Travel Medical Insurance Benefit become payable. The Out of Country Travel Medical Insurance Schedule shows the amount of the applicable **Deductible(s)**, if any, and the Benefit(s), Additional Benefits and Medical Expense Sublimits to which the **Deductible(s)** applies.

Illness means a sickness or disease, which impairs the normal functions of the body and which first manifests itself during a covered trip.

In Force Policy means any multiple group, group-type, family, or individual health care policy covering the **Covered Person** and in effect at the time of the **Injury** or **Illness**, or subsequently thereafter, other than the **Policy** to which this benefit is included.

Medically Necessary means a medical service or treatment

1. is essential for the diagnosis, treatment or care of the **Injury** or **Illness** for which it is prescribed or performed;
2. meets generally accepted standards of medical practice;
3. is ordered by a licensed medical provider acting within the scope of his or her practice.

Parent(s) means the person who has the legal authority and corresponding duties to care for the personal and property interests of the **Dependent Child(ren)**.

Personal Deviation means non-business activities undertaken while on the **Business of the Policyholder**, but unrelated to furthering the **Business of the Policyholder**.

Physician means a person who is:

1. a doctor of medicine, osteopathy or psychology, a chiropractor, optometrist, optician, professional counselor, psychologist, clinical social worker, podiatrist, physical therapist, chiropodist, clinical nurse specialist who renders mental health services, audiologist, speech pathologist, certified nurse midwife, marriage and family therapist or licensed acupuncturist or other legally qualified practitioner that **We** or **Our Assistance Provider** recognize[s];
2. licensed to practice in the jurisdiction where care is being given;
3. practicing within the scope of their license; and
4. not related to the **Covered Person** by blood or marriage.

Principal Residence means the legal domicile of the **Covered Person**.

Reasonable and Customary means the common charge made by other health care providers in the same locality for the treatment furnished. If the common charge for a service cannot be determined due to the unusual nature of such service, **We** or **Our Assistance Provider** will determine the amount based upon:

1. the complexity involved;
2. the degree of professional skill required; and
3. any other pertinent factors.

We or Our Assistance Provider reserve[s] the right to make the final determination of what is **Reasonable and Customary**.

Side Trip means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; and 3) is taken during the course of the business trip; and 4) lasts for no more than ten (10) day(s).

Twelve (12) Consecutive Month Period means the period beginning on the original effective date or subsequent anniversary date of coverage under this Out of Country Travel Medical Insurance Benefit and ending twelve (12) consecutive months later. For example, if the original effective date or subsequent anniversary date of coverage under this Out of Country Travel Medical Insurance Benefit is July 1st, the **Twelve (12) Consecutive Month Period** would begin on July 1st and end on June 30th.

For purposes of this Out of Country Travel Medical Insurance Benefit only, in addition to the General Exclusions stated in Section VII of the **Policy**, **We** will not cover:

1. in-patient hospital treatment unless the **Covered Person** has notified **Us** or **Our Assistance Provider** in advance of the planned admission and allowed them to coordinate care or, in the case of an emergency admission, notified **Us** or **Our Assistance Provider** within twenty-four (24) hours, or as soon as reasonably possible, of said admission in excess of the **Co-Insurance Rate** and Maximum Benefit Amount shown in the Out of Country Travel Medical Insurance Schedule;
2. non-emergency medical expenses;
3. any medical expenses incurred by the **Covered Person** after the date that **We** or **Our Assistance Provider**, based on the advice of a Medical Practitioner, had recommended the repatriation of the **Covered Person** to his or her country of **Principal Residence** in excess of the amount that would have been incurred for the repatriation;
4. any medical expenses incurred if the travel was undertaken for the purpose of obtaining medical treatment;
5. medical expenses incurred more than twelve (12) months from the date of the **Covered Injury** or onset of **Illness**;
6. medical expenses resulting from the **Covered Person** engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft;
7. medical expenses resulting from pregnancy, child birth or elective abortion or medical expenses relating to travel while in the third trimester of pregnancy in excess of the **Co-Insurance Rate** and applicable Maximum Benefit Amount shown in the Out of Country Travel Medical Insurance Schedule;
8. an injury or sickness for which the **Covered Person** is entitled to benefits under Workers Compensation, Employer Liability, or similar law;
9. expenses which are more than **Reasonable and Customary**;
10. expenses for travel against the advice of a **Physician**;
11. medical expenses incurred within the **Covered Person's** country of **Principal Residence**;
12. medical expenses incurred for which the **Covered Person** is not legally obligated to pay;
13. medical expenses incurred for treatment by a member of the **Covered Person's** family or household;
14. artificial limbs, eyes, teeth or prosthetic devices of any kind;
15. treatment to the teeth, gums or structures directly supporting the teeth, unless due to **Injury** of sound, natural teeth or non-elective emergency dental surgery in excess of the **Co-Insurance Rate** and applicable Maximum Benefit Amount shown in the Out of Country Travel Medical Insurance Schedule;
16. routine physical examinations;
17. cosmetic surgery, other than reconstructive surgery when necessary due to an **Injury** as a result of a **Covered Accident** while coverage is in effect;
18. personal comfort or convenience items, including but not limited to telephone charges, television rental, or guest meals.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Endorsement No. as issued with policy.

