



CNA Plaza
Chicago, Illinois 60685

A Stock Company

**Having issued Group Policy No. SR-219971
to
Louisiana State University System
(herein called the Holder)**

CERTIFICATE OF INSURANCE

CNA Group Life Assurance Company hereby certifies that You are insured under the Policy provided that You qualify under the Eligibility and Enrollment provision, become insured and remain insured in accordance with the terms of the Policy. Your insurance is subject to all of the definitions, limitations, and conditions of the Policy.

This certificate is not the entire contract of insurance. It is a part of the Policy and is evidence of Your insurance. It takes effect at 12:01 A.M. Standard Time on the date determined by the Effective Dates provision of the Policy. The Policy can be amended by mutual consent between the Holder and Us.

The Policy is in the Holder's possession and may be inspected by You at any mutually agreeable time during normal business hours at the Holder's office.

This certificate replaces any other certificate previously issued to You under the Policy. This certificate is not valid unless the Schedule of Benefits is attached.

EXAMINING YOUR CERTIFICATE

It is important that You understand the coverage described in this certificate. You should read it carefully. If You have any questions, You should contact the Holder. You may also write to Us and We will attempt to assist You.

You shall have the right to return the Policy within 10 days of its receipt and have Your premium refunded if, after examination of the Policy, You are not satisfied for any reason.

ADC-1AA-17

Signed for the CNA Group Life Assurance Company

Chairman of the Board

**Group Accidental Death and Dismemberment Certificate
It Does Not Pay Benefits for Loss from sickness
Renewable with the Consent of the Company**

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SCHEDULE OF BENEFITS

Effective as of: June 1, 2003

Holder: Louisiana State University System

Policy Number: SR-219971

Policy Effective Date: June 1, 2003

Eligible Class: All individuals in the following class are eligible for insurance:
All Active Salaried Academic, Unclassified and Classified Employees working at 75% full-time employment or greater (at least 30 hours per week) who are paid and appointed to a position for more than 120 days or one regular academic semester.
Part-time, seasonal and temporary employees are not eligible.

Waiting Period: For employees entering an eligible group on or after the Policy Effective Date: 1st of the month following full-time hire date.

Waiver of Premium Elimination Period: 12 Months

Permanent Total Disability: This benefit is not available for employees or spouses age 70 or older or retirees.

YOUR ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Amount of Principal Sum: Amount of Principal Sum
The amount selected from the following schedule:
\$27,500; \$55,000; \$82,500; \$110,000; \$165,000;
\$220,000; \$275,000; \$300,000

Basic Annual Salary means the base salary paid to You each year by the Holder. It does not include commissions, bonuses, overtime pay or any other compensation.

Benefit Reduction Due to Age:

Age on Date of Loss	Selected Principal Sum
Age 69 or younger	100%
70-74	82.5%
75-79	57.5%
80-84	37.5%
85 and older	20%

Premium for Insureds age 70 or older will be based on the Principal Sum prior to the reductions above.

YOUR DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employee and Family Insurance

Eligible Dependents

Your lawful spouse

Your unmarried Dependent Child who is under 21 years of age

Child coverage may be extended for Your unmarried Dependent Child who is 21 years of age up to age 24 if Your Child is:

- 1) attending an accredited college, university, vocational, vocational-technical trade school, institute or secondary school full-time; and
- 2) financially dependent upon You for support.

Amount of Dependent Principal Sum

Up to 50% of Your original Principal Sum if there are no insured Dependent children covered at the time of the Accident; or 40% of Your original Principal Sum if there are insured Dependent children covered at the time of the Accident

15% of Your original Principal Sum if there is no insured spouse at the time of the Accident; or 10% of Your original Principal Sum if there is an insured spouse at the time of the Accident

ADDITIONAL BENEFITS

The following additional benefits are included:

- Day Care Benefit
- HIV Benefit
- Permanent Total Disability Benefit (Applicable to employees under age 70)
- Permanent Total Disability Benefit (Applicable to covered lawful spouses under age 70)
- Seatbelt and Air Bag Benefit
- Tuition Benefit
- Waiver of Premium (not applicable to retirees)
- Worldwide Travel Assistance Benefit

IMPORTANT: THIS IS A PART OF YOUR CERTIFICATE OF INSURANCE. IT IS EVIDENCE OF YOUR COVERAGE AND SHOULD BE ATTACHED TO YOUR CERTIFICATE OF INSURANCE. THIS SCHEDULE OF BENEFITS REPLACES AND CANCELS ALL OTHER SCHEDULE OF BENEFITS, IF ANY, ISSUED TO YOU UNDER THE POLICY.

ADCS-17

EMPLOYEE INSURANCE

ELIGIBILITY AND ENROLLMENT

Who are Eligible Persons?

All persons in an Eligible Class shown in the Schedule are considered Eligible Persons.

The waiting period is stated in the *Schedule of Benefits*.

ADC-2AA

When are You enrolled for coverage?

When You become an Eligible Person, You may elect to enroll for coverage under the Voluntary plan of insurance on the first of the following dates:

- 1) the Policy Effective Date, if You are an Eligible Person on or before such date; or
- 2) the date You become an Eligible Person if such date falls after the Policy Effective Date.

If You choose not to enroll for the Voluntary plan of insurance during Your initial enrollment period, and later wish to apply, please contact the Holder for the necessary forms and instructions.

ADC-3AA

EFFECTIVE DATES

When does Your insurance take effect?

(Applicable to Eligible Persons on or before the Policy Effective Date)

Your insurance under the Voluntary plan of insurance will take effect on the date stated in the Schedule (Policy Effective Date).

No coverage will go into effect until You have satisfied the Waiting Period, if any.

ADC-6AA

When does Your insurance take effect?

(Applicable to Eligible Persons after the Policy Effective Date)

If You enroll for coverage under the Voluntary plan of insurance after first becoming eligible, Your insurance will take effect on the first day of the month following the date You enroll, provided the required premium has been paid.

No coverage will go into effect until You have satisfied the Waiting Period, if any.

ADC-6AA

When will insurance become effective if an Injury or sickness causes You to be absent from work on Your Effective Date?

If, because of Injury or sickness, You are not Actively at Work on the date the insurance would otherwise become effective, it will take effect on the first day of the month after You return to Active Work for a period of 1 day.

ADC-7AA

CHANGES IN THE AMOUNTS OF PRINCIPAL SUM

When can a change in Your Principal Sum occur?

Changes in Your Principal Sum can occur if:

- 1) there is a change in Your class or plan under the Policy;
- 2) You request a change in Your Principal Sum; or
- 3) there is a change in Your age, if You have attained one of the benefit reduction ages as stated in the Schedule.

When is Your new Principal Sum effective?

For a change in:

- 1) Your class or plan under the Policy or You request a change in Your Principal Sum, Your new Principal Sum will be effective on:
 - a) the first day of the month following the date the change occurs; or
 - b) the first day of the month following the date You request a change in Your Principal Sum if a change is received by the Holder by the 14th of the month, if a change in Your Principal Sum is received after the 14th of the month it is effective the first day of the second month following the date You request a change in Your Principal Sum; or
- 2) Your age, Your new Principal Sum will be effective:
 - a) immediately, if You have already attained the applicable reduction age at the time Your insurance goes into effect; or
 - b) the date You attain the reduction age if this occurs after Your insurance goes into effect

provided the required premium is paid.

If You are not Actively at Work on the date the new Principal Sum would otherwise take effect, it will take effect on the day after You return to Active Work for a period of 1 day.

Any type of decrease in Principal Sum will become effective on the date of the change whether or not You are Actively at Work.

Any change in Principal Sum will apply only to an Injury occurring after the effective date of the change.

ADC-8AA

DEPENDENTS' INSURANCE

ELIGIBILITY AND ENROLLMENT

Who are Your Eligible Dependents?

Your eligible Dependents are defined in the Schedule. An Insured under the Policy may not be considered a Dependent.

If both parents of a Child are Insureds, the Child will be considered a Dependent of either parent. The Child may not be considered a Dependent of both parents.

ADCD-1AA

When are You first eligible to elect Dependent coverage?

You are first eligible to elect Dependent coverage when You enroll for coverage for Yourself. If You do not have an eligible Dependent, You may add Dependent coverage as of the date You first acquire a Dependent.

