

The following is a brief description of the Business Travel Insurance Plan. The benefits described are subject to certain limitations and exclusions as described in the certificate of insurance. For specific definitions of terms used below as well as further details and information about this Plan, please see the certificate of insurance.

**Class I:** All Senior Management of the policyholder who are in active Service.

**Class II:** All Faculty and Staff of the policyholder who are in active Service and not in any other Class.

**Class III:** All Students, Volunteers\* and Interns of the policyholder who are traveling outside of the United States.

\* Volunteers means individuals invited and authorized to participate in a Covered Activity that is under the control of the policyholder.

Note: Dependents of a Class I or Class II Insured are eligible for Coverage under the Policy.

## Benefit Amount

**Class I:** Five (5) times your **Base Annual Earnings\*** to a maximum of \$500,000

**Class II:** Five (5) times your **Base Annual Earnings\*** to a maximum of \$500,000

**Class III:** Five (5) times your **Base Annual Earnings\*** to a maximum of \$500,000

\* **Base Annual Earnings** means Your base annual pay excluding overtime, bonuses, commissions and special compensation.

## Description of Coverage

### 24 Hour Accident Protection, While on Business Trip

#### Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-2

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any covered accident incurred while on the **business of the policyholder** during the course of a business trip, including certain accidents while traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

**Business of the policyholder** means an assignment by or at the direction of the policyholder to further the business of the policyholder. It does not include an accident occurring during usual travel to and from work, bona fide leaves of absence or vacation. It does include a **Personal Deviation** and **Side Trips** of a personal nature.

### Personal Deviation and Side Trip Coverage

You will receive coverage if you undertake a personal deviation, non-business activity while on the business of the policyholder during a business trip; and/or a side trip which is non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; 3) is taken during the course of the business trip; and 4) is limited to 168 hours (7 days).

### Bomb Scare/Explosion Coverage

Coverage is extended to include a covered injury caused by, or resulting from, a Bomb Scare, Bomb Search, or Bomb Explosion occurring on the premises of the policyholder, subject to the following definitions: Bomb means any real or dummy explosive device placed with intent to cause injury, damage or scare. Scare means any real or false report of the presence of a Bomb on the premises of the policyholder. Search means any organized search for a reported Bomb. Explosion means any explosion of a Bomb on the policyholder's premises whether or not the presence of a Bomb was reported in advance.

### Exposure and Disappearance Coverage

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, we will presume that you lost your life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay your benefit amount, subject to all policy terms.

If you are exposed to weather because of an accident and this results in a loss of life, we will pay your benefit amount, subject to all policy terms and conditions.

### Family Traveling With Employee on Business and/or Relocation Trips Coverage

Your legally married spouse/domestic partner and/or eligible dependent children may be covered for certain injuries incurred while traveling with you on business and/or relocation trips authorized and paid for by the Employer. Your spouse/domestic partner could be covered for up to \$50,000 and your eligible dependent children for up to \$25,000.

### Felonious Assault Coverage

If you suffer a covered injury as defined under the Accidental Death or Accidental Dismemberment and Plegia Benefit, as a direct result of a violent or criminal act committed by someone other than you, a fellow employee or a member of his or her family or Household, provided: 1) the injury is incurred in connection with or related to the policyholder's business; and 2) the injury occurs on the policyholder's premises. This coverage applies only to the crimes or attempted crimes of robbery, theft, holdup, kidnapping.

### War Risk Coverage

Provides for injury you sustain that is caused by or results from declared or undeclared war or any act thereof while you are traveling on company business in selected areas of the world; provided the war or act of war causing the injury does not occur within any of the states of the United States of America (including the District of Columbia), Afghanistan, Belarus, Iraq, Russia, Sudan, South Sudan, Ukraine or your country of residence.

## Benefits Provided

If you have a covered accident that results in any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown to you or your designated beneficiary. If the covered accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

Loss of:	Benefit Amount
(1) Life .....	100% of benefit amount
(2) Both hands or both feet .....	100% of benefit amount
(3) One hand and one foot.....	100% of benefit amount
(4) One hand or one foot plus the sight of one eye .....	100% of benefit amount
(5) Sight of both eyes .....	100% of benefit amount
(6) Speech and Hearing .....	100% of benefit amount
(7) Speech or Hearing.....	50% of benefit amount
(8) One hand, one foot, or sight of one eye .....	50% of benefit amount
(9) Thumb and index finger of the same hand .....	25% of benefit amount

Plegia	Benefit Amount
(1) Quadriplegia (total paralysis of all four Limbs) .....	100% of benefit amount
(2) Paraplegia (total paralysis of both lower Limbs).....	75% of benefit amount
(3) Hemiplegia (total paralysis of upper and lower Limbs .....	50% of benefit amount
on one side of the body)	
(4) Uniplegia (total paralysis of one Limb).....	25% of benefit amount

### Coma Benefit

If you sustain a covered injury within 90 days of a covered accident and such injury causes you to be in a coma for at least 31 consecutive days, you may receive a monthly benefit equal to 1% of your benefit amount for up to 100 months.