Effective Date: January 1, 2024 Attached to and forming a part of **Policy** No. GTU8338555

Signed for by Zurich American Insurance Company:



President

September 6, 2024

Date

This endorsement, effective January 1, 2024, forms a part of **Policy** No. GTU8338555, issued to The Aerospace Corporation.

THIS ENDORSEMENT CHANGES THE POLICY/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 **Policy/Certificate**:

ENHANCED TRAVEL ASSISTANCE PLAN

This Enhanced Travel Assistance Plan will apply to the following **Covered Persons** when on a **Covered Trip**: the **Insured** and his or her **Spouse** or **Domestic Partner** and/or **Dependent Child(ren)** if the **Spouse** or **Domestic Partner** and/or **Dependent Child(ren)** are with the **Insured** while he or she is covered under the **Policy**. The **Spouse** or **Domestic Partner** and/or **Dependent Child(ren)** will not be covered while making a trip without the **Insured**. The transportation and/or services provided under this Enhanced Travel Assistance Plan must be pre-authorized by **Us** or **Our Assistance Provider**. This Enhanced Travel Assistance Plan consists of the following benefits:

ENHANCED TRAVEL ASSISTANCE PLAN BENEFITS

Hospital Admission/Medical Expense Guarantee

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and incurs a **Hospital Admission Guarantee Charge** and/or a **Medical Expense Guarantee Charge**, **We** or **Our Assistance Provider** will pay the actual expenses incurred for guarantee of payment to the hospital or the medical provider. The maximum amount **We** or **Our Assistance Provider** will pay for the Hospital Admission/Medical Expenses Guarantee is \$10,000.

Medical Evacuation Benefit

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** or **Our Assistance Provider's** evaluation, cannot provide medical care in accordance with **Western Medical Standards**, **We** or **Our Assistance Provider** 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** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must pre-authorize the transport for this Medical Evacuation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Medical Repatriation Benefit

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** or **Our Assistance Provider** will arrange for, and cover the cost for, the transport of the **Covered Person** to his or her **Principal Residence**, in such transportation. **We** or **Our Assistance Provider** must be contacted prior to the transport and **We** or **Our Assistance Provider** must pre-authorize the transport for this Medical Repatriation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Return of Remains Benefit

If a **Covered Person** dies while on a **Covered Trip**, **We** or **Our Assistance Provider** will make arrangements and pay 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 or Our Assistance Provider** must be contacted prior to the preparation and transportation of the body and **We or Our Assistance Provider** must pre-authorize the services and transportation for this Return of Remains Benefit to be payable.

Dispatch of a Physician or Specialist Benefit

If a **Covered Person** is **Injured** or **Ill** on a **Covered Trip** and, based on the information available, **We or Our Assistance Provider** cannot adequately assess whether or not medical care can be provided in accordance with **Western Medical Standards** and/or medical evacuation, medical repatriation or non-medical repatriation transportation and/or services are necessary, **We or Our Assistance Provider** will arrange for, and cover the cost of, a physician's or specialist's travel to the **Covered Person's** location, as well as the medical services provided on location by such physician or specialist, to make the assessment. **We or Our Assistance Provider** must pre-authorize such costs for this Dispatch of a Physician or Specialist Benefit to be payable.

Security Evacuation Benefit

If, as a result of an **Event** that takes place while a **Covered Person** is on a **Covered Trip**, the **Covered Person** requires extrication from a location in which he or she is traveling due to an imminent physical danger, **We or Our Assistance Provider** will arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the **Covered Person**; but excluding personal comfort and convenience items) of the **Covered Person** to the nearest place of safety. **We or Our Assistance Provider** must be contacted prior to the transport and **We or Our Assistance Provider** must pre-authorize the transport for this Security Evacuation Benefit to be payable. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, **We or Our Assistance Provider** will make every effort to maintain contact with the **Covered Person**.