ADCD-2AA

What if You do not elect Dependent coverage when first eligible?

If You do not elect Dependent coverage when Your Dependent is first eligible, You may add such coverage at a later date. If You later wish to apply for Dependent coverage, please contact the Holder for the necessary forms and instructions.

ADCD-3AA

EFFECTIVE DATES

When does Your Dependent's coverage start?

Your Dependent's coverage starts on the latest of:

- 1) the date Your insurance becomes effective under the Policy, if You have enrolled for Dependent coverage on or before that date;
- 2) the first day of the month following the date You enroll for Dependent coverage if the enrollment is received by the Holder by the 14th of the month, if You enroll for Dependent coverage after the 14th of the month it is effective the first day of the second month following the date You have enrolled for Dependent coverage

provided the required premium is paid.

ADCD-4AA

When does coverage for a Newborn Child start?

Coverage for a Newborn Child starts automatically from the moment of birth if a Child is born to You and You have not previously elected Dependent coverage. The newborn Child will be a Covered Person for 31 days. The newborn Child will cease to be a Covered Person unless:

- 1) You request, in writing, and within such 31-day period, continuation of such Dependent coverage; and
- 2) the required premium, if any, is paid.

If additional premium is required for such Child, premium will be charged from the date of birth.

Dependent coverage will also be extended to:

- 1) foster, step, or grand Children, as of the date they become financially dependent on You for support; and
- 2) newly adopted children beginning on the date of placement in Your home for the purposes of adoption

provided they otherwise meet the definition of a Dependent.

ADCD-5AA-17

When does coverage for a New Spouse start?

Coverage for a new spouse starts automatically at Your marriage, if You have not previously elected Dependent coverage. Such spouse will be a Covered Person for 31 days. The spouse will cease to be a Covered Person unless:

- 1) You request, in writing, and within such 31 day period, continuation of such Dependent coverage; and
- 2) the required premium, if any is paid.

If additional premium is required for such spouse, premium will be charged from the date of marriage.

ADCD-6AA

Will the effective date of coverage be delayed if Your Dependent is confined in a Hospital?

The effective date of insurance will be delayed if Your Dependent, other than a newborn Child, is confined in a Hospital on the date his coverage would otherwise become effective. In such case, the Dependent's coverage will become effective on the day after discharge from the Hospital.

ADCD-7AA

CHANGES IN AMOUNTS OF DEPENDENT PRINCIPAL SUM

When can a change in Your Dependent's Principal Sum occur?

Changes in Your Dependent's Principal Sum can occur if:

- 1) there is a change in Your class or plan under the Policy;
- 2) You request a change in Your Principal Sum; or
- 3) Your Dependent has attained one of the benefit reduction ages as stated in the Schedule.

When is Your Dependent's new Principal Sum effective?

For a change in:

- 1) Your class or plan under the Policy or You request a change in Your Principal Sum, Your Dependent's new Principal Sum will be effective on:
 - a) the first day of the month following the date the changes occurs; or
 - b) the first day of the month following the date You request a change in Your Principal Sum if a change is received by the Holder by the 14th of the month, if a change in Your Principal Sum is received after the 14th of the month it is effective the first day of the second month following the date You request a change in Your Principal Sum; or
- 2) Your Dependent's age, Your Dependent's new Principal Sum will be effective:
 - a) immediately, if the Dependent has already attained the applicable reduction age at the time the Dependent's insurance goes into effect; or
 - b) the date the Dependent attains the applicable reduction age if this occurs after the Dependent's insurance goes into effect

provided the required premium is paid.

If Your Dependent is Hospital confined, other than a newborn Child, on the date his new Principal Sum would otherwise become effective, the effective date will be delayed until the later of:

- 1) the first day of the month following the date he completely recovers and resumes normal activities; or
- 2) if employed, the first day of the month following the date he is performing the material and substantial duties of his regular occupation on a full-time basis.

Any type of decrease in Your Dependent's Principal Sum will become effective on the first day of the month following the date of the change whether or not such Dependent is disabled or Hospital confined.

Any change in the Dependent Principal Sum will apply only to an Injury occurring after the effective date of the change.

ADCD-9AA

DESCRIPTION OF COVERAGES

AIR TRAVEL COVERAGE

What is Air Travel Coverage?

Air Travel Coverage extends coverage under the Policy for a loss resulting from an Injury occurring while the Covered Person is riding as a passenger in any aircraft being used for transportation of passengers. Coverage under the Policy does not include riding in an aircraft owned, operated or leased by or on behalf of Your employer if other than the Holder.

Does Air Travel include riding as a pilot or crew member?

Air Travel does not include riding as a pilot or crew member in any aircraft.

ADAT-1AA

EXPOSURE AND DISAPPEARANCE COVERAGE

How is loss due to Exposure covered under the Policy?

We will presume the Covered Person suffered loss due to an Injury, if such loss resulted from Accidental exposure to the elements.

How is loss due to Disappearance covered under the Policy?

We will presume the Covered Person suffered Loss of Life due to an Injury, if:

- 1) the Covered Person was riding in a Conveyance that is involved in an Accident;
- 2) the Covered Person’s body was not found within 1 year of the disappearance, forced landing, sinking or wrecking of the Conveyance in which the Covered Person was riding; and
- 3) coverage was in force for the Covered Person at the time of the Accident.

Definitions

As used in this provision:

Conveyance means:

- 1) any land or water vehicle, transport or vessel including, but not limited to, a vehicle, transport or vessel licensed to carry passengers for hire; or
- 2) any aircraft operated by a business organized to operate an aircraft service and licensed for the transportation of passengers for hire.

ADXPD-1AA

EXTENSION OF AIR TRAVEL COVERAGE

What is Extension of Air Travel Coverage?

Extension of Air Travel Coverage extends coverage under the “Air Travel Coverage” provision of the Policy for loss resulting from an Injury occurring while You are riding as a passenger only and not as a pilot or crew member in an aircraft owned, operated or leased by the Holder; and described as follows:

Description of Aircraft	Aggregate Limit of Liability
None	

provided such aircraft is being operated at the time with the consent of the Holder and is being piloted by:

A professional pilot with a commercial license who has 3,000 hours of first pilot time, 1,500 hours of like-aircraft pilot time and 600 hours of like-model pilot time.

What other aircraft is covered under this provision?

This extension applies to an aircraft of like type and airworthiness certificate category which is used as a temporary substitute for the aircraft described above. Coverage for such substitute aircraft shall apply for up to 30 days unless We amend the policy to extend such coverage.

This extension also applies to a newly acquired aircraft that either replaces one of those described above or is an additional aircraft. If the newly acquired aircraft replaces an aircraft described above, Our liability will be only to the extent of the Aggregate Limit of Liability provided for the replaced aircraft.

If the newly acquired aircraft is an additional aircraft and We insured all aircraft owned, operated or leased by the Holder, Our liability will be only to the extent of the lowest Aggregate Limit of Liability provided for any other aircraft described above which is owned or leased by the Holder.

If the Holder does not notify Us of a newly acquired aircraft within 30 days after its delivery, or if the newly acquired aircraft is an additional aircraft and We do not insure all aircraft owned or leased by the Holder, the insurance on such aircraft shall become effective on the date We amend the policy to provide such coverage. The Holder is obligated to notify You of change of aircraft to which this extension applies.

Definitions

As used in this provision:

Leased Aircraft is an aircraft the Holder does not own. The Holder uses the aircraft as the Holder wishes for the term of the written lease. The time will be longer than one week or more than one or two trips. The Holder cannot alter or sell the aircraft without consent of the owner.

Operated Aircraft means an aircraft the Holder does not own but over which the Holder exercises control. It is an aircraft the Holder leased, rented or borrowed. The Holder can use it as the Holder wishes. The term Operated Aircraft includes aircraft for which the Holder pays or reimburses operating expenses. The Holder can not alter or sell the aircraft without consent of the owner.

Owned Aircraft means an aircraft to which the Holder holds legal or equitable title. The Holder can use, alter or sell an Owned Aircraft as the Holder wishes.

ADXAT-1AA

DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

What is the Accidental Death and Dismemberment Benefit?

This benefit provides a lump sum benefit payment if an Injury sustained by the Covered Person results in any of the Losses listed below. Loss must occur within 365 days of the date of the Accident.

