

A modern office interior with large windows, pendant lights, and two people working at a desk. The scene is bright and professional.

Voluntary Accident Insurance

CHUBB®

Benefits Brochure for the
Employees of:
Chubb INA Holdings Inc.

Accident & Health

Serious Accidents can be Devastating...

Accidents happen. Motor vehicle accidents, accidents around the home or on the job, and other “accidental means” contribute to making accidental bodily injuries the third greatest cause of death in the United States.* You and your family take care of your physical health as well as you can with regular checkups and doctor visits, but what about the unexpected?

A serious injury of a loved one by an unpredictable event like an accident can cause significant personal grief and financial hardship that can devastate a family and everything you worked for.

Now for pennies a day, you can purchase insurance protection, not only for yourself, but for your family. In addition, no one can be denied coverage—regardless of health history—and if the family plan is selected, your spouse and dependent children are guaranteed coverage, too.

Benefits & Features

This plan offers round-the-clock protection against covered accidents occurring on or off the job, at home, while traveling on business or pleasure by plane, train, automobile, or any other public or private air, land, or water conveyance, except as limited by the exclusions.

Eligibility

You may elect this plan of insurance if you are an active, full-time employee of Chubb INA Holdings Inc. scheduled to work a minimum of 24 hours per week.

If you elect coverage for yourself, you may also elect coverage for your spouse and unmarried children under 26 years old. Insurance may continue for any dependent child who reaches the age limit and has a mental or physical handicap that is expected to result in death or continued disability for at least 12 months. A child, for eligibility purposes, includes a natural child, adopted child or stepchild who resides with you or depends on you for financial support.

Note: No eligible individual may be covered more than once under this plan. If you are covered as an employee, you can not be covered as a spouse or dependent of another employee.

Highlights

- Accidental Death, Dismemberment, and Paralysis benefits can be purchased up to \$750,000
- Insurance protection available for you and your family
- 24-hour, worldwide insurance protection including valuable travel assistance services
- Affordable cost, payable through convenient payroll deductions
- Additional benefits are included, such as; Exposure and Disappearance coverage, Common Accident benefit, Emergency Medical benefit, Emergency Medical Evacuation benefit, Rehabilitation benefit, Repatriation of Remains benefit, Seatbelt and Airbag benefit and Special Education benefit.

Coverage

Accidental Death, Dismemberment, and Paralysis Benefits

If you or an insured family member are injured in a covered accident and suffer any of the losses shown in the *Schedule of Covered Losses* below within 365 days, we will pay the benefit amount shown for that loss. If more than one loss occurs in the same accident, only one benefit, the largest, will be paid. Benefits will be reduced at age 70.

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. “Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of

audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body. “Loss of Use” means total paralysis of a limb or limbs which is determined by a competent medical authority to be permanent, complete and irreversible with respect to: 1) arm, at or above the elbow joint; 2) leg, at or above the knee joint; 3) hand, at or above the wrist joint; and, 4) foot, at or above the ankle joint.

Schedule of Covered Losses

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Two or more Members	
Quadriplegia	
Paraplegia	75% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	
Thumb and Index Finger of the Same Hand	
Uniplegia	25% of the Principal Sum

Exposure and Disappearance

If you or a covered family member experience a covered loss due to unavoidable exposure to the elements following a Covered Accident, we will pay the Principal Sum multiplied by the percentage applicable to that covered loss.

If you or a covered family member disappears and are not found within one year from the date of the wrecking, sinking, or disappearance of the conveyance in which he or she was riding during a trip that would otherwise be covered under the policy, it will be presumed that he or she died as a result of a Covered Accident.

Accidental Burn and Disfigurement Benefit

If you suffer burns that leave you disfigured, we will pay 10% of your Principal Sum, up to \$20,000. The burns must result, directly and independently of all other causes, from a Covered Accident. The disfigurement must require reconstructive or cosmetic surgery to restore physical abilities or correct the disfigurement. The surgery must be commenced or performed within twelve months of the covered accident.

"Disfigurement" or "disfigured" means spoiled or deformed appearance caused by burns that can be corrected by means of reconstructive or cosmetic surgery.

Bereavement & Trauma Counseling Benefit

We will pay \$100 per session for up to 10 counseling sessions, when you and/or an Immediate Family Member require bereavement and trauma counseling because you suffered a Covered Loss. Such counseling must meet all of the following conditions: 1) covered bereavement and trauma counseling expenses must be incurred within one year from the date of the

Covered Accident causing the Covered Loss; 2) the expense is charged for a bereavement or trauma counseling session for you and/or one or more of your Immediate Family Members; 3) counseling is provided under the care, supervision or order of a Doctor; and 4) a charge would have been made if no insurance existed.

