



**F5, INC**

Your Accident Plan

Policy No. 968846 011

Underwritten by Unum Insurance Company

6/23/2026





**Unum Insurance Company**  
2211 Congress Street  
Portland, ME 04122  
(877) 225-2712  
[services.unum.com](https://services.unum.com)

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## Group Accident Insurance Certificate of Coverage

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We welcome you as a customer and are committed to providing quality service. This is your Accident Certificate of Coverage. Accident coverage can ease the potential financial impact of unforeseen accidents by providing benefits. This certificate describes your Accident benefits in detail.

**Policyholder:** F5, INC  
**Policy Number:** 968846 011  
**Policy Effective Date:** January 1, 2025  
**Policy Anniversary:** October 1  
**Governing Jurisdiction:** Washington

This certificate is issued to you under the Policy which is a contract between us and the Policyholder. If the terms and provisions of this certificate are different from the Policy, the certificate will govern. A copy of the Policy may be made available to you upon request. The Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable, the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

All references to provisions, sections, and defined terms found within this certificate have been capitalized. If you have any questions about the terms and provisions of this certificate, please contact your Employer or us at (877) 225-2712 Monday through Friday 8 a.m. to 8 p.m. Eastern Standard Time.

**This Certificate of Coverage provides limited benefits under the non-participating Policy. The limited benefits provided under this Certificate of Coverage are a supplement to major medical coverage and are not a substitute for major medical coverage or other minimal essential coverage as required by federal law.**

**This certificate contains certain proof of loss requirements, limitations, exclusions, and other provisions that may reduce benefits or prevent an Insured from receiving benefits under this certificate. Please read your certificate carefully and keep it in a safe place.**

Your certificate includes notices as required by your state of residence that may impact your benefits. If you have any questions or concerns regarding your state regulations, you may contact the Office of the Insurance Commissioner, Washington State at (800) 562-6900.

## Consumer Complaint Notice

If you are a resident of New Mexico, your coverage will be administered in accordance with the minimum applicable standards of New Mexico law. If you have concerns regarding a claim, premium, or other matters relating to this coverage, you may file a complaint with the New Mexico Office of Superintendent of Insurance (OSI) using the complaint form available on the OSI website and found at: <https://www.osi.state.nm.us/ConsumerAssistance/index.aspx>.

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## Accident Highlights

Accident Insurance provides financial protection for an Insured by paying benefits if an Insured is involved in a Covered Accident that results in a Covered Loss payable under this certificate.

This section includes highlights of an Insured's coverage. Please refer to the **Accident Details** for further information on the benefits available.

### Eligible Group(s)

All Employees in Active Employment in the United States working a minimum of 30 hours per week.

### Paying for Coverage

#### *For you*

##### *Contributory Coverage*

You must make premium contributions for your coverage.

#### *For your Spouse*

##### *Contributory Coverage*

You must make premium contributions for your Spouse's coverage.

#### *For your Children*

##### *Contributory Coverage*

You must make premium contributions for your Children's coverage.

### Schedule of Benefits

The following Schedule of Benefits is available to you during an Enrollment Period. You will have the opportunity to apply for coverage for you, your Spouse, and Children.

The benefits an Insured may receive for a Payable Claim are listed in the Schedule of Benefits, subject to all other terms and provisions of this certificate. Amounts are the same for all Insureds, unless noted otherwise. Multiple benefits may be payable for a single Covered Accident.

### Injury Benefits

|                                                      |          |
|------------------------------------------------------|----------|
| <i>Burns</i>                                         |          |
| <i>2nd Degree Burns</i>                              |          |
| At least 5%, but less than 20% of skin surface       | \$500    |
| 20% or greater of skin surface                       | \$1,000  |
| <i>3rd Degree Burns</i>                              |          |
| Less than 5% of skin surface                         | \$2,000  |
| At least 5%, but less than 20% of skin surface       | \$5,000  |
| 20% or greater of skin surface                       | \$10,000 |
| <i>Skin Grafts</i>                                   |          |
| <i>Due to Burns</i>                                  |          |
| <i>Payable as a % of the applicable Burn benefit</i> | 50%      |
| <i>Not due to Burns</i>                              |          |
| Less than 20% of skin surface                        | \$250    |
| 20% or greater of skin surface                       | \$500    |
| Concussion                                           | \$200    |
| <i>Connective Tissue Damage</i>                      |          |
| One Connective Tissue                                | \$90     |
| Two or more Connective Tissues                       | \$150    |
| <i>Dislocations</i>                                  |          |
| Ankle bone or bones of the foot (other than toes)    | \$1,650  |
| Collarbone (acromioclavicular and separation)        | \$325    |
| Collarbone (sternoclavicular)                        | \$825    |
| Elbow joint                                          | \$500    |
| Finger or Toe (Digit)                                | \$150    |
| Hand (other than Fingers)                            | \$500    |
| Hip joint                                            | \$3,375  |