Loss of:	Percent of Principal Sum Payable
Life.....	100%
Both Hands or Both Feet.....	100%
Entire Sight of Both Eyes.....	100%
One Hand or One Foot.....	50%
Entire Sight of One Eye.....	50%

What is payable under this provision?

We will pay the Percentage of Principal Sum Payable for the Losses listed above. The Principal Sum is stated in the Schedule.

What does Loss mean?

Loss as used above with reference to:

- hand or foot: means that the hand or foot is completely cut off at or above the wrist or ankle joint;
- eye: means irrecoverable loss of entire sight.

What is the maximum benefit payable?

The maximum benefit payable will not exceed the Covered Person's Principal Sum for all losses due to the same accident. No benefit is payable for a loss that is not shown above.

WHAT OTHER BENEFITS ARE AVAILABLE?

DAY CARE BENEFIT

What is the Day Care Benefit?

This benefit provides a yearly benefit payment for each of Your Dependent Children for day care expenses charged by a Day Care Center following Your or Your covered Dependent spouse's death resulting from an Injury.

What conditions must be met before benefits are payable under this provision?

Benefits are payable under this provision if the following conditions are met:

- 1) the Loss of Life Benefit is payable under the Accidental Death and Dismemberment Benefit; and
- 2) on the date of Your or Your covered Dependent spouse's Accident, Your Dependent Child meets the following qualifications:
 - a) is under age 7;
 - b) is attending a Day Care Center; or
 - c) attends a Day Care Center within one year after Your or Your covered Dependent Spouse's death; and
- 3) We receive satisfactory proof that such day care expenses have been incurred for the Dependent Child.

What is payable under this provision?

We will pay, for each Dependent Child who qualifies, an amount equal to 3% of Your or Your covered Dependent spouse's Principal Sum whose death is the basis of the claim or \$3,000, whichever is less.

This benefit is payable in addition to any other benefits provided under the Policy.

When will payment of the Day Care Benefit begin?

Payment will begin immediately upon Our receipt of satisfactory proof that the above conditions have been met.

When will payment of the Day Care Benefit end?

Payment under this provision will end:

- 1) on the date the Dependent Child attain(s) age 7; or
- 2) when a maximum of 4 yearly Day Care Benefit payments have been made

whichever occurs first.

To whom are benefits payable under this provision?

Payment will be made to, or on behalf of, Your Dependent Child.

What if there are no qualifying Dependent Children?

If there are no Dependent Children who qualify as described above, We will pay Your Beneficiary or You, if Your covered Dependent spouse's death is the basis of the claim, a lump-sum benefit equal to 3% of Your or Your covered Dependent spouse's Principal Sum if Your covered Dependent spouse's death is the basis of the claim or \$3,000, whichever is less.

Definitions

As used in this benefit:

Day Care Center means a center of child care which:

- 1) holds a license as a day care center, or is operated by a licensed day care provider, if required; or
- 2) if licensing is not required, operates primarily for the care of children on a daily basis for 12 months a year; and
- 3) is operated in a private home, school or other facility; and
- 4) a charge is customarily made for the care provided.

ADDC-1AA

HIV BENEFIT

What is the HIV Benefit?

This benefit provides a monthly benefit payment if You acquire HIV and/or AIDS as a result of an Accident.

What conditions must be met before benefits are payable?

Benefits are payable if all of the following conditions are met:

- 1) You acquire HIV and/or AIDS within 365 days after the date of the Accident;
- 2) the Accident involves the exchange of bodily fluids from an infected person or injection of infected bodily fluids from an outside source;
- 3) the Accident occurs while You are performing the duties of Your Regular Occupation for the Holder;
- 4) You submit a Workers' Compensation Injury report to the Holder within 48 hours of the covered Accident;
- 5) We receive the results of any tests, as designated by the Centers for Disease Control and Study, that You test negative for HIV, and/ or AIDS within 48 hours of the Accident;
- 6) We receive the results of any tests, as designated by the Centers for Disease Control and Study, that You test positive for HIV, and/ or AIDS within 365 days after the date of the Accident; and
- 7) The Holder does not allow You to perform Your Regular Occupational duties because of the positive test for HIV.

All testing is at Your expense. We reserve the right to request Our own testing. Such testing will be performed according to the guidelines recommended by the Centers for Disease Control and Study.

What is payable under this provision?

We will pay 5% of Your Principal Sum in 24 equal installments. This benefit is subject to a maximum of \$5,000 per month and is payable in addition to any other benefits provided under the Policy.

When do benefit payments begin and end?

Benefit payment will begin on the first day of the month following receipt of written proof of items 1. through 7. above. Benefit payments end:

- 1) the first day of the month following the date of Your death due to any cause; or
- 2) after 24 monthly installments have been paid;

whichever first occurs.

Definitions

As used in this provision:

AIDS means Acquired Immunodeficiency Syndrome.

HIV means Human Immunodeficiency Virus.

Pre-existing Condition means any Injury, any sickness, symptoms of a sickness or physical condition that existed prior to the date that is the basis of this claim.

Regular Occupation with respect to this HIV Benefit, means the necessary functions of Your occupation which cannot be reasonably omitted or altered that You were performing for the Holder for income or wages on the date You become unable to work due to HIV and/or AIDS.

Exclusions

In addition to any other Exclusions listed herein, We will not pay benefits for any loss caused by or resulting from a Pre-existing Condition or sustained while you are:

- 1) Voluntarily using any narcotic or controlled substance unless as prescribed by a Doctor; or
- 2) Legally intoxicated or under the influence of alcohol as defined in the jurisdiction where the Injury occurs.

ADHIV-1AA(LSUS)

PERMANENT TOTAL DISABILITY

(Applicable to Employees under Age 70)

What is the Permanent Total Disability Benefit?

This benefit provides a monthly benefit payment if You sustain Permanent Total Disability as a result of an Injury.

What conditions must be met before benefits are payable?

Benefits are payable if the following conditions are met:

- 1) Your Permanent Total Disability must begin within 180 days of the date of the Accident;
- 2) You are disabled to the extent described in the definition of Permanent Total Disability as stated below;
- 3) Your Permanent Total Disability has rendered You unable to work for at least 12 consecutive months; and
- 4) We receive due proof of Your Permanent Total Disability.

What items must be supplied to establish due proof of Permanent Total Disability?

The following items must be supplied to Us to establish due proof of Permanent Total Disability:

- 1) Our disability claim form. You may obtain Our disability claim form from Us or the Holder. This form must be fully completed and signed by You, the Holder and Your attending Doctor;
- 2) proof that You are receiving Appropriate and Regular Care for Your condition from a Doctor whose specialty or expertise is the most appropriate for the treatment of Your Permanent Total Disability according to Generally Accepted Medical Practice;
- 3) objective medical findings which support Your Permanent Total Disability. Objective medical findings include but are not limited to: tests, procedures, or clinical examinations standardly accepted in the practice of medicine, for Your disability;
- 4) documents detailing the extent of Your Permanent Total Disability, including any restrictions or limitations.

Will proof of continued Permanent Total Disability be required?

Proof of continued Permanent Total Disability may be required by Us on a periodic basis. At Our option, We also have the right to require that a Doctor of Our choosing examine You. If an examination is required, it will be conducted at Our expense. All accrued benefits under this provision will be paid each month subject to due written proof of loss.

What is payable under this provision?

We will pay 1/60th of Your Principal Sum per month for each month of continued Permanent Total Disability. Benefits payable under this provision for periods of less than one month will be paid on the basis of 1/30th of the monthly benefit for each day of Permanent Total Disability.

When do benefits begin and end?

Benefits begin with the 13th month of disability. Benefits end on the date:

- 1) You have recovered to the point where You are no longer Permanently Totally Disabled, as defined;
- 2) the 60th benefit payment has been made;
- 3) proof of the continuance of Your Permanent Total Disability is not furnished when required;
- 4) You refuse to be examined as required; or
- 5) the total amount of benefit paid under this benefit, plus any other benefits payable under the Accidental Death and Dismemberment Benefit for all losses resulting from any one Accident, equal Your Principal Sum;

whichever first occurs.

What happens if You die during the period for which benefits are payable?

If You die during a period for which benefits are payable and before We have paid an amount equal to Your Principal Sum, the unpaid benefit for the remaining months will be paid in one lump sum to Your Beneficiary.