We or Our Assistance Provider will also arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the **Covered Person**; but excluding personal comfort and convenience items) of the **Covered Person** within seven (7) days of the **Covered Person's** extrication from a location in which he or she was traveling due to an imminent physical danger back to the location in which the **Covered Person** was traveling, provided return is safe and permitted, or the **Covered Person's Principal Residence**.

The maximum amount **We** will pay for this Security Evacuation Benefit is \$100,000.

TRAVEL ASSISTANCE PLAN EXCLUSIONS

We will not provide this Enhanced 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. **We or Our Assistance Provider** did not pre-authorize the transportation and/or services;
3. the **Covered Trip** was undertaken against the advice of a physician or medical practitioner;
4. the costs incurred are not necessary and/or are excessive;
5. with respect to the Medical Evacuation Benefit, the medical care which is being provided is consistent with **Western Medical Standards**;
6. with respect to the Medical Evacuation Benefit, it is not medically necessary to transport the **Covered Person** to another hospital or medical facility;
7. based upon the medical condition of the **Covered Person** and/or the local conditions and circumstances, **We or Our Assistance Provider** determines that the medical evacuation or repatriation or non-medical repatriation is not appropriate;
8. with respect to the Security Evacuation Benefit, the **Covered Person** has violated the laws or regulations of the location of his or her **Principal Residence** or the location in which he or she is traveling while on a **Covered Trip**;
9. with respect to the Security Evacuation Benefit, the **Covered Person** fails to produce or maintain immigration, work, residence or similar visas, permits or other relevant documentation for the location in which he or she is traveling while on a **Covered Trip**;
10. with respect to the Security Evacuation Benefit, the expenses incurred are solely due to the repossession of the **Policyholder's** or **Covered Person's** property by a titleholder or other interested party, to satisfy any debt, insolvency, financial failure or other financial obligation of the **Policyholder** or **Covered Person**;

11. with respect to the Security Evacuation Benefit, the expenses incurred are solely due to the **Policyholder** or **Covered Person** failing to honor any contractual obligation, bond or specific performance condition in a license;
12. with respect to the Security Evacuation Benefit, the **Covered Person** is a citizen of the country in which he or she is traveling while on a **Covered Trip**;
13. with respect to the Security Evacuation Benefit, the conditions leading to the **Covered Person's** departure were in existence prior to the **Covered Person** entering the location in which he or she was traveling while on a **Covered Trip** or such conditions were reasonably foreseeable prior to the **Covered Person** entering the location in which he or she was traveling while on a **Covered Trip**;

ENHANCED TRAVEL ASSISTANCE PLAN LIMITATIONS

For purposes of this Enhanced Travel Assistance Plan only, the following additional limitations apply:

Aggregate Limit of Liability per Security Evacuation is \$500,000.

ENHANCED TRAVEL ASSISTANCE PLAN DEFINITIONS

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

Assistance Provider means Zurich Travel Assist.

Covered Trip means travel more than 100 miles from the **Covered Person's Principal Residence** and such travel is covered under the **Policy**.

Event means any of the following situations in which the **Covered Person** finds himself or herself while on a **Covered Trip**:

1. Expulsion from a location in which the **Covered Person** is traveling or being declared persona non-grata on the written authority of the recognized government of the location in which the **Covered Person** is traveling;
2. Political, social or military events involving the location in which the **Covered Person** is traveling which result in the appropriate government authority(ies) of the **Covered Person's** location of **Principal Residence** or the location in which the **Covered Person** is traveling issuing a formal recommendation that citizens of the **Covered Person's** country of **Principal Residence** or the country in which the **Covered Person** is traveling leave the location in which the **Covered Person** is traveling;
3. Storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate government authority(ies) of the location in which the **Covered Person** is traveling and such area is deemed to be uninhabitable or dangerous;
4. Confirmed (by documentation and/or physical evidence) attack or threat of attack against the **Covered Person's** health and safety by a third party;
5. Deemed kidnapped or a missing person by local or international authorities and, when found, the **Covered Person's** health and/or safety are in question within seven (7) day(s) of his or her being found.

Hospital Admission Guarantee Charge means any charge or expense made by a hospital prior to and as a condition of a **Covered Person's** admission to that hospital.

Ill or Illness means a sickness or disease, which impairs the normal functions of the body and which first manifests itself during a **Covered Trip**.

Injured, Injury or Injuries means a bodily injury or injuries and is not limited to accidental bodily injuries.