Covered bereavement and trauma counseling benefits do not include any expense for which you are entitled to benefits under any Workers' Compensation Act or similar law.

Carjacking Benefit

We will pay 10% of your Principal Sum, up to \$25,000, if you suffer a covered loss from an injury resulting directly and independently of all other causes from an accident that occurs during a carjacking of an automobile you are operating, getting into or out of, or riding as a passenger. An official police report must provide verification of the carjacking within 24 hours of the carjacking or as soon as reasonably possible, or it must be certified by the investigating officer(s) within 24 hours of the carjacking or as soon as reasonably possible.

Child Care Center Benefit

If you die as a result of a covered accident, we will pay 3% of your principal sum, up to \$3,000 per year, for the care of each of your surviving dependent children in a child care center. To receive this benefit, all of the following conditions must be met:

- Coverage for your dependent children was in force on the date of the Covered Accident that caused your death.
- One or more surviving dependent children is under age 13 and; a.) was enrolled in a child care center on the date of the Covered Accident; or b.) enrolls in a child care center within 90 days from the date of the Covered Accident.

At the end of each 12-month period following the date of your death, this benefit will be payable to your surviving spouse if he or she has custody of the child. If your spouse does not have custody of the child, benefits will be paid to the child's legally appointed guardian. A claim must be submitted to us at the end of each 12-month period. Benefits will continue until age 13 for each child.

Coma Benefit

If you become comatose within 31 days of a Covered Accident and remain in a Coma for at least 31 days, we will pay a benefit of 1% of your Principal Sum for each month you remain in a coma up to the 11th month, and thereafter in a lump sum of 100% of your Principal Sum. The benefit payments will end on the earlier of; a) the end of the month in which you recover; b) the end of the month in which you die; or c) the end of the 11th month for which this benefit is payable.

Common Accident Benefit

If you and your insured spouse die as the direct result of a Common Accident and you are survived by one or more dependent children; your spouse's Principal Sum will be increased to 100% of your Principal Sum, up to a maximum of \$500,000.

"Common Accident" means the same Covered Accident, or separate Covered Accidents occurring within the same 24-hour period.

Common Carrier Benefit

If you suffer a covered loss that results directly and independently of all other causes from a covered accident that occurs while riding as a fare-paying passenger in, getting into or out of, or being struck by, a Common Carrier, we will pay 100% of your principal sum.

"Common Carrier" means a public conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or a transport Aircraft operated by the Air Mobility Command of the United States of America or a similar air transport service of another country.

Continuation of Insurance Expense Benefit (COBRA)

If you die and are survived by an insured spouse or dependent child, they may elect to continue group medical and/or dental insurance provided by your employer, in which we will pay a benefit for the cost of premium. To receive this benefit, all of the following conditions must be met:

- your death results directly and independently of all other causes from a covered accident;
- you are survived by a spouse and/or dependent child who is covered under the policy on the date of your death;
- your spouse and/or dependent child is covered under a medical or dental plan sponsored by your employer at the time of your death;
- your spouse and/or dependent child notifies us of their election within 60 days of your death to continue their existing coverage under group insurance plans sponsored by your employer as permitted by state or federal continuation law.

This benefit will equal the premium required to continue medical or dental insurance as described above. We will pay this benefit annually at 3% of your principal sum, up to \$3,000 for a maximum of 3 annual payments. The benefit will be paid at the end of the year during which medical and/or dental insurance is continued, and we must receive request for reimbursement and proof of premium paid during the year. Benefit payments will end at the earliest of the following dates:

- the date the surviving spouse or dependent child is no longer eligible to continue medical and/or dental insurance coverage;
- the date benefit payments equal the maximum benefit amount;
- the end of the maximum benefit period.

Elder Survivor Benefit

We will pay 3% of your principal sum, up to \$7,500 for a maximum of 2 annual payments to a Surviving Elder Dependent if you die directly and independently of all other causes from a covered accident. Benefit amounts will be divided equally among all Surviving Elder Dependents. Benefits for any Surviving Elder Dependent will be paid until that Surviving Elder Dependent's death or once the maximum number of annual payments has been reached.

"Surviving Elder Dependent" means a parent, parent-in-law, grandparent, grandparent-in-law, great-grandparent, great-grandparent-in-law (whether natural, step or adoptive) of a Covered Person who, on the date of his or her death, is primarily dependent on the Covered Person for support and maintenance and is eligible to be claimed as a dependent for Federal and State income tax purposes.