## Additional Benefits through the Plan

### Day Care Benefit

If you suffer a covered loss of life, and have an eligible covered dependent child enrolled in an accredited child care facility (as defined in the policy) or one who enrolls in such facility within 90 days from the date of loss and is under the age of 13, an additional benefit equal to the lesser of the actual cost of the child care or 10% of the benefit amount up to \$10,000 may be paid for four consecutive years.

### Higher Education Benefit

If you suffer a covered loss of life, and have an eligible covered dependent child(ren), who on the date of the accident, is enrolled as a full-time student in an institution of higher learning or is at the 12<sup>th</sup> grade level and enrolls in an institution of higher learning within one year from the date of the accident, an additional benefit of 10% of your benefit amount to a maximum of \$10,000 per year may be paid for each such covered child for up to four (4) consecutive years.

### Home Alteration and Vehicle Modification Benefit

If you suffer an injury and receive a benefit under the Accidental Dismemberment and Plegia Benefit of the policy, you may be entitled to an additional benefit equal to the lesser of 10% of your benefit amount to a maximum of \$50,000 for the one-time cost of alterations to your primary residence to make it wheelchair accessible and habitable; and the one-time cost of modifications necessary to your motor vehicle to make the vehicle accessible or drivable. You will be entitled to this benefit provided: 1) that you are required to use a wheelchair to be ambulatory on a permanent basis; and 2) the injury that caused the payment of the Accidental Dismemberment and Plegia Benefit is the same injury that requires you to need the wheelchair.

### Rehabilitation Benefit

If you suffer an injury which causes you to receive an Accidental Dismemberment and Plegia Benefit under the policy, you may be entitled to receive an additional benefit for the Reasonable and Customary expenses actually incurred for a prescribed Rehabilitation Training program by a licensed physician that is required due to your injury which will prepare you for an occupation which you would not have engaged in except for the injury in an amount equal to the lesser of the actual expenses that are incurred within two years from the date of your covered accident for the Rehabilitation Training; \$50,000; or 10% of your benefit amount.

### Seat Belt/Air Bag Benefit

If you suffer a loss of life in a covered automobile accident while wearing a factory installed or manufactured authorized seat belt, an additional benefit equal to 10% of your benefit amount to a maximum of \$50,000 may be paid. Verification of your actual use of the seat belt or lap and shoulder restraints is required as follows: 1) in the official law enforcement report of the accident, through certification by the investigating officers; or 2) by other reasonable proof, acceptable to us.

An additional benefit equal to 10% of your benefit amount to a maximum of \$25,000 may be paid if you were driving or riding in a private passenger automobile with a manufacturer equipped air bag, provided your seat belt or lap and shoulder restraint was properly fastened at the time of the accident. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the accident, through certification by the investigating officers or by other reasonable proof, acceptable to us.

### Therapeutic Counseling Benefit

If you suffer a covered injury which requires Therapeutic Counseling by a licensed therapist or counselor who is registered or certified to provide psychological treatment or counseling, we may reimburse the charges for such counseling up to a maximum of \$5,000, for your incurred expense, provided: 1) all terms and conditions of the policy are met; 2) Therapeutic Counseling begins within ninety (90) days of the covered accident; and 3) Therapeutic Counseling must be received within one (1) year from the date of the covered loss.

### Out of Country Travel Medical Insurance

This Out-of-Country Travel Medical Insurance Benefit will apply to the following Covered Persons: you and your spouse/domestic partner and/or dependent child(ren) if the spouse/domestic partner and/or dependent child(ren) are with you while you are covered under the policy. The spouse/domestic partner and/or dependent child(ren) will not be covered while making a trip without you.

<b>Out of Country Travel Medical Insurance Schedule</b>			
<b>Benefit</b>	<b>Maximum Benefit Amount per Covered Person per Covered Accident or Illness</b>	<b>Deductible per Covered Person per Covered Accident or Illness</b>	<b>Co-Insurance Rate(s) per Covered Person per Covered Accident or Illness</b>
Medical Expense Benefit	\$250,000	\$0	100%
<b>Medical Expense Benefit Sublimits:</b>			
Daily Hospital Room and Board	The average semi-private room rate per day	The Deductible shown in the Medical Expense Benefit	100%
Daily Intensive Care Unit	Two (2) times the average semi-private room rate per day	The Deductible shown in the Medical Expense Benefit	100%
Dental	\$1,000 maximum	The Deductible shown in the Medical Expense Benefit	100%
Pregnancy	\$5,000 maximum	The Deductible shown in the Medical Expense Benefit	100%

We will pay the Reasonable and Customary expenses incurred by the covered person for medically necessary medical services or treatments resulting from a covered accident or an illness while such covered person is traveling outside his or her country of principal residence, while on the business of the policyholder including personal deviations and side trips. We will pay the Co-Insurance Rate up to the maximum benefit amount for the Medical Expense Benefit, subject to any Medical Expense Sublimits as shown in the Out of Country Travel Medical Insurance Schedule. The Medical Expense Benefit Sublimits are included within, and not in addition to, the Maximum Benefit Amount for the Medical Expense Benefit.