Medical Expense Guarantee Charge means any charge or expense made by a medical provider other than a hospital prior to and as a condition of a **Covered Person** being provided with the medical service or treatment by that provider.

Principal Residence means the legal domicile of the **Covered Person** in his or her country of citizenship or location of permanent assignment. If the **Covered Person** has dual citizenship, his or her country of citizenship is the country of the passport he or she used to enter the location in which he or she is traveling.

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

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

ENHANCED TRAVEL ASSISTANCE PLAN - OTHER PROVISIONS

For purposes of this benefit only, the following additional conditions apply:

Changes to the Enhanced Travel Assistance Plan

The **Policyholder** shall notify all **Covered Persons** of any changes to this Enhanced Travel Assistance Plan within a reasonable time of such change.

Coverage Territory

We will not provide this Enhanced Travel Assistance Plan if any local, state, country or international law prohibits the provision of the transportation or services provided for under this Enhanced Travel Assistance Plan. **We** will be fully and completely excused from performance and discharged from any contractual obligation under this Enhanced Travel Assistance Plan.

Notice

To contact **Us** or **Our Assistance Provider** regarding this Enhanced Travel Assistance Plan, the **Covered Person** or their legal representative 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.

Reservation of Rights

We may suspend, curtail or limit coverage under this Enhanced Travel Assistance Plan in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, act of God or the refusal of authorities to permit **Us** or **Our Assistance Provider** to provide services, or in any location for which a travel warning has been issued by the appropriate government authority(ies) of the **Covered Person's** location of **Principal Residence** or the location in which the **Covered Person** is traveling.

Scope

Illness, as defined under this Enhanced Travel Assistance Plan, is solely covered under this Enhanced Travel Assistance Plan and in no way supersedes or modifies the other coverages and/or benefits provided under the **Policy**.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Endorsement No. as issued with policy.

Effective Date: January 1, 2024 Attached to and forming a part of **Policy** No. GTU8338555

Signed for by Zurich American Insurance Company:



President

September 6, 2024

Date

**NOTICE OF
PROTECTION PROVIDED BY
VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or accident and sickness insurance company (including a health maintenance organization) licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values

- Health Insurance
 - \$500,000 for health benefit plans
 - \$300,000 in disability income insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of accident and sickness insurance benefits

- Annuities
 - \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for health benefit plans, for which the limit is increased to \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association’s website at www.valifega.org or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION
c/o APM Management Services, Inc.
1503 Santa Rosa Road, Suite 101
Henrico, VA 23229-5105
804-282-2240

STATE CORPORATION COMMISSION
Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218-1157
804-371-9741
Toll Free Virginia only: 1-800-552-7945
<http://www.scc.virginia.gov/boi/index.aspx>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.

SANCTIONS EXCLUSION ENDORSEMENT



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

SANCTIONS EXCLUSION

Notwithstanding any other terms under this policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED



Privacy Notice

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

Dear Customer:

rev. January 2020

We care about your privacy. That is why we believe in your right to know what nonpublic personal information (“NPI”) we collect about you and what we do with that information. This Privacy Notice describes the NPI we collect about you and how we share and protect that information.

| | |
|---|---|
| Overview | UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION |
| Why are you receiving this Notice? | Financial institutions, which include the Company, choose how they share your NPI. 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 NPI. You are receiving this Privacy Notice because our records show either that you are a customer who is obtaining or has obtained insurance coverage or non-insurance products or services. |

| | |
|---|---|
| What types of Information do we collect? | <p>The types of NPI we collect depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Information about you we receive on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, driver’s license number, employment information, information about your income, assets and net worth, and medical information; • Information about your transactions with the Company and its affiliates; • Information about your insurance coverage, premiums, claims history, and payment history; • Data from insurance support organizations, government agencies, insurance information sharing bureaus; • Property information and similar data about you or your property, such as property appraisal reports; and • Information we receive from a consumer reporting agency or insurance information sharing bureau, such as a credit or fraud report. <p>When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.</p> |
|---|---|

| | |
|---|---|
| What do we do with the NPI we collect? | <p>We share your NPI 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 NPI with affiliated parties and nonaffiliated third parties, as applicable, in the course of supporting your insurance coverage or non-insurance products.</p> <p>These affiliates and nonaffiliated third parties include:</p> <ul style="list-style-type: none"> • Financial service providers, such as banks and other insurance companies; • Non-financial companies, such as medical providers and nonaffiliated service providers that perform marketing services on our behalf; and • Others, such as consumer reporting agencies and insurance information sharing bureaus. <p>In the section below, we list the reasons we can share your NPI, whether we actually share your NPI, 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).</p> |
|---|---|

