

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below.

### Who is eligible for this protection?

All eligible account holders of the Participating Organization with a covered account in good standing.

### What if I have coverage under more than one account?

If you have more than one membership package offering coverage under this plan, the maximum amount We will pay for any one loss will be two times the largest benefit amount payable.

**Period of Coverage:** You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid.

### Covered Activities

**Exposure & Disappearance** - Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by the Policy; and the body is not found within one year of the Covered Accident.

**Specified Trip** - We will pay benefits described if you suffer a loss or Injury as a result of a Covered Accident while traveling in a Common

Carrier or Private Passenger Automobile. We will only pay benefits if you are engaged in one of the hazards listed when the Covered Accident occurs. Unless otherwise specified, We pay benefits only once for any one Covered Accident, even if it is covered by more than one hazard.

### Description of Benefits

**Common Carrier Benefit** - We will pay \$10,000 if you die as a result of a Covered Accident while you are riding as a fare-paying passenger in, or are struck by a regularly scheduled Common Carrier. Riding includes getting into and getting out of the Common Carrier. Your death must result directly and independently from all other causes in an accidental death within 365 days from the Covered Accident.

"Common Carrier" means: 1) a public conveyance, including a bus, train, taxicab, aircraft, licensed for hire to carry fare-paying passengers; or 2) a transport aircraft operated by the Air Mobility Command of the United States of America or a similar air transport service of another country.

**Passenger Accident Benefit** - We will pay \$10,000 if you die as a result of a Covered Accident while you are driving, riding as a passenger in, or getting in or out of, a Private Passenger Automobile. Your death must result directly and independently from all other causes in an accidental death within 365 days from the Covered Accident.

"Private Passenger Automobile" means a validly registered, four wheel private passenger car, campers, motor homes, station wagons, sport utility vehicles, pick-up trucks, van-type cars that are not licensed commercially or being used for commercial purposes, and motorcycles. Any

vehicle being used as a taxicab, bus, or other public conveyance will not be considered a Private Passenger Automobile. Any vehicle not defined above will not be considered a Private Passenger Automobile.

**Seatbelt and Airbag Benefit** - We will pay \$1,000 subject to the conditions described below, if you die directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional \$ 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 \$ 500 to your beneficiary. "Supplemental Restraint System" means an airbag that inflates upon impact for added protection to the head and chest areas. "Automobile" means a self-propelled, private passenger motor vehicle with four or more wheels that is a type both designed and required to be licensed for use on the highway of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any other motor vehicle that is used in mass or public transit.

**Aggregate Limit** - We will not pay more than \$5,000,000 for all losses per Covered Accident. If this amount does not allow all covered persons to be paid the amount the plan otherwise provides, the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay does not exceed the aggregate limit.

### **What is not covered?**

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

- intentionally self-inflicted Injury.
- suicide or attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- commission of, or attempt to commit, a felony.
- the Insured being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- commission of or active participation in a riot or insurrection.
- an accident if the Insured is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.
- Injury covered by workers' compensation, employers' liability laws, or similar occupational benefits.

- Injury or loss contributed to the use of any drug or narcotic, except as prescribed by a Doctor.
- Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.
- an accident that results in a cardiovascular accident or stroke caused solely and exclusively by exertion, as verified by a Doctor, while the Insured participates in a Covered Activity.
- flight in, boarding, or alighting from an Aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline.

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.

**Definitions: "Covered Accident"** means an accident that occurs while coverage is in force for you and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **"Injury"** means accidental bodily harm sustained by you from a Covered Accident. The Injury must be caused solely through external, violent and 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. **"Sickness"** means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **"We, Our, Us"** means the insurance company underwriting this insurance or its authorized agent.

You must notify ACE USA within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, your financial institution, and the Policy Number.

Policy Number: ADD No6523924, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

**Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact the Benefit Administrator at (855) 822-9464.**

**Payment of Claims** – Any benefits due at the time of the covered person's death will be paid to the designated beneficiary. If there is no named beneficiary or surviving beneficiary on record with Us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following: 1) Spouse; 2) Children; 3) Parents; 4) Brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured's estate.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.