Can the total amount of benefits payable under this provision, in addition to any other benefits payable under the Policy, exceed the Principal Sum?

No, unless specifically stated otherwise, the most We will pay under the Policy for all losses resulting from any one Accident is Your Principal Sum.

Definitions

As used in this provision:

Appropriate and Regular Care means that You are regularly visiting a Doctor as frequently as medically required to meet Your basic health needs. The effect of the care should be of demonstrable medical value for Your disabling condition(s), to effectively attain and/or maintain Maximum Medical Improvement.

Generally Accepted Medical Practice means care and treatment which is consistent with relevant guidelines or national medical, research and health care coverage organizations and governmental agencies.

Maximum Medical Improvement means that level at which, based on reasonable medical probability, further material recovery from or lasting improvements to an Injury can no longer be reasonably anticipated.

Permanent Total Disability or ***Permanently Totally Disabled*** means an Injury that prevents You from engaging in any profession, occupation or employment for hire for which You are reasonably qualified by reason of education, training or experience.

ADPD-1AA(LSUSa)

PERMANENT TOTAL DISABILITY

(Applicable to Covered Dependent Spouses under Age 70)

What is the Permanent Total Disability Benefit?

This benefit provides a monthly benefit payment if Your covered Dependent spouse sustains Permanent Total Disability as a result of an Injury.

What conditions must be met before benefits are payable?

Benefits are payable if the following conditions are met:

- 1) Permanent Total Disability must begin within 180 days of the date of the Accident;
- 2) Your covered Dependent spouse is disabled to the extent described in the definition of Permanent Total Disability as stated below;
- 3) Permanent Total Disability has rendered Your covered Dependent spouse unable to work for at least 12 consecutive months; and
- 4) We receive due proof of Your covered Dependent spouse's Permanent Total Disability.

What items must be supplied to establish due proof of Permanent Total Disability?

The following items must be supplied to Us to establish due proof of Permanent Total Disability:

- 1) Our disability claim form. You may obtain Our disability claim form from Us or the Holder. This form must be fully completed and signed by Your covered Dependent spouse, the Holder, if applicable and Your covered Dependent spouse's attending Doctor;
- 2) proof that Your covered Dependent spouse is receiving Appropriate and Regular Care for his condition from a Doctor whose specialty or expertise is the most appropriate for the treatment of Your covered Dependent spouse's Permanent Total Disability according to Generally Accepted Medical Practice;
- 3) objective medical findings which support Your covered Dependent spouse's Permanent Total Disability. Objective medical findings include but are not limited to: tests, procedures, or clinical examinations standardly accepted in the practice of medicine, for Your covered Dependent spouse's disability;
- 4) documents detailing the extent of Your covered Dependent spouse's Permanent Total Disability, including any restrictions or limitations.

Will proof of continued Permanent Total Disability be required?

Proof of continued Permanent Total Disability may be required by Us on a periodic basis. At Our option, We also have the right to require that a Doctor of Our choosing examine Your covered Dependent spouse. If an examination is required, it will be conducted at Our expense. All accrued benefits under this provision will be paid each month subject to due written proof of loss.

What is payable under this provision?

We will pay 1/60th of Your covered Dependent spouse's Principal Sum per month for each month of continued Permanent Total Disability. Benefits payable under this provision for periods of less than one month will be paid on the basis of 1/30th of the monthly benefit for each day of Permanent Total Disability.

When do benefits begin and end?

Benefits begin with the 13th month of disability. Benefits end on the date:

- 1) Your covered Dependent spouse has recovered to the point where he is no longer Permanently Totally Disabled, as defined;
- 2) the 60th benefit payment has been made;
- 3) proof of the continuance of Your covered Dependent spouse's Permanent Total Disability is not furnished when required;
- 4) Your covered Dependent spouse refuses to be examined as required; or

- 5) the total amount of benefit paid under this benefit, plus any other benefits payable under the Accidental Death and Dismemberment Benefit for all losses resulting from any one Accident, equal Your covered Dependent spouse's Principal Sum;

whichever first occurs.

What happens if Your covered Dependent spouse dies during the period for which benefits are payable?

If Your covered Dependent spouse dies during a period for which benefits are payable and before We have paid an amount equal to Your covered Dependent spouse's Principal Sum, the unpaid benefit for the remaining months will be paid in one lump sum to You.

Can the total amount of benefits payable under this provision, in addition to any other benefits payable under the Policy, exceed the Principal Sum?

No, unless specifically stated otherwise, the most We will pay under the Policy for all losses resulting from any one Accident is Your covered Dependent spouse's Principal Sum.

Definitions

As used in this provision:

Appropriate and Regular Care means that Your covered Dependent spouse is regularly visiting a Doctor as frequently as medically required to meet his basic health needs. The effect of the care should be of demonstrable medical value for Your covered Dependent spouse's disabling condition(s), to effectively attain and/or maintain Maximum Medical Improvement.

Generally Accepted Medical Practice means care and treatment which is consistent with relevant guidelines or national medical, research and health care coverage organizations and governmental agencies.

Maximum Medical Improvement means that level at which, based on reasonable medical probability, further material recovery from or lasting improvements to an Injury can no longer be reasonably anticipated.

Permanent Total Disability or ***Permanently Totally Disabled*** means an Injury that prevents Your covered Dependent spouse from:

- 1) engaging in any profession, occupation or employment for hire for which Your covered Dependent spouse is reasonably qualified by reason of education, training or experience;
- 2) performing those duties usual to daily maintenance of the household; and
- 3) leaving home, except for trips necessary to obtain medical care or treatment.

ADPD-1AA(LSUSb)

SEATBELT AND AIR BAG BENEFIT

What is the Seatbelt Benefit?

This benefit provides a lump sum benefit payment if the Covered Person dies from Injuries sustained in an Automobile Accident while wearing a properly fastened Seatbelt at the time of such Accident.

This benefit is payable in addition to any other benefits provided under the Policy.

What conditions must be met before benefits are payable under the Seatbelt Benefit?

Benefits are payable under this provision if the following conditions are met:

- 1) the Loss of Life Benefit is payable under the Accidental Death and Dismemberment Benefit and
- 2) due proof of Seatbelt use is provided as part of the official police report or as certified, in writing, by the investigating law enforcement officer.

If due proof of Seatbelt use is not provided, and it is unclear if the Covered Person was wearing a Seatbelt, We will pay an additional lump sum benefit payment of \$1,000.

What is payable under the Seatbelt Benefit?

We will pay an amount equal to \$25,000.

What is the Air Bag Benefit?

This benefit provides a lump sum benefit payment if the Covered Person dies from Injuries sustained in an Automobile Accident and the Automobile is equipped with a factory installed Supplemental Restraint System (Air Bag).

What conditions must be met before benefits are payable under the Air Bag Benefit?

Benefits are payable under this provision if the following conditions are met:

- 1) benefits are payable under the Seatbelt Benefit as described immediately above;
- 2) the Covered Person is positioned in a seat that is designed to be protected by an Air Bag; and
- 3) the police report or other evidence establishes that the Air Bag inflated properly upon impact.

If it is unclear whether the Covered Person was positioned in a seat designed to be protected by an Air Bag or if it is not established that the Air Bag inflated properly upon impact, We will pay an additional lump sum benefit payment of \$1,000.

What is payable under the Airbag Benefit?

We will pay an additional 5% of the Covered Person's Principal Sum or \$2,500, whichever is less.

Exclusions

In addition to any other Exclusions listed herein, We will not pay benefits for any loss caused by or resulting from any Injury sustained while the Covered Person is:

- 1) driving or riding in any vehicle used in a race, speed or endurance test or for acrobatic or stunt driving;
- 2) breaking any traffic laws of the jurisdiction in which the Accident occurred;
- 3) intoxicated. Intoxication means that which is defined and determined by the laws of the jurisdiction where the loss or cause of loss occurred; or
- 4) under the influence of drugs, unless taken as prescribed by a Doctor.

Definitions

As used in this provision:

Automobile means a four-wheel private passenger car, including pick-up trucks, sports utility vehicles and vans with a load capacity of one ton or less, and self-propelled motor homes, that is duly licensed for passenger use. It must be designed primarily for use on public streets and highways.

Automobile Accident means an Accident that occurs when the Covered Person is driving or riding in an Automobile.