| Reasons we can share your personal information | Does Company Share? | Can you opt out of this sharing or limit this sharing or is your authorization required for this sharing? |
|--|----------------------------|--|
| For our everyday business purposes – such as to process your transactions, administer insurance coverage, products or services, maintain your account, prevent fraud and report to credit bureaus | Yes | No |
| For our marketing purposes - to offer our products and services to you | Yes | No |
| For joint marketing with other financial companies | No | Not Applicable |
| For our affiliates' everyday business purposes – transaction and experience information | Yes | No |
| For our affiliates' everyday business purposes – information about your creditworthiness | No | Not Applicable |
| For our affiliates to market to you | Yes | No |
| For non-affiliates to market their products to you | No | Not Applicable |

| Collecting and safeguarding information | |
|---|---|
| How often do you notify me about your privacy 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. Please review the privacy policy posted on our website, ZurichNA.com. It contains additional information about our practices. |
| Why do you collect my NPI? | We collect NPI 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. Information in a report prepared by an insurance support organization may be retained by that organization and provided to others. |
| What NPI do we share? | We may provide to affiliates and/or nonaffiliated third parties the same NPI listed above in the section entitled, "What types of information do we collect?" |

| | |
|-------------------------------------|---|
| How do you safeguard my NPI? | Employees who have access to your NPI 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, OHIO, OREGON, OR VIRGINIA:

You have the following individual rights under state law:

Except for certain documents 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 request using our online form on our website, ZurichNA.com, or calling our tollfree number at 1-800-382-2150. You may also reasonably describe the information you seek in writing and send your written request to the Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, 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 it is permitted by law. If you request medical records, we may elect to supply that information to you through your designated medical professional for security purposes. 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 through any of the above methods, 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 may make your request using any of the above methods.

Residents of California and Nevada have additional rights over their non-public personal information if it is not governed by the Gramm-Leach-Bliley Act. For more information about these rights, please consult our online privacy policy posted on our website, ZurichNA.com.

FOR RESIDENTS OF MASSACHUSETTS ONLY WHO ARE ZNA P&C CUSTOMERS: You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

| | |
|------------------------------|------------------------------|
| Key words and phrases | TERMS YOU SHOULD KNOW |
|------------------------------|------------------------------|

| Definitions | |
|-----------------------------------|---|
| Everyday business purposes | <p>The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as:</p> <ul style="list-style-type: none"> • Processing transactions, mailing and auditing services; • Administering insurance coverage, product, services or claims; • Providing information to credit bureaus; • Protecting against fraud; • Responding to court/governmental orders or subpoenas and legal investigations; and |

| | |
|------------------------------------|---|
| | <ul style="list-style-type: none"> • Responding to insurance regulatory authorities. |
| Affiliates | <p>Financial or nonfinancial companies related by common ownership or control.</p> <ul style="list-style-type: none"> • <i>Company affiliates include insurance and non-insurance companies under common ownership with the Company and that provide insurance and non-insurance products or services.</i> |
| Nonaffiliated Third Parties | <p>Financial or nonfinancial companies not related by common ownership or control. We may share your information with companies that we hire to perform marketing and business services for us, such as data processing, computer software maintenance and development, and transaction processing. When we share information with 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 services.</p> <ul style="list-style-type: none"> • <i>The Company does not share information with nonaffiliates to market their products to you.</i> |

| | |
|------------------------|---|
| Joint marketing | <p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>The Company does not jointly market.</i> |
|------------------------|---|

| | |
|---|---|
| Changes to this Privacy Notice; contact us | <p>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.</p> <p>If you have any questions about your contract with us, you should contact your agent.</p> <p>If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.</p> |
|---|---|

This Privacy Notice is sent on behalf of the following affiliated companies, which are referred to in this Privacy Notice, in the aggregate, as the “Company:”

American Guarantee and Liability Insurance Company, American Zurich Insurance Company, Colonial American Casualty and Surety Company, Empire Fire & Marine Insurance Company, Empire Indemnity Insurance Company, The Fidelity and Deposit Company of Maryland, Steadfast Insurance Company, Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company, Zurich American Insurance Company, Zurich American Insurance Company of Illinois, The Zurich Services Corporation (together, “the ZNA P&C Companies”), Zurich American Life Insurance Company, and Zurich American Life Insurance Company of New York.