## Accident Highlights

|                                                                                        |         |
|----------------------------------------------------------------------------------------|---------|
| Knee joint (other than patella)                                                        | \$1,650 |
| Kneecap (patella)                                                                      | \$500   |
| Lower Jaw                                                                              | \$500   |
| Shoulder                                                                               | \$500   |
| Wrist joint                                                                            | \$500   |
| Incomplete Dislocation<br><i>Payable as a % of the applicable Dislocations benefit</i> | 25%     |
| Eye Injury                                                                             | \$200   |
| <i>Fractures</i>                                                                       |         |
| Ankle (lower tibia or fibula)                                                          | \$450   |
| Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)       | \$675   |
| Collarbone (clavicle, sternum) or Shoulder Blade (scapula)                             | \$450   |
| Finger or Toe (Digit)                                                                  | \$225   |
| Foot or Heel (other than Toes)                                                         | \$450   |
| Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)              | \$450   |
| Hip or Thigh (femur)                                                                   | \$3,375 |
| Kneecap (patella)                                                                      | \$450   |
| Leg (mid to upper tibia or fibula)                                                     | \$1,350 |
| Lower Jaw, Mandible (other than alveolar process)                                      | \$450   |
| Pelvis                                                                                 | \$1,350 |
| Rib                                                                                    | \$450   |
| Skull (except bones of Face or Nose), Depressed                                        | \$4,500 |
| Skull (except bones of Face or Nose), Non-depressed                                    | \$2,250 |
| Tailbone (coccyx), Sacrum                                                              | \$450   |
| Upper Arm between Elbow and Shoulder (humerus)                                         | \$675   |
| Upper Jaw, Maxilla (other than alveolar process)                                       | \$675   |
| Vertebrae, body of (other than Vertebral Processes)                                    | \$1,350 |
| Vertebral Processes                                                                    | \$450   |
| Chip Fracture<br><i>Payable as a % of the applicable Fractures benefit</i>             | 25%     |
| Injury due to Felony Assault or Sexual Assault                                         | \$150   |
| Internal Injuries                                                                      | \$200   |
| Knee Cartilage (Meniscus) Injury                                                       | \$150   |
| <i>Lacerations</i>                                                                     |         |
| No Repair                                                                              | \$50    |
| <i>Repair</i>                                                                          |         |
| Less than 2 inches                                                                     | \$150   |
| At least 2 inches but less than 6 inches                                               | \$300   |
| 6 inches or greater                                                                    | \$600   |
| <i>Loss of a Digit</i>                                                                 |         |
| One Digit (other than a Thumb or Big Toe)                                              | \$750   |
| One Digit (a Thumb or Big Toe)                                                         | \$1,125 |
| Two or more Digits                                                                     | \$1,500 |
| Organized Sports                                                                       | 25%     |
| <i>Ruptured or Herniated Disc</i>                                                      |         |
| One Disc                                                                               | \$150   |
| Two or more Discs                                                                      | \$250   |

## Treatment and Other Benefits

|                                  |         |
|----------------------------------|---------|
| <i>Ambulance</i>                 |         |
| Air                              | \$1,500 |
| Ground                           | \$400   |
| <i>Durable Medical Equipment</i> |         |
| Tier 1                           | \$50    |

## Accident Highlights

|                                                           |         |
|-----------------------------------------------------------|---------|
| Tier 2                                                    | \$100   |
| Tier 3                                                    | \$200   |
| <i>Emergency Dental Repair</i>                            |         |
| Dental Crown                                              | \$350   |
| Dental Extraction                                         | \$115   |
| Filling or Chip Repair                                    | \$90    |
| Emergency Department                                      | \$100   |
| Family Care                                               | \$50    |
| Injections to Prevent or Limit Infection                  | \$50    |
| Lodging                                                   | \$150   |
| <i>Medical Imaging</i>                                    |         |
| Tier 1: X-rays or Ultrasound                              | \$50    |
| Tier 2: Bone Scan, CAT, CT, EEG, MR, MRA, or MRI          | \$300   |
| Organized Sports                                          | 25%     |
| Pain Management Injections                                | \$100   |
| Pet Boarding                                              | \$30    |
| <i>Prosthetic Device or Artificial Limb</i>               |         |
| One Device or Limb                                        | \$750   |
| Two or more Devices or Limbs                              | \$1,500 |
| Transfusions                                              | \$400   |
| Transportation                                            | \$100   |
| Treatment in a Physician's Office or Urgent Care Facility | \$100   |

## Surgery Benefits

|                                                        |         |
|--------------------------------------------------------|---------|
| <i>Anesthesia</i>                                      |         |
| Epidural or Regional Anesthesia                        | \$100   |
| General Anesthesia                                     | \$250   |
| <i>Connective Tissue Surgery</i>                       |         |
| Exploratory without Repair                             | \$100   |
| Repair for One Connective Tissue                       | \$800   |
| Repair for Two or more Connective Tissues              | \$1,200 |
| Dislocations - Surgical Repair                         |         |
| <i>Payable as a % of the applicable Injury benefit</i> | 100%    |
| Eye Surgery                                            | \$300   |
| Fractures - Surgical Repair                            |         |
| <i>Payable as a % of the applicable Injury benefit</i> | 100%    |
| <i>General Surgery</i>                                 |         |
| Abdominal, Thoracic, or Cranial                        | \$1,500 |
| Exploratory                                            | \$150   |
| Hernia Surgery                                         | \$150   |
| <i>Knee Cartilage (Meniscus) Surgery</i>               |         |
| Exploratory without Repair                             | \$150   |
| Knee Cartilage (Meniscus) with Repair                  | \$750   |
| Outpatient Surgical Facility                           | \$300   |
| <i>Ruptured or Herniated Disc Surgery</i>              |         |
| Exploratory without Repair                             | \$125   |
| Repair for One Disc                                    | \$675   |
| Repair for Two or more Discs                           | \$1,000 |

## Hospital Benefits

|                           |         |
|---------------------------|---------|
| Admission                 | \$1,000 |
| Admission - Hospital ICU  | \$1,500 |
| Daily Stay                | \$250   |
| Daily Stay - Hospital ICU | \$200   |

## Recovery Care Benefits

|                           |       |
|---------------------------|-------|
| At-Home Care              | \$100 |
| Behavioral Health Therapy | \$20  |



**Accident Highlights**

|                                                |       |
|------------------------------------------------|-------|
| Physician Follow-Up Visits                     | \$75  |
| Rehabilitation or Subacute Rehabilitation Unit | \$100 |
| Therapy Services                               | \$25  |

**Accidental Death  
and  
Dismemberment  
Benefits**

|                                               |          |
|-----------------------------------------------|----------|
|                                               |          |
| <i>Accidental Death</i>                       |          |
| Coma                                          | \$10,000 |
| Home Alterations and Automobile Modifications | \$1,500  |
| <i>Paralysis</i>                              |          |
| Uniplegia                                     | \$12,500 |
| Hemiplegia                                    | \$25,000 |
| Paraplegia                                    | \$25,000 |
| Triplegia                                     | \$37,500 |
| Quadriplegia                                  | \$50,000 |

The information in this section provides details about the benefits that may be payable to you, any applicable Exclusions, and Other Features included in your coverage.

Benefits will only be payable for Covered Accidents that occur on or after the Insured's Coverage Effective Date. Benefits will not be paid for any Injury, treatment or care due to causes other than Covered Accidents.

**Coverage Type** This certificate provides coverage for accidents that happen at any time, including while an Insured is working.

**Injury Benefits****Burns*****Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured sustains a 2nd or 3rd degree Burn in a Covered Accident.

Burns are damage to the skin or deeper tissues caused by sun, hot liquids, fire, electricity, or chemicals. Burns are characterized by severe skin damage that causes the affected skin cells to die.

A Physician must diagnose the Burn within 365 days of the Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

If an Insured sustains more than one type of Burn in a single Covered Accident, we will pay for the Burn with the highest benefit amount.

**Skin Grafts*****Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured receives a Skin Graft due to Injuries sustained in a Covered Accident.

A Skin Graft is the transplantation of a piece of skin to replace a lost portion of skin due to burns or other accidental traumatic loss of skin.

The Insured must receive the Skin Graft within 365 days of the Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per type of Skin Graft per Covered Accident.

**Concussion*****Benefit Description***

We will pay the amount shown in the Schedule of Benefits if an Insured sustains a Concussion in a Covered Accident.

A Concussion is a mild traumatic brain injury that alters the way the brain functions. Effects are usually temporary but can include headaches and problems with concentration, memory, balance, and coordination.

A Physician must diagnose the Concussion within 365 days of the Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Connective Tissue Damage*****Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured sustains one or more completely torn, ruptured, or severed Connective Tissues in a Covered Accident.

A Physician must diagnose the Connective Tissue Damage within 365 days of the Covered Accident.

For purposes of this benefit, the following are considered Connective Tissues:

- tendons;

- ligaments;
- rotator cuffs; and
- muscles.

For purposes of this benefit, the following do not meet the Benefit Description of Connective Tissue Damage:

- sprains; and
- pulled muscles.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Dislocations*****Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured sustains a dislocated joint in a Covered Accident.

If an Insured has an Incomplete Dislocation, we will pay the percentage amount shown in the Schedule of Benefits for the joint involved.

A Dislocation is an Injury to a joint where the ends of the bones are forced from their normal positions. An Incomplete Dislocation is a Dislocation in which the joint is not completely separated.

A Physician must set the dislocated joint within 365 days of the Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per joint per Covered Accident.

If an Insured sustains multiple dislocated joints in a single Covered Accident, we will pay for each joint, but will pay no more than two times the amount for the joint involved with the highest benefit amount.

If the dislocation requires a Surgical Procedure, an Insured may also be eligible for the Dislocations - Surgical Repair benefit.

We will pay additional Dislocations benefits for a dislocation of the same joint if the dislocation is sustained in a different or unrelated Covered Accident and is more than 180 days after the prior Covered Accident.

**Eye Injury*****Benefit Description***

We will pay the amount shown in the Schedule of Benefits if an Insured sustains an Eye Injury in a Covered Accident.

The Eye Injury must require the removal of a foreign object with or without anesthesia.

A Physician must remove the object within 365 days of the Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Fractures*****Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured sustains a fractured bone in a Covered Accident.

If an Insured has a Chip Fracture, we will pay the percentage amount shown in the Schedule of Benefits for the bone involved.

A fracture is a break of a bone. A Chip Fracture is a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

A Physician must confirm the bone fracture within 365 days of the Covered Accident by X-ray or other medical imaging study.

For purposes of this benefit, a bone injury diagnosed as a stress fracture does not meet the Benefit Description of Fractures.

### ***Benefit Duration***

This benefit is payable once per Insured per bone per Covered Accident.

If an Insured sustains multiple Fractures of the same bone in a single Covered Accident, we will only pay one Fractures benefit for that bone.

If an Insured sustains Fractures of multiple bones in a single Covered Accident, we will pay for each bone, but will pay no more than two times the amount for the bone involved with the highest benefit amount.

If the fracture requires a Surgical Procedure, an Insured may also be eligible for the Fractures - Surgical Repair benefit.

We will pay additional Fractures benefits for a fracture of the same bone if the fracture is sustained in a different or unrelated Covered Accident and is more than 180 days after the prior Covered Accident.

### **Injury due to Felony Assault or Sexual Assault**

### ***Benefit Description***

We will pay the amount shown in the Schedule of Benefits if an Insured receives a qualifying treatment due to an Injury sustained as the victim of a Felonious Act of Violence or Sexual Assault in a Covered Accident.

The Injury due to Felony Assault or Sexual Assault must include a police report.

For purposes of this benefit, qualifying treatment must:

- be due to Injuries received as a result of a Felonious Act of Violence or Sexual Assault;
- be payable under this certificate's Schedule of Benefits for Emergency Department or Treatment in a Physician's Office or Urgent Care Facility; and
- occur within three days after the assault.

### ***Benefit Duration***

This benefit is payable a maximum of once per Insured per Calendar year.

### **Internal Injuries**

### ***Benefit Description***

We will pay the amount shown in the Schedule of Benefits if an Insured sustains an Internal Injury in a Covered Accident.

A Physician must diagnose the Internal Injury within 365 days of the Covered Accident.

For purposes of this benefit, Internal Injuries include:

- a collapsed or punctured lung;
- a ruptured or torn spleen, kidney, or liver; or
- a ruptured eardrum.

For purposes of this benefit, the following do not meet the Benefit Description of Internal Injuries:

- bruised organs or muscles;
- internal bleeding;
- swollen glands or organs;
- injuries to teeth, bones, joints or other connective tissues; and
- injuries for which another Injury Benefit is payable.

### ***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

### **Knee Cartilage (Meniscus) Injury**

### ***Benefit Description***

We will pay the amount shown in the Schedule of Benefits if an Insured sustains a

partially torn or fully torn Knee Cartilage in a Covered Accident.

Knee Cartilage is the area of tissue which acts like a shock absorber in the joint called the meniscus. The meniscus may be partially torn or fully torn by a forceful knee movement while weight bearing on the same leg.

A Physician must confirm the Knee Cartilage (Meniscus) Injury within 365 days of the Covered Accident by an MRI, other medical imaging study, or Surgical Procedure.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Lacerations**

***Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured sustains a Laceration in a Covered Accident.

A Laceration is an open wound or cut on the outside of the body.

A Physician must treat the Laceration within three days of the Covered Accident.

For purposes of this benefit, the following are considered repair techniques used by a Physician:

- stitches;
- staples; and
- tissue adhesive.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

If an Insured sustains multiple Lacerations in a