Seatbelt means an unaltered lap or lap and shoulder restraint. It includes a government approved child restraint device when used in accordance with the manufacturer's directions. In the case of small children, the restraint must:

- 1) meet the standards of the National Safety Council; and
- 2) must be properly secured and utilized in accordance with applicable state law and the recommendations of its manufacturer for children of like age and weight.

Supplemental Restraint System or ***Air Bag*** means a device of passive restraint installed inside a vehicle. Such device must be designed to inflate upon collision to protect the individual from Injury or death.

ADSB-1AA

TUITION BENEFIT

What is the Tuition Benefit?

This benefit provides a yearly benefit payment for each of Your or Your covered Dependent spouse's covered Dependent Children to enable them to continue their education if You or Your covered Dependent spouse sustain Permanent Total Disability as a result of an Injury.

What conditions must be met before benefits are payable?

Benefits are payable under this provision if the following conditions are met:

- 1) benefits are payable under the Permanent Total Disability benefit provisions of the Policy for either You or Your covered Dependent spouse; and
- 2) the covered Dependent Child met, on the date of Your or Your covered Dependent spouse's Accident, the following qualifications:
 - a) is enrolled in a School for Higher Learning; or
 - b) enrolls in a School for Higher Learning within six years after the date of Your or Your covered Dependent spouse's Accident.

What is payable under this provision?

We will pay a yearly benefit for each year the covered Dependent Child qualifies in an amount equal to the actual amount paid for tuition at the selected School for Higher Learning, subject to a maximum of 2% of Your or Your covered Dependent spouse's Principal Sum.

If the covered Dependent Child continues to qualify each year, benefits will be paid for a total of 4 consecutive years.

This benefit is payable in addition to any other benefits provided under the Policy.

To whom are benefits payable under this provision?

Payment will be made to or on behalf of the qualifying covered Dependent Child upon receipt of satisfactory proof that the above requirements have been met.

What must be done in order for the covered Dependent Child to continue to receive yearly benefit payments under this provision?

In order to continue to receive yearly benefit payments, the covered Dependent Child must:

- 1) continue to be enrolled as a full-time student in a School for Higher Learning; and
- 2) make a written request for the subsequent yearly benefit payment during the calendar year for which the benefit is payable.

When do benefit payments end?

Benefit payments end on the earliest of the following dates:

- 1) the date You or Your covered Dependent spouse has recovered to the point where You or Your covered Dependent spouse are no longer receiving benefit payments under the Permanent Total Disability Benefit provisions of the policy;
- 2) the date the covered Dependent Child fails to make a written request for a subsequent yearly benefit;
- 3) the date the covered Dependent Child ceases to be eligible for payment of the Tuition Benefit in any one year; or
- 4) the date the covered Dependent Child has received a total of 4 benefit payments under this provision.

What if there is no qualifying covered Dependent Child within six years from the date of the Accident causing Your or Your covered Dependent spouse's Permanent Total Disability?

If You do not have a covered Dependent Child who qualifies for this benefit within six years after the date of Your or Your covered Dependent spouse's Accident, We will pay You a lump sum amount equal to 8% of Your or Your covered Dependent spouse's Principal Sum.

Definitions

As used in this benefit:

School for Higher Learning means an educational institution above the 12th grade level. It includes, but is not limited to any state university, private college or trade school.

Tuition means a fee for education instruction at a School for Higher Learning. It includes laboratory fees incurred while attending a School for Higher Learning.

ADT-1AA(LSUS)

WAIVER OF PREMIUM

(Not Applicable To Retirees)

What is the Waiver of Premium provision?

This provision provides for the continuation of Your coverage under the Policy without premium charge while You are Totally Disabled. If You qualify for continuation under this provision, and Your Dependents are also covered under the Policy, Your Dependent's coverage will be continued without premium charge.

How do You qualify for Waiver of Premium?

To qualify for Waiver of Premium:

- 1) You must become Totally Disabled while You are covered under the Policy;
- 2) You must remain Totally Disabled during the Elimination Period; and
- 3) We must receive due written proof of continued Total Disability when requested.

How often is proof of continued Total Disability required?

We may exercise Our right to require proof of continued Total Disability on a periodic basis. At Our option, We also have the right to require that a Doctor of Our choosing examine You. If an examination is required, it will be conducted at Our expense.

When will coverage continued under the Waiver of Premium Benefit provision cease?

Coverage will immediately cease to be continued under this provision if:

- 1) the Policy ends in accordance with the termination provision;
- 2) proof of the continuance of Your Total Disability is not furnished when required;
- 3) You refuse to be examined as required; or
- 4) Your Total Disability ends.

Your coverage may then be continued in force under the Policy only if:

- 1) the Policy is still in force;
- 2) You immediately return to Active Work in a class eligible for insurance; and
- 3) premiums for You are paid as they fall due.

If either condition 1) or 2) immediately above is not met, You may be able to continue coverage as described in the Conversion Privilege.

Definitions

As used in this provision:

Elimination Period means the period of continuous Total Disability stated in the Schedule.

Gainful Occupation means the performance of any occupation or employment for wages, remuneration or profit, for which You are or become reasonably qualified by education, training or experience. Such occupation can be on a full-time or part-time basis.

Total Disability or Totally Disabled means that as a result of an Injury or sickness, You are unable to perform each of the material duties of any Gainful Occupation.

ADWP-1AA

WORLDWIDE TRAVEL ASSISTANCE BENEFIT

What is the Worldwide Travel Assistance Benefit?

This benefit provides coverage for the following emergency assistance services which may be required if the Covered Person sustains an Injury, becomes Sick or dies while traveling more than 100 miles from his Primary Home:

- 1) Emergency Medical Evacuation/Repatriation;
- 2) Return of a Traveling Companion;
- 3) Bedside Visit; and
- 4) Return of Mortal Remains.

Benefits provided under the Worldwide Travel Assistance Benefit provision are payable in addition to any other benefits provided under the Policy.

What conditions must be met before any emergency assistance service is payable?

Before benefits are payable for any emergency assistance service the following conditions must be met:

- 1) the Covered Person has to obtain advance approval of the emergency assistance service from the emergency assistance provider contracted by Us to render such emergency assistance service;
- 2) the emergency assistance service must be arranged and provided by such emergency assistance service provider; and
- 3) with respect to emergency medical evacuation/repatriation, all evacuation and medical transportation recommendations must be deemed Medically Necessary. The determination as to whether or not:
 - a) adequate medical treatment is available locally and whether or not the subsequent medical evacuation is Medically Necessary;
 - b) repatriation of the Covered Person is Medically Necessary, including the means of transportation; or
 - c) any medical or non-medical escort to accompany the Covered Person is Medically Necessary during the medical evacuation or repatriation;

will be made by Our emergency assistance service provider's medical Doctor in conjunction with the Covered Person's attending Doctor. However, repatriation will not be deemed Medically Necessary if Our emergency assistance service provider determines that the Covered Person is able to continue his trip or use the original transportation arrangements that the Covered Person purchased for the trip.

What is payable under this provision?

Emergency Medical Evacuation/Repatriation

We will pay the Reasonable Expenses incurred for:

- 1) medical evacuation of the Covered Person to the nearest appropriate medical facility, if adequate medical treatment is not available locally where the Covered Person sustained the Injury or became Sick; and/or
- 2) repatriation of the Covered Person from the place where the Covered Person is being treated to:
 - a) the most appropriate medical facility closest to the Covered Person's Primary Home; or
 - b) to his Primary Home; and
- 3) any medical or non-medical escort to accompany the Covered Person during such medical evacuation or repatriation.

Coverage includes all Medically Necessary treatment, services and supplies required as part of the medical evacuation or repatriation. However, no benefits are payable for any medical treatment, services or supplies that were provided before and/or after the Covered Person's evacuation or repatriation.

Return of a Traveling Companion

When an Injury or Sickness results in the emergency medical evacuation, repatriation, or hospitalization of the Covered Person, or if the Covered Person dies, and as a result, the Covered Person's Traveling Companion has to forfeit his return airfare, We will pay for the:

- 1) transportation expenses incurred up to the cost of a one-way Economy Airfare, to return the Covered Person's Traveling Companion to his Primary Home; and/or
- 2) expenses incurred for the necessary services of a qualified, non-family attendant if the Traveling Companion is the Covered Person's dependent child and if such child is left unattended following the Covered Person's medical evacuation, repatriation, hospitalization or death.

