

Description of Coverage

Flight Guard

SCHEDULE OF BENEFITS

All coverages are per person.	MAXIMUM LIMIT
Flight Guard®	Amount Selected
	Up to a Maximum of \$500,000

24-Hour Emergency Assistance Telephone Numbers

Continental USA.....**1.800.826.1300**

International.....**1.715.345.0505**

Be sure to use the appropriate country and city codes when calling.

- KEEP THESE NUMBERS WITH YOU WHEN YOU TRAVEL -

IMPORTANT

This coverage is valid only if the appropriate plan cost has been paid. Please keep this document as Your record of coverage under the plan.

PLEASE READ THIS DOCUMENT CAREFULLY!

The Policy will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Policy. If there are any conflicts between the contents of this document and the Policy (form series T30337NUFIC), the Policy will govern in all cases. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. Coverage may not be available in all states.

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T30337NUFIC-TG-DOC

DEFINITIONS

(Capitalized terms within this Description of Coverage are defined herein)

“Common Carrier” means an air, land, or sea conveyance operated under a license for the transportation of passengers for hire.

“Departure Date” means the date on which the Insured is originally scheduled to leave on his/her Trip. This date is specified in the travel documents.

“Destination” means any place where the Insured expects to travel to on his/her Trip other than Return Destination as shown on the travel documents.

“Eligible Person” means a person who is a member of an eligible class of persons as described in the Description of Eligible Persons section of the Master Application.

“Injury/Injured” means a bodily injury caused by an accident occurring while the Insured’s coverage under the Policy is in force, and resulting directly and independently of all other causes of Loss covered by the Policy. The injury must be verified by a Physician.

“Insured” means an Eligible Person for whom: (a) any required enrollment form has been completed; (b) any required plan cost has been paid; (c) while covered under the Policy.

“Insurer” means National Union Fire Insurance Company of Pittsburgh, Pa.

“Loss” means Injury or damage sustained by the Insured as a consequence of one or more of the events against which the Insurer has undertaken to compensate the Insured.

“Physician” means a licensed practitioner of the healing arts including accredited Christian Science Practitioners, medical, surgical, or dental, services acting within the scope of his/her license. The treating Physician may not be the Insured, a Traveling Companion, a Family Member, or a Business Partner.

“Return Date” means the date on which the Insured is scheduled to return to the point where the Trip started or to a different specified Return Destination. This date is specified in the travel documents.

“Return Destination” means the place to which the Insured expects to return from his/her Trip.

“Schedule” means the Schedule of Benefits.

“Trip” means a period of travel away from home to a Destination outside the Insured’s City of residence; the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined Departure and Return dates specified when the Insured applies; the Trip does not exceed 365 days; travel is primarily by Common Carrier and only incidentally by private conveyance.

ELIGIBILITY, EFFECTIVE AND TERMINATION DATES

Eligibility

Travelers who enroll, accept and purchase coverage through the Travel Supplier.

Effective Date: After any required Enrollment Form is completed, all coverages will begin on the later of:

(a) the date and time the Insured starts his/her Trip, provided any required plan cost has been paid.

Termination Date: All coverage ends on the earlier of:

(a) the date the Trip is completed;

(b) the scheduled Return Date;

(c) the Insured’s arrival at the Return Destination on a round Trip, or the Destination on a one-way Trip.

GENERAL EXCLUSIONS

This plan does not cover any loss caused by or resulting from:

- (a) operating or learning to operate any aircraft, as student, pilot, or crew;
- (b) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (c) any unlawful acts, committed by the Insured, a Family Member, or a Traveling Companion, or Business Partner whether insured or not;
- (d) if the Insured’s tickets do not contain specific travel dates (open tickets);
- (e) any loss that occurs at a time when this coverage is not in effect.
- (f) Sickness or disease whether the Loss results directly or indirectly from any of these;
- (g) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

FLIGHT GUARD

The Insurer will pay this benefit if the Insured is Injured while riding as a passenger in or boarding or alighting from or struck or run down by a certified passenger aircraft provided by a regularly scheduled airline or charter and operated by a properly certified pilot. The Insurer will pay up to the Maximum Limit shown in the Schedule for Loss of life, both hands or feet, sight of both eyes, or Loss of one hand or foot and the sight of one eye when such double losses are the result of the same accident. One-half of the benefit is payable for the Loss of one hand or foot or the sight of one eye. If the Insured suffers more than one Loss from an accident, the Insurer will pay only for the Loss with the larger benefit. Loss of hand or foot means complete severance at or above the wrist or ankle joint. The Insurer will not pay more than 100% of the Maximum Limit for all losses due to the same accident. Loss of sight of an eye means complete and irrecoverable Loss of sight.

Loss must occur within 365 days of the accident.

EXPOSURE

The Insurer will pay a benefit for covered Losses as specified above which result from an Insured being unavoidably exposed to the elements due to an accidental Injury during the Trip. The

Loss must occur within 365 days after the event which caused the exposure.