Emergency Medical Benefit

We will pay up to \$10,000 for emergency medical services if you suffer a medical emergency during the course of a covered trip and are traveling 100 miles or more from your place of permanent residence.

Covered expenses must be approved by us in advance and services must be rendered by our assistance provider. Expenses include those that are incurred for guarantee of payment to a medical provider, hospital, or treatment facility.

Emergency Medical Evacuation Benefit

We will pay up to \$100,000 for emergency medical evacuation if you suffer a medical emergency during the course of a covered trip; require emergency medical evacuation; and are traveling 100 miles or more away from your place of permanent residence.

Covered expenses must be approved by us in advance and services must be rendered by our assistance provider. Expenses include; charges for ambulance services required while transporting you to the appropriate treatment facility; a doctor's or specialist's travel expenses and the medical services provided on location, if a doctor must be dispatched to make an assessment as to whether transport or evacuation is necessary; expenses to return each minor dependent child if you are over age 18, are the only person traveling with the child, and require hospitalization due to a medical emergency; costs incurred to transport an immediate family member to join you during your medical evacuation to a different hospital, treatment facility, or your place of residence.

Felonious Assault and Violent Crime Benefit

If you suffer a covered loss resulting directly and independently of all other causes from a covered accident that occurs during a violent crime or felonious assault while on business or the premises of your employer, we will pay 5% of your principal sum amount applicable to the covered loss. To receive this benefit, we must receive a police report for the felonious assault or violent crime, and the covered accident must occur during any of the following:

- actual or attempted robbery or holdup;
- actual or attempted kidnapping;

- any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the state where the assault occurred.

Benefits are not payable for treatment of any injury sustained or covered loss incurred by the following:

- violent crime or felonious assault committed by the covered person;
- felonious assault or violent crime committed upon the covered person by a Family Member, Fellow Employee, or member of the Same Household.

"Family Member" means the Covered Person's parent, stepparent, spouse or former spouse, son, daughter, brother, sister, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, cousins, grandparent, grandchild and stepchild.

"Fellow Employee" means a person employed by the same Employer as the Covered Person or by an Employer that is an affiliated or subsidiary corporation. It shall also include any person who was so employed, but whose employment was terminated not more than 45 days prior to the date on which the defined violent crime/felonious assault was committed.

"Member of the Same Household" means a person who maintains residence at the same address as the Covered Person.

Home Alteration & Vehicle Modification Benefit

If you are injured as a direct result of a covered accident and require home alteration or vehicle modification within one year of the covered accident in order to maintain an independent lifestyle, we will pay 10% of your principal sum, up to \$25,000. You must not have required the use of any adaptive devices, home or vehicle adaptation prior to the date of the covered accident.

Increased Dependent Child Dismemberment Benefit

We will pay an additional benefit amount, up to \$50,000, if an insured dependent child suffers a covered loss resulting directly and independently of all other causes from a covered accident for which accidental dismemberment benefits are payable. If your dependent child suffers more than one loss in a covered accident, we will pay only one benefit—the largest—for all losses resulting from the same accident.

Rehabilitation Benefit

We will pay 10% of your principal sum, up to \$10,000, if you require rehabilitation within two years after sustaining a covered loss resulting directly and independently of all other causes from a Covered Accident. "Rehabilitation" means medical services, supplies, or treatment, or Hospital confinement (or part of a Hospital confinement) that are essential for physical rehabilitation due to your loss and prepare you to return to work. Also, it must be performed under the care, supervision or order of a doctor and meet generally accepted standards of medical practice.

Repatriation of Remains Benefit

We will pay up to \$50,000 for the return of your remains to your home if your death is a direct result of a Medical Emergency while traveling 100 miles or more away from your permanent residence. "Covered Expenses" means costs pre-approved by us and incurred for any of the following: embalming, cremation, coffin or urn, transportation of the body or remains, necessary travel expenses for an immediate family member or companion to join during the repatriation of your remains to your place of residence.

Seatbelt and Airbag Benefit

We will pay 10% of your principal sum, up to \$25,000, if you suffer a Covered Loss directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional 5% of your principal sum, up to \$12,500, if you were also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag). Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with your claim to Us. If such certification or police report is not available or it is unclear whether you were wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit of \$1,000.

Special Education Benefit

We will pay 5% of your Principal Sum, up to \$5,000, for each qualifying dependent child to enroll as a full-time student at a school of higher learning if you die as a direct result of a Covered Accident. To qualify, the dependent child must be enrolled as a full-time student in an accredited school of higher learning or be at the 12th grade level on the date of your Covered Accident and then enroll in an accredited school of higher learning within 365 days of the Covered Accident, continue his or her education as a full-time student in an accredited school of higher learning, and incur expenses payable directly to or approved by the school.

One payment will be made at the end of each year, up to four years, to each qualifying dependent child or to the child's legal guardian, if the child is a minor. If no dependent child qualifies for this benefit within 365 days of your death, we will pay \$1,000 to your beneficiary.

Spouse Retraining Benefit

We will pay 5% of your Principal Sum, up to \$10,000, to enable your spouse to obtain occupational or educational training needed for employment if you die directly from a Covered Accident. In order to be eligible for this benefit, your spouse must have been insured under the policy on the date of your death.

The benefit will be payable only if you die within one year of a Covered Accident and your surviving spouse enrolls within one year after your death in any accredited school for the purpose of retraining skills required for employment and incurs expenses payable directly to or approve by the school.

Definitions

“Covered Accident” means an accident that occurs while your coverage is in force and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Person” means any eligible person including dependent(s) who applies for coverage and for whom the required premium is paid.

“Injury” means accidental bodily harm sustained by you that results directly and independently from all other causes from a Covered Accident. The Injury must be caused through accidental means. All Injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

What's Not Covered?

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

- Suicide or attempted suicide, intentionally self-inflicted injury.
- War or any act of war, whether declared or not.
- Service in the military, naval or air service of any country or international organization.
- Sickness, disease, or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result

Travel Assistance Services

Chubb Accident & Health offers access to a multilingual call center—24 hours a day, 365 days a year—to help our travelers get the assistance they need while traveling or working anywhere in the world.

These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance.
- Travel Assistance including emergency travel arrangements, arrangements for the return of your traveling companion or dependents and vehicle return.
- Security Assistance including a crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling as well as access to a secure, webbased system for tracking global threats and health or location based risk intelligence.

from accidental ingestion of contaminated substances.

- Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Injury that occurs while the covered person is legally intoxicated (as determined by that state's law) or while under the influence of any drug unless administered under the advice and consent of a doctor.
- Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice.
- Commission of, or attempt to commit, a felony.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

When Coverage Begins and Ends

Your coverage begins on the later of the policy effective date, the date you become eligible, the date we receive the completed enrollment form, the date the required premium is paid or the date you authorize payroll deduction for this insurance.

Your coverage will end on the earliest of the date that you are no longer eligible, in active service, or the end of the period for which premium is paid.

Your dependent's coverage will end on the earliest of the date he or she is no longer a dependent, your coverage ends, or the period ends for which premium is paid.

Conversion Privilege

If your coverage ends for any reason other than the nonpayment of premium, you may apply for conversion insurance within 31 days after the date coverage under the policy ends. The conversion insurance will only contain Accidental Death and Dismemberment benefits.

Individuals eligible to convert their insurance may choose any type of accident insurance we have available in an amount not greater than the coverage in force under the policy, subject to the maximum amount available for conversion insurance. Premiums will be based on the table of rates in force at that time for such policies based on the individual's age and class of risk. No evidence of insurability is required.

Continuation of Insurance

Your dependents may continue insurance in the event of your death. To continue insurance your dependent must: 1) submit a written (or authorized electronic/telephonic) request for continued insurance within 31 days of your death; 2) meet all other eligibility requirements; and 3) pay the required premium.

This insurance will end on the first of the following dates to occur: 1) your dependent is no longer eligible, except for your death; 2) the end of the three year maximum benefit period; or 3) the required premium is not paid.

Cost & Method of Payment

Employee Only

Select protection amounts between \$50,000 and \$750,000 in increments of \$50,000, not to exceed ten (10) times your annual salary. Your monthly cost of benefits is \$0.025 for each \$1,000 of Principal Sum you select.

Family Plan

If you elect the family plan, benefit amounts are determined based on the family members insured at the time of a covered accident. The Principal Sum for an insured spouse and insured dependent child are a percentage of your elected Principal Sum as shown here.

Your monthly cost of benefits is \$0.046 for each \$1,000 of Principal Sum you select.

	% of Your Principal Sum	Maximum Benefit
Spouse	75%	\$500,000
Children	25%	\$25,000

This information is a brief description of the important features of the insurance plan underwritten by ACE American Insurance Company. It is not a contract of insurance and may be subject to change based on the underwriting requirements of the company. Coverage may not be available in all states or certain terms may be different where required by state law.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. Insurance provided by U.S. based Chubb underwriting companies.