Bedside Visit

We will pay for the transportation expenses incurred up to the cost of an Economy Airfare, for one round trip of one friend or family member, as designated by the Covered Person, to visit the Covered Person while he is Hospital confined, provided:

- 1) the Covered Person was traveling alone at the time he became Sick or was Injured; and
- 2) the Injury or Sickness causes the Covered Person to be Hospital confined for at least 10 consecutive days.

Coverage includes the Reasonable Expenses incurred for meals and hotel accommodations, not to exceed a maximum benefit payable of \$150 per day, subject to a maximum period payable of 7 days per Injury or Sickness.

However, no benefits are payable under this Bedside Visit provision if the Covered Person is scheduled to be evacuated or repatriated within 24 hours of the scheduled arrival of the family member or friend the Covered Person designated be at his bedside.

Return of Mortal Remains

We will pay the Reasonable Expenses incurred for the following services:

- 1) embalming or cremation;
- 2) a container or urn appropriate for the transport of mortal remains;
- 3) transportation of the mortal remains to the funeral director responsible for the Covered Person's burial; or
- 4) the necessary documentation and permission from bcal authorities to remove and transfer the Covered Person's mortal remains;

if the Covered Person dies.

Benefits for the return of the Covered Person's mortal remains are payable to the person who has incurred the cost for the return of the Covered Person's mortal remains.

Definitions

As used in this provision:

Economy Airfare means the least expensive airfare available by the most direct and economical route not in excess of the published tariff for an economy fare, less any credit or refund.

Foreign Country means any country other than the United States.

Medically Necessary means a treatment is:

- 1) Recommended by the attending Doctor;
- 2) Consistent with generally accepted medical practice for the Injury or Sickness, as determined by Us;
- 3) Generally considered by Doctors in the U.S.A. to be appropriate for the Injury or Sickness; and
- 4) Accepted as safe, effective and reliable by a medical specialty or board recognized by the American Board of Medical Specialties.

The fact that a Doctor may prescribe, order, recommend or approve a treatment does not, of itself, make the treatment Medically Necessary.

If a treatment does not meet the criteria above or is not consistent with professionally recognized standards of care with respect to quality, frequency or duration, the treatment will not be deemed Medically Necessary.

Primary Home means the residence the Covered Person's maintains as his principal domicile. If a Covered Person has been living in a Foreign Country longer than 30 days, "Primary Home" means the residence the Covered Person maintains as his principle domicile in such Foreign Country.

Reasonable Expense means the normal and customary charge of the provider incurred for a service or supply, but not more than the general level of charges made in the area:

- 1) for a like service by a provider with similar training or experience; or
- 2) for a supply which is identical or substantially equivalent to the one for which the charge is being incurred.

The final determination of the normal and customary charge rests solely with Us.

Sickness or **Sick** means illness or disease which requires medical treatment by a Doctor. For the purposes of this Worldwide Travel Assistance Benefit, any exclusions or limitations pertaining to Sickness or disease including, but not limited to, any heart, coronary or circulatory malfunction, otherwise found in the Policy, shall not apply.

Traveling Companion means a person or persons, including but not limited to the Covered Person's spouse and dependent children who are scheduled to accompany the Covered Person the entire time the Covered Person is traveling away from his Primary Home.

ADTC-1AA

EXCLUSIONS

What is excluded from coverage under the Policy?

No benefits will be paid for loss caused by or resulting from:

- riding in or boarding or alighting from any aircraft owned, operated, or leased by or on behalf of the Holder unless a specific written agreement has been obtained from Us to provide such coverage. (This does not include Chartered Aircraft as defined in this certificate.)
- declared or undeclared war or an act of either;
- suicide, a suicide attempt, self-destruction or an attempt to self-destroy while sane or insane;
- intentionally self-inflicted Injury while sane or insane;
- participation in an illegal occupation or attempt to commit a felony;
- service in the armed forces of any country. However, orders to active military service for 2 months or less will not constitute service in the armed forces;
- sickness or disease, except pyogenic infections which occur through an Accidental cut or wound;
- any heart, coronary or circulatory malfunction;

ADEX-1AA-17

CONVERSION PRIVILEGE

What is the Conversion Privilege provision?

This provision allows You to continue Your and Your covered Dependent's accident insurance coverage provided under the Policy by converting such coverage from group accident insurance to accident conversion coverage after Your coverage under the Policy ends.

Under what conditions can Your Accident Insurance coverage be converted?

You may convert Your accident insurance coverage to accident conversion coverage if insurance under the Policy is no longer in force for any reason except:

- 1) non-payment of the required premium; or
- 2) the Holder sponsors or arranges to replace this coverage with similar coverage within 31 days of terminating this coverage.

How is the group accident coverage converted?

To convert the group accident coverage You must:

- 1) make written application to Us within 31 days after the group accident coverage ends; and
- 2) include the first premium payment with Your application.

When We receive Your written application and first premium payment, We will issue to You accident conversion coverage. The issuance of the accident conversion coverage will be subject to the following conditions:

- 1) the effective date will be the date that coverage under the Policy ceases;
- 2) the accident conversion coverage will be at the premium rate and on the form then being made available by Us for such conversion;
- 3) the amount of insurance will not be less than the amount in force under the Policy or \$10,000, whichever is the highest amount;
- 4) the amount of insurance will not be more than the amount in force under the Policy or \$250,000, whichever is the lowest amount; and
- 5) the accident conversion coverage will provide benefits for Accidental Death and Dismemberment.

Any accident conversion coverage issued under this Conversion Privilege will be in lieu of all other benefits under the Policy.

ADC-12AA

TERMINATION PROVISIONS

TERMINATION OF EMPLOYEE INSURANCE

When does Your insurance terminate?

Your insurance coverage will terminate on the earliest of the following dates:

- 1) the date the Policy is terminated;
- 2) the date You request to cancel Your coverage under the Policy;
- 3) the date at the end of the period for which premium has been paid, if the required premium is not paid within the Grace Period;
- 4) on the premium due date that falls on or next follows the date:
 - a) You are no longer a member in an Eligible Class;
 - b) Your class is no longer covered under the Policy;
- 5) the date You enter the armed forces of any country. Membership in the reserves or a call to active duty for 2 months or less is not deemed entry into the armed forces.

Termination will not affect a covered loss which began before the date of termination.

ADC-9AA

If the required premium is paid when due, absence due to the following will not be treated as a termination of Your insurance until the end of the period shown.

- Injury or sickness: 12 month(s), but not beyond the date You qualify for benefits under any disability provision under the Policy.
- Leave of absence, agreed to in writing by *Your* employer: up to 12 months

ADC-10AA

TERMINATION OF DEPENDENT'S INSURANCE

When does Your Dependent's coverage terminate?

Your Dependent's coverage will end on the earliest of:

- 1) the date Your coverage terminates;
- 2) the date the Policy terminates;
- 3) the date You cancel Your Dependent's insurance;
- 4) the date at the end of the period for which the last premium has been paid if the required premium is not paid within the Grace Period;
- 5) the date the Dependent ceases to be an eligible Dependent;

- 6) the date You are no longer in a class eligible for Dependents' insurance;
- 7) the date of termination of Dependents' insurance under the Policy;
- 8) the date Your Dependent enters the armed forces of any country. Membership in the reserves, or a call to active duty for 2 months or less is not deemed entry into the armed forces;
- 9) the date of a final decree of divorce (applicable to spouse coverage, if any).

ADCD-10AA

Under what conditions can Your unmarried handicapped Dependent Child continue to qualify for coverage?

We will continue coverage beyond the termination age for Your unmarried covered Dependent Child who is not capable of self-support due to physical or mental handicap. Coverage for such Dependent Child will continue while he remains disabled, Your coverage stays in force and the required premium is paid.

We will require proof of the disability and dependency of the Child within 31 days after the date coverage would have otherwise ended and thereafter, as requested. After 2 years, We will not require such proof more often than once a year. If the proof is not provided, coverage will terminate 90 days after We mail You a request for proof of incapacity status.

ADCD-11AA

BENEFICIARY AND PAYMENT OF CLAIMS

How do You designate or change Your Beneficiary?

At the time You become insured, You should name a Beneficiary to receive Your loss of life proceeds payable under the Policy for death caused by an Injury.