DISAPPEARANCE

The Insurer will pay a benefit for loss of life as specified above if an Insured's body cannot be located one year after disappearance due to an accidental Injury during the Trip.

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim: The Insured must call Travel Guard as soon as reasonably possible, and be prepared to describe the Loss, the name of the company that arranged the Trip (i.e., tour operator, cruise line, or charter operator), the Trip dates, and the amount that the Insured paid. Travel Guard will fill in the claim form and forward it to the Insured for his or her review and signature. The completed form should be returned to Travel Guard, PO Box 47, Stevens Point, Wisconsin 54481 (telephone 1.800.826.1300). All claims of California residents will be administered by Mercury Claims Administrator Services, LLC. All accident, health, and life claims will be administered by Mercury Claims & Assistance of WI, LLC, in those states where it is licensed.

Claim Procedures: Proof of Loss: The claim forms must be sent back to Insurer no more than 90 days after a covered Loss occurs or ends, or as soon after that as is reasonably possible. All claims under the policy must be submitted to Travel Guard no later than one year after the date of Loss or insured occurrence or as soon as reasonably possible. If Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of Loss should be sent to Travel Guard by the date claim forms would be due. The proof of Loss should include written proof of the occurrence, type and amount of Loss, the Insured's name, the participating organization name, and the policy number.

Payment of Claims: When Paid: Claims will be paid as soon as Travel Guard receives complete proof of Loss and verification of age.

Payment of Claims: To Whom Paid: Benefits are payable to the Insured who applied for coverage and paid any required plan cost. Any benefits payable due to that Insured's death, will be paid to the survivors of the first surviving class of those that follow:

- (1) the Beneficiary named by that Insured and on file with Travel Guard
- (2) to his/her spouse, if living. If no living spouse, then
- (3) in equal shares to his/her living children. If there are none, then
- (4) in equal shares to his/her living parents. If there are none, then
- (5) in equal shares to his/her living brothers and sisters. If there are none, then
- (6) to the Insured's estate.

If a benefit is payable to a minor or other person who is incapable of giving a valid release, the Insurer may pay up to \$3,000 to a relative by blood or connection by marriage who has

assumed care or custody of the minor or responsibility for the incompetent person's affairs. Any payment Insurer makes in good faith fully discharges Insurer to the extent of that payment.

GENERAL PROVISIONS

Physical Examination and Autopsy. The Insurer at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Beneficiary Designation and Change. The Insured's beneficiary(ies) is (are) the person(s) designated by the Insured and on file with Travel Guard.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Travel Guard with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Insurer on account of any payment made by it prior to receipt of the request.

Assignment. An Insured may not assign any of his or her rights, privileges or benefits under the Policy.

Misstatement of Age. If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Insurer may require satisfactory proof of age before paying any claim.

Legal Actions. No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of Loss has been furnished in accordance with the requirements of the Policy. No such action may be brought after the expiration of 3 years after the time written proof of Loss is required to be furnished.

Concealment or Fraud: The Insurer does not provide coverage if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the policy or claim.

Payment of Premium: Coverage is not effective unless all premium due has been paid to Travel Guard prior to a date of Loss or insured occurrence.

Termination of the Policy: Termination of the policy will not affect a claim for Loss which occurs while the policy is in force.

Transfer of Coverage: Coverage under the policy cannot be transferred by the Insured to anyone else.

Notice to Connecticut Residents:

T30341NUFIC-CT

The General Exclusion relating to unlawful acts is amended to replace "unlawful acts" with "felonies".

Notice to Illinois Residents:

T30341NUFIC-IL

The General Exclusions provision is amended as follows: "Any unlawful acts committed" is deleted and replaced with "commission of or attempt to commit a felony".

Letter (g) under Flight Guard is deleted and replaced with: "Sickness or disease;"

Notice to Nevada Residents:

T30341NUFIC-NV

The General Exclusions section is amended to delete the following exclusion: "use of drugs, narcotics or alcohol, unless administered upon the advice of a Physician."

The "Payment of Claims: When Paid" provision is deleted and replaced with the following:

Payment of Claims: Claims will be approved or denied within 30 days after Travel Guard receives the claim. If the claim is approved Travel Guard will pay the claim within 30 days after its approval. If the approved claim is not paid within that period, Travel Guard will pay interest on the claim at the rate equal to the prime rate at the largest bank in Nevada, as ascertained by the commissioner of financial institutions, on January 1 or July 1 as the case may be, immediately preceding the date of the transaction, plus 2 percent, upon all money from the time it becomes due.

The "Claim Procedures: Proof of Loss" provision is amended to add the following:

If Travel Guard requires additional information or time to approve or deny a claim, it will notify the Insured within 20 days after receipt of the claim, and at least once every 30 days thereafter until the claim is approved or denied. The notice will contain the reason why the additional information or time is required. Travel Guard will approve or deny the claim within: 30 days after it receives the additional information; or 31 days after the last timely notice was provided.

Notice to North Carolina Residents:

T30341NUFIC-NC

The time period in the Proof of Loss provision is amended to 180 days.

The following notice is added: This plan includes all of the applicable benefits mandated by the North Carolina Insurance Code, but is issued under a group master policy located in another state and may be governed by that state's laws."

Notice to Texas Residents:

T30341NUFIC-TX

The Proof of Loss Provision is amended by add the following:

The Insurer will acknowledge receipt of the notice of claim in writing within 15 business days after the Insurer receives the claim. The Insurer will notify a claimant in writing of the acceptance or rejection of a claim not later than the 15th business day after the date the Insurer receives all required documentation to secure final proof of loss. If the Insurer rejects the claim, the required notice will state the reasons for the

rejection. If the Insurer is unable to accept or reject the claim within that time period, the Insurer will notify the claimant of the reasons that additional time is needed. The Insurer will accept or reject the claim not later than the 45th day after the claimant is notified. If the claim is accepted, the Insurer will pay the claim within 5 days of the notice of acceptance. If payment of the claim is delayed, the Insurer will pay the claim plus 18% interest per year, plus reasonable attorney fees. If a lawsuit is filed, such attorney fees shall be taxed as part of the costs in the case.

The Disagreement Over Size of Loss provision is amended as follows:

Disagreement Over Size of Loss. If there is a disagreement about the amount of the loss either the Insured or the Insurer can make a written demand for an appraisal within 30 days of the date of the disagreement notice. Within 30 days after the demand, the Insured and the Insurer each select their own competent appraiser and notify the other party. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator or request selection by the courts within 30 days of the appraisers' opinions. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) or the court, will be binding. The appraiser selected by the Insured is paid by the Insured. The Insurer will pay the appraiser it chooses. The Insured will share with us the cost for the arbitrator and the appraisal process.

The Legal Actions provision is amended to change the expiration period from 60 days to 90 days.

The following provisions are added:

TEXAS LAWS GOVERN POLICIES. Any contract of insurance payable to any citizen or inhabitant of this State by any insurance company or corporation doing business within this State shall be held to be a contract made and entered into under and by virtue of the laws of this State relating to insurance, and governed hereby, notwithstanding such policy or contract of insurance may provide that the contract was executed and the premiums and policy (in case it becomes a demand) should be payable without this State, or a at the home office of the company or corporation issuing the same.

ELECTED OFFICIALS. An insurer may not cancel or refuse to renew an insurance policy based solely on the fact that the policyholder is an elected official.

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IMPORTANT NOTICE

To obtain information or make a complaint:

You may call National Union Fire Insurance Company of Pittsburgh, Pa.'s toll free number for information or to make a complaint at:

1.800.551.0824

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1.800.252.3439

You may write the Texas Department of Insurance:

P. O. Box 149104

Austin, TX 78714-9104

Fax # (512) 475 1771

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de National Union Fire Insurance Company of Pittsburgh, Pa. para informacion o para someter una queja al:

1.800.551.0824

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1.800.252.3439

Puede escribir al Departamento de Seguros de Texas:

P. O. Box 149104

Austin, TX 78714-9104

Fax # (512) 475 1771

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

Notice to Wisconsin Residents:

T30341NUFIC-WI

The Subrogation provision is amended to add the following language:

The Insurer's right of subrogation will not be invoked until benefits to which the Insured is entitled under the Policy are paid to or on behalf of the Insured, and the Insured has been made whole and is fully compensated for damages.

The Concealment or Fraud provision is deleted and replaced with the following language:

Concealment or Fraud: The Insurer does not provide benefits for any Loss incurred if the Insured has intentionally concealed or misrepresented any material fact or circumstance which impacts payment of such Loss.

The Proof of Loss provision is deleted and replaced with the following language:

Proof of Loss. The Insured must furnish the Insurer with proof of Loss. Proof of Loss includes police or other local authority reports or documentation from the appropriate party responsible for the Loss. It must be filed within 90 days from the date of loss. Failure by the Insured to give notice within such time does not invalidate or reduce the claim unless the Insurer is prejudiced by the failure to give notice within such time.

The Payment of Claims: When Paid: is deleted and replaced with the following language:

Payment of Claims: When Paid: Claims will be paid as soon as Travel Guard receives complete proof of Loss and verification of age, but not later than 30 days.

Any payments under the policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the policy. For more information, you may consult the OFAC internet website at: www.treas.gov/offices/enforcement/ofac/ or a Travel Guard representative.

TRAVEL GUARD
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Satisfaction Guaranteed — Travel Guard is committed to providing products and services that will exceed expectations. If you are not completely satisfied, you can receive a refund of the cost, minus the service fee. Requests must be submitted to Travel Guard in writing within 15 days of the effective date of the coverage, provided it is not past the original departure date.