Coverage under this benefit is conditional upon notification within twenty-four (24) hours, or as soon as reasonably possible the Covered Person or Policyholder to Us or On-Call International at 1-833-808-0251 from the U.S. or Canada; and collect from anywhere else in the world at +1-978-651-9219 of the need for medical treatment. On-Call International, in conjunction with the local attending Physician, shall coordinate the most suitable medical care including emergency evacuation or repatriation, if necessary.

[Enhanced Travel Assistance Plan](#)

This Enhanced Travel Assistance Plan is a comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your principal residence. This plan will apply to the following Covered Persons when on a Covered Trip: you and your Spouse/Domestic Partner and/or Dependent Child(ren) if your Spouse/Domestic Partner and/or Dependent Child(ren) are with you while you are covered under the policy. Your Spouse/Domestic Partner and/or Dependent Child(ren) will not be covered while making a trip without you. The transportation and/or services provided under this Enhanced Travel Assistance Plan must be pre-authorized by us or On-Call International. This Enhanced Travel Assistance Plan consists of the following benefits:

- **Hospital Admission/Medical Expense Guarantee..... Maximum Benefit Amount: \$10,000**  
We or Zurich Travel Assist will pay the actual expenses incurred for guarantee of payment to the hospital or the medical provider.

- **Medical Evacuation Benefit** .....**Maximum Benefit Amount: Unlimited**  
We or Zurich Travel Assist will arrange for, and cover the cost for, the transport of the Covered Person to the nearest hospital or medical facility which can provide such care.
- **Medical Repatriation Benefit** .....**Maximum Benefit Amount: Unlimited**  
We or Zurich Travel Assist will arrange for, and cover the cost for, the transport of the Covered Person to his or her Principal Residence, in such transportation.
- **Non-Medical Repatriation Benefit** .....**Maximum Benefit Amount: Unlimited**  
We or Zurich Travel Assist will arrange for, and cover the cost for, the transport of the Covered Person who has sufficiently recovered to travel in a regularly scheduled economy class air flight to his or her Principal Residence, in such transportation.
- **Return of Remains Benefit** .....**Maximum Benefit Amount: Unlimited**  
We or Zurich Travel Assist will make arrangements and pay for the local preparation of the body for transport or cremation (not including the cost of cremation), travel clearances and authorizations, standard shipping container (not including urn or coffin) and transportation of the body or remains to its country of destination.
- **Visit to Hospital Benefit** ..... **Maximum Benefit Amount: \$10,000**  
We or Zurich Travel Assist will arrange for, and cover the cost for, a regularly scheduled round trip economy class air flight and accommodations (including hotel/lodging and meals; but excluding personal comfort or convenience items) for as many as two (2) people chosen by the Covered Person to visit the Covered Person while he or she is hospitalized for more than 3 consecutive days.
- **Return of Child Benefit** ..... **Maximum Benefit Amount: \$10,000 per Dependent Child / \$10,000 per Attendant**  
We or Zurich Travel Assist will arrange for, and cover the cost of, the transport of the Dependent Child(ren) by a regularly scheduled economy class if flight to the location chosen by the Covered Person and for an attendant, if applicable.
- **Return of Companion Benefit** ..... **Maximum Benefit Amount: \$10,000**  
We or Zurich Travel Assist will arrange for, and cover the cost for, the lesser of the change fee for the companion's return air flight or a one-way economy class flight.
- **Security Evacuation Benefit** ..... **Maximum Benefit Amount: \$100,000**  
If, as a result of an Event that takes place while a Covered Person is on a Covered Trip, the Covered Person requires extrication from a location in which he or she is traveling due to an imminent physical danger, We or Our Assistance Provider will arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the Covered Person; but excluding personal comfort and convenience items) of the Covered Person to the nearest place of safety. We or Our Assistance Provider must be contacted prior to the transport and We or Our Assistance Provider must pre-authorize the transport for this Security Evacuation Benefit to be payable. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, We or Our Assistance Provider will make every effort to maintain contact with the Covered Person.

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

Based on all the circumstances, for the limited purpose of determining Our liability, We or Our Assistance Provider will determine the necessity of the extrication, the feasibility of the extrication and the appropriateness of the scheduling, as well as what mode of transportation and special equipment and/or personnel are covered.

You can access Zurich Travel Assist® services by calling On-Call International, toll-free at 1-833-808-0251; call collect from anywhere in the world at +1-978-651-9219 and referencing policy number GTU 6281994.

## To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 6281994.

## Beneficiary Designation

Your Loss of Life. Covered Losses resulting from Your death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as You, We will pay the benefit to Your estate.

All other indemnities shall be payable to you.

## General Exclusions

A loss shall not be a covered loss if it is caused by, contributed to, or resulted from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
5. participation in the commission or attempted commission of any felony;
6. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
7. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy.

## Hazard Exclusions

The following exclusions pertain to Hazard H-2.

Coverage is not provided:

- A. If you are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. For an assignment by the policyholder or relocation that exceeds three hundred sixty-five (365) days in duration. Note: If an assignment exceeds three hundred sixty-five (365) days in duration, the location of the assignment will be considered the place of permanent assignment, and you will then have coverage when traveling elsewhere on the **Business of the Policyholder**.
- C. Unless we have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
  1. any aircraft other than those expressly stated in this Coverage;
  2. any aircraft owned or controlled by, or under lease to the policyholder;
  3. any aircraft owned or controlled by, or under lease to an insured or a member of an Insured's family or household;
  4. any aircraft operated by the policyholder or one of the policyholder's employees including members of an employee's family or household;
  5. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, aerial photography, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, endurance tests, exploration, firefighting, hang gliding, hunting, parachuting or skydiving, pipe line inspection, power line inspection, racing, skywriting, test or experimental purpose, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
  6. any conveyance used for tests or experimental purposes, or in a race or speed test.

## General Limitations

**Limitation on Multiple Covered Losses.** If you suffer more than one loss as a result of the same accident, we will pay only one benefit, the largest benefit.

**Limitation on Multiple Benefits.** If you can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Plegia Benefit, Coma Benefit, as a result of the same accident, the most we will pay for these benefits in total is your benefit amount.

**Limitation on Multiple Hazards.** If you suffer a covered loss that is covered under more than one Hazard, we will pay only one benefit, the largest benefit.

## Aggregate Limit of Liability

The **Aggregate Limit of Liability** per covered accident is \$2,500,000.

**Aggregate Limit of Liability** means the total benefits we will pay for a covered accident or covered accidents set forth in the Schedule or Coverages section of the policy. For purposes of the Aggregate Limit of Liability provision, covered accident or covered accidents will include a covered loss or covered losses arising out of a single event or related events or originating cause and includes a resulting covered loss or covered losses. If the total benefits under the Aggregate Limit of Liability is not enough to pay full benefits to each Insured, We will pay each one a reduced benefit based upon the proportion that the Aggregate Limit of Liability bears to the total benefits which would otherwise be paid.

## Important

This is a brief description of the coverage provided through the business travel Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

## Sanctions Exclusion Endorsement

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

<b>For All Benefit Claims for the Above, Please Contact: Zurich American Insurance Company Important Claim Reporting Information</b>	
Zurich American Insurance Company You must submit a completed claim form for any benefits to be paid.	To Request a Claim Form, Contact Us at Toll free number: 866.841.4771 Dedicated Claim Fax: 866.255.2962 e-mail: <a href="mailto:usz.accidenthealth.claims@zurichna.com">usz.accidenthealth.claims@zurichna.com</a> Refer to Plan Number GTU 7196245

## Travel Inconvenience Plan Benefits

Travel Delay Benefit	Travel \$1,000 (subject to \$250 per day)
Baggage and Personal Effects Benefit	\$750 maximum / \$250 per item limit (\$0 deductible per occurrent)
Baggage Delay Benefit Per Day Limit:	\$300 \$100
<b>On Call International Travel Assist Contact Information</b>	
Contact 24 hours a day for: <ul style="list-style-type: none"> <li>• Emergency Medical and Repatriation</li> <li>• Book a doctor's appointment</li> <li>• General travel assistance questions</li> </ul>	Toll-free from U.S. or Canada: 1-833-808-0251 Collect from anywhere in the world: +1-978-651-9219 e-mail: mail@oncallinternational.com SMS Text: +1-844-302-5131
<b>For Travel Delay and All Baggage Claims Please Contact: Health Special Risk Important Claim Reporting Information</b>	
Health Special Risk, Inc. You must submit a completed claim form for any benefits to be paid.	Claim forms can be obtained by: Call: 866-409-5734 E-mail: GallagherZurich@hsri.com Refer to Plan Number GPT 4851115 EDI Payor ID# 22384

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Zurich

1299 Zurich Way, Schaumburg, Illinois 60196-1056  
800-382-2150 [www.zurichna.com](http://www.zurichna.com)

The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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