It is important that You name a Beneficiary and keep Your designation current. You may name a new Beneficiary at any time by filing with the Holder a written request on forms acceptable to Us. The Holder will send the request to Us upon Your death. When the request is received by Us from the Holder, the change will relate back to and take effect as of the date it was signed. This is the case whether You are alive or not when We receive the request. Even though the change of Beneficiary will relate back to the date it was signed, it will be without prejudice to Us on account of any payment We have already made.

ADC-13AA

To whom are benefits payable?

Benefits for Your loss of life will be payable in accordance with the Beneficiary designation in effect at the time of payment. Benefits for other than loss of life are payable to You. In lieu of a lump sum payment, You or Your Beneficiary may select an optional method of settlement as stated in the provision titled *Can You or Your Beneficiary choose an Optional Method of Settlement*. We will pay all accrued benefits unpaid at Your death in the same manner as benefits for Your loss of life.

ADC-14AA

Benefits payable for losses sustained by Your Dependents will be paid to You. If You should die before receiving such benefits, We will pay them to Your estate.

ADC-15AA

If a Beneficiary dies simultaneously with You, or within 10 days of Your death, benefits will be paid as if You survived Your Beneficiary.

ADC-16AA

If You name more than one Beneficiary and do not specify the amounts, percentage shares, or order of payment of the Beneficiaries, any proceeds that become payable under the Policy will be divided equally among all Beneficiaries. The share of any Beneficiary who has died before You, will go equally to the surviving Beneficiaries.

If a Beneficiary is a minor or is not legally competent, We may, at Our option, pay up to \$2,000 to the person or entity that has in Our opinion assumed custody and main support of such person. We will do this until the Beneficiary's legal guardian makes a formal claim.

At Our option, We may pay a part of the Accidental Death Benefit to any person who has incurred funeral or other expenses on the Covered Person's behalf as result of an Injury ending in the Covered Person's death. The maximum amount of such payment is limited to the lesser of \$1,000 or the maximum amount allowed by law.

Any payment made by Us in good faith, will fully discharge Our liability to the extent of such payment.

ADC-17AA

What if there is no valid Beneficiary designation in effect at the time of Your death?

If no such designation is in effect at that time, the benefits shall be paid to Your Beneficiary as designated under the Group Life Insurance policy issued to the Holder and in effect on the date of the Accident. Otherwise, Your loss of life proceeds will be paid to Your estate if:

- 1) You die without naming a Beneficiary; or
- 2) all of Your Beneficiaries have died before You.

If payment would otherwise be payable to Your estate due to the above, We have the right to pay all or a part of the benefit to the first of the following successive classes of surviving relatives: Your spouse; Your children; Your parents, or Your siblings.

Any payment made by Us in good faith, will fully discharge Our liability to the extent of such payment.

ADC-18AA

UNIFORM PROVISIONS

Time of Payment of Claim

Benefits payable under the Policy will be paid immediately after We receive due written proof of loss.

Notice of Claim

Written notice of claim must be given to Us within 30 days after any loss covered by the Policy. If notice cannot be given within that time, it must be given as soon as reasonably possible.

Notice will be sufficient if it identifies the Covered Person and the Policy. The notice must be sent to Us at Our Home Office, CNA Plaza, Chicago, Illinois 60685, or given to Our agent.

Claim Forms

After We receive the written notice of claim, We will furnish claim forms within 15 days. If We do not, the Covered Person will be considered to have met the requirements for written proof of loss if We are sent written proof as described below. The proof must describe the occurrence, extent and nature of the loss.

Written Proof of Loss

Written proof of loss must be given to Us within 90 days after the date of such loss. If it is not reasonably possible to give the proof within 90 days, the claim is not affected if the proof is given as soon as possible. Unless the Insured is legally incapacitated, written proof must be given within one year of the time it is otherwise due.

Physical Examination

At Our expense, We will have the right to examine the Covered Person as often as reasonably necessary while a claim is pending.

Autopsy

We have the right to have an autopsy performed unless forbidden by law.

Reinstatement

If default be made in the payment of any agreed premium for the Policy, the subsequent acceptance of such defaulted premium by Us or by Our agent, shall reinstate the Policy. The reinstated Policy shall only cover a loss resulting from an Accident or an Injury which occurs after the date of such acceptance.

Premium

Premium for the Policy is computed based on the rate(s) as stated in the Holder's application for coverage. The Holder is to pay premium, including premium contributions made by You, if any, as stated in the application. The Holder will make payment to Us or Our agent. We may change the premium rate(s) on any premium due date following the first 12 months of coverage. Any subsequent changes will not be made more than once every 6 months. We will provide the Holder with 45 days written notice of any subsequent increase in premium rates of 20% or more.

Legal Actions

No action at law or in equity can be brought until after 60 days following the date written proof of loss was given. No action can be brought after 3 years (Kansas, 5 years, South Carolina, 6 years) from the date written proof is required.

Conformity with State Statutes

If any provision of the Policy is in conflict with the statutes of the state in which the Policy was delivered or issued for delivery, the provision is automatically amended to meet the minimum requirements of the statute.

ADCUP-1AA-17

GENERAL PROVISIONS

How will Your statements made in any application for this insurance be used?

Any statement made by You will be deemed a representation and not a warranty. No statement will be used to void or reduce benefits, or be used in defense to a claim unless:

- 1) it is in writing;
- 2) it was signed by You; and
- 3) a copy has been given to You, Your Beneficiary or Your personal representative.

We will not use any statement to contest the validity of Your insurance after it has been continuously in force under the Policy for a period of 2 years during Your lifetime.

ADC-19AA

What is the Grace Period if the premium is not paid?

A grace period of 31 days will be allowed for the payment of any unpaid premium after the first payment is made. Your insurance will remain in force during the grace period. If the premium is not paid by the end of the grace period, Your coverage under the Policy ends.

The grace period will not apply if:

- 1) at least 31 days prior to the premium due date We send written notice to the Holder of Our intent not to renew the Policy; or
- 2) the Holder tells Us in writing that the Policy will not be renewed.

Your coverage will end on the date stated in Our notice, or on the date stated in such notice from the Holder, whichever is first to occur.

ADC-20AA

Can You or Your Beneficiary choose an Optional Method of Settlement?

Yes. In lieu of a lump sum payment, You or Your Beneficiary may elect to have all or a part of the insurance benefits paid in a fixed number of monthly installments. If You have not made such election, Your Beneficiary may do so. Election must be made by filing written request with Us at Our Home Office.

The amount of each monthly payment, according to the number of years elected, is shown in the table below:

Number of Years of Payment	3	4	5	10	15	20
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**Monthly Installment for each
\$1,000 of Benefits Payable**

\$28.99 \$22.06 \$17.91 \$9.61 \$6.87 \$5.51

The first payment will be made once You or Your Beneficiary become eligible for payment under the applicable benefit provision. A period of years resulting in monthly payments of less than \$50.00 may not be selected.

If You or Your Beneficiary die while receiving monthly payments, the present value of the remaining payments will be paid to Your Beneficiary or to Your Beneficiary's estate unless You or Your Beneficiary has designated an alternate payee by prior written election. The present value will be determined by using a 3% per year interest factor.

We may change the above table on any Policy anniversary date. We may also change the table on any date the provisions of the Policy are changed. Any new table will not apply to any claim pending under the Policy before the date of the change.

ADC-21AA

Can You assign Your Ownership Rights?

Your right, title, and interest in the Policy are evidenced by the certificate. You may assign such right, title, and interest to someone else (known as an assignee). This assignment will cover all of Your ownership rights under the Policy including, but not limited to the following:

- 1) the right to change the Beneficiary;
- 2) the right to receive any and all benefits under the Policy without notice to or consideration to You; or
- 3) any right to convert this group insurance to accident conversion coverage in accordance with the Conversion Privilege.

We will recognize an assignee as the owner of the rights assigned only if:

- 1) the assignment is in writing, signed by You, and on a form approved by Us; and
- 2) a signed or certified copy of the written assignment has been received and registered by Us.

You cannot assign Your Accident Insurance as collateral for a loan.

We will not be responsible for the legal, tax or other effects of any assignment; or for any action taken under the Policy's provisions before receiving and registering an assignment.

ADC-22AA

Are proceeds protected from the claims of the Beneficiary's creditors?

The benefits under the Policy are not subject to the claim of, or legal process by any creditor of Your Beneficiary.

ADC-23AA

What if the age of someone covered under the Policy is misstated?

If the age of a person covered under the Policy has been misstated and the benefits payable under the Policy are subject to any age reduction requirements, any benefits payable will be adjusted to reflect the correct amount of benefits payable had the true age of the person covered been known.

ADC-24AA

What happens if there is a record keeping error?

An error in keeping records will not cancel insurance that should otherwise continue in force. Such error will not continue insurance that should otherwise end. Your insurance coverage will not be prejudiced by the failure on the part of the Holder to transmit reports, pay premium or comply with any of the provisions of the Policy when such failure is due to an inadvertent error or clerical mistake.

We have the right to examine the Holder's records for the Policy at any reasonable time. This right will extend until 2 years after the expiration of the Policy or until final adjustment and settlement of all claims hereunder, whichever is later.

ADC-25AA

How is this Policy affected by Workers' Compensation Insurance?

The policy is not in lieu of and does not affect any requirements for coverage by Workers' Compensation Insurance.

ADC-26AA

DEFINITIONS

The following are key words and phrases used in this certificate. When these words and phrases or forms of them are used, they are capitalized. As You read this certificate, refer back to these definitions.

Any word in the male pronoun equally applies to the female pronoun unless a distinction is specified.
ADD

Accident means a sudden, unexpected, unusual, specific and abrupt event. Such event must occur by chance at an identifiable time and place while coverage is in force. Any loss caused by, or resulting from, a sickness or disease is not an accident.
ADD-1AA

Active Work, Actively at Work, or Actively Working means You must be:

- 1) working at the Holder's usual place of business, or on assignment for the purpose of furthering the Holder's business; and
- 2) performing the material and substantial duties of Your regular occupation on a full-time basis.
ADD-2AA

Basic Annual Salary is as stated in the Schedule.
ADD-3AA

Beneficiary means the person, persons or entity You name to receive benefits payable for Your Accidental death.
ADD-4AA

Chartered Aircraft means an aircraft the Holder does not own. The Holder hires the aircraft for one purpose or one trip or for general use. The time the Holder has it may not exceed 10 straight days nor more than 15 days in any one year. The term does not include one or more aircraft hired by the Holder on a regular or frequent basis.
ADD-5AA

Child means Your birth child. A Child also includes:

- 1) Your stepchild, foster child, grandchild (provided such grandchild is unmarried, under 21 years of age and is in the legal custody of the Insured) or any other child who has a parent-child relationship with You. Such child must reside with You and depend upon You for financial support; or
- 2) an unmarried, adopted child placed in Your home pursuant to an adoption placement agreement beginning on the date of placement for purposes of adoption. "Adoption placement agreement" means an agreement executed with an adoption agency licensed in accordance with the Child Care Facility and Child-Placing Agency Licensing Law or corresponding law of any other state.
ADD-6AA-17

Contributory means that coverage for which You pay all or a part of the premium.
ADD-7AA

Covered Person means You and Your Dependents who are covered under the Policy.
ADD-8AA

Dependent is as defined in the Schedule.
ADD-9AA

Doctor means a person legally licensed to practice medicine, psychiatry, psychology or psychotherapy, who is neither You nor a member of Your Immediate Family. A licensed medical practitioner is a Doctor if applicable state law requires that such practitioner be recognized for purposes of certification of disability, and the treatment provided by the practitioner is within the scope of his license.
ADD-10AA

Eligible Person or Eligible Persons means a person or persons in an Eligible Class under the Policy. With respect to this Certificate, eligible persons are those persons in an Eligible Class shown in the Schedule.
ADD-11AA

Eligible Class means a class of persons eligible for insurance under the Policy. With respect to this Certificate, the class or classes eligible for insurance are as described in the Schedule.
ADD-12AA

Hospital means an establishment which:

- 1) holds a license as a Hospital (if required in the state);
- 2) operates primarily for the reception, care and treatment of sick or injured persons as in-patients;
- 3) provides around the clock nursing service;
- 4) has a staff of one or more Physicians available at all times;
- 5) provides organized facilities for diagnosis and surgery;
- 6) is not primarily a clinic, nursing, rest or convalescent home or a skilled nursing facility or similar establishment; and
- 7) is not, other than incidentally, a place for treatment of alcoholism, drug addiction or mental or nervous disorders.

The nursing service must be by registered or graduate nurses on duty or call. The surgical facilities may be either at the Hospital or at a facility with which it has a formal arrangement.

Confinement in a special unit of a Hospital used primarily as a nursing, rest or convalescent home or skilled nursing facility will not be deemed to be a confinement in a Hospital.

ADD-13AA

Immediate Family means Your spouse and the children, siblings and parents of either You or Your spouse.

ADD-14AA

Injury means bodily injury caused by an Accident. The Injury must:

- 1) occur while coverage is in force; and
- 2) result, directly and independently of all other causes, in a loss covered by the Policy .

ADD-15AA

Insured means the eligible employee whose insurance is in force under the terms of the Policy.

ADD-16AA

Principal Sum means the amount of accident insurance that applies to You and Your covered Dependents as shown or described in the Schedule.

ADD-18AA

Schedule means the Schedule of Benefits which is a part of this certificate.

ADD-20AA

Waiting Period means the continuous length of time that You must be Actively Working in an Eligible Class before becoming eligible for coverage. The Waiting Period is as stated in the Schedule.

ADD-21AA

We, Our and **Us** mean CNA Group Life Assurance Company, Chicago Illinois.

ADD-22AA

You, Your and **Yours** means the Insured to whom this certificate is issued and whose insurance is in force under the terms of the Policy.

ADD-23AA

IMPORTANT ERISA WELFARE PLAN INFORMATION

The following section contains information provided to You at the request of the Plan Administrator of Your Plan to meet certain requirements of the Employee Retirement Income Security Act of 1974, as amended, (ERISA). All inquiries related to the following material should be referred directly to Your Plan Administrator.

DISCRETIONARY AUTHORITY

The Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments thereto. The plan administrator and other plan fiduciaries have discretionary authority to determine Your eligibility for and entitlement to benefits under the Policy. The plan administrator has delegated sole discretionary authority to CNA Group Life Assurance Company to determine Your eligibility for benefits and to interpret the terms and provisions of the plan and any policy issued in connection with it.

SUMMARY OF THE LOUISIANA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT AND NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS

Residents of Louisiana who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Louisiana Life and Health Insurance Guaranty Association. The purpose of this Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through the Guaranty Association is limited. As noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Louisiana Life and Health Insurance Guaranty Association provides coverage of claims under some types of policies if the insurer becomes impaired or insolvent.

Coverage may not be available for your policy. Even if coverage is provided, there are significant limits and exclusions. Coverage is generally conditioned upon residence in this state. Other conditions may also preclude coverage.

Insurance companies and insurance agents are prohibited by law from using the existence of the association or its coverage to sell you an insurance policy.

You should not rely on availability of coverage under the Louisiana Life and Health Insurance Guaranty Association when selecting an insurer.

The Louisiana Life and Health Insurance Guaranty Association or the Department of Insurance will respond to any questions you may have which are not answered by this document.

Louisiana Life and Health
Insurance Guaranty Association
P.O. Drawer 44126
Baton Rouge, LA 70804

Louisiana Department of Insurance
P.O. Box 94214
Baton Rouge, LA 70804-9214

The state law that provides for this safety-net coverage is called the Louisiana Life and Health Insurance Guaranty Association Act. The following is a brief summary of this law's coverage, exclusion and limits. This summary does not cover all provisions of the law; nor does it in any way change any person's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

Coverage

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by an insurer authorized to conduct business in Louisiana. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

Exclusions from Coverage

However, persons holding such policies are **not** protected by this association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy was issued by a non-profit hospital or medical service organization (the "Blues"), an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The association also does **not** provide coverage for:

- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals), unless qualified under Section 403(b) of the Internal Revenue Code, except that, even if qualified under Section 403(b), unallocated annuities issued to employee benefit plans protected by the Federal Pension Benefit Guaranty Corporation are not covered.

Limits on Amounts of Coverage

The act also limits the amount the Association is obligated to pay out. The Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Association will pay a maximum of \$300,000 no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in cash surrender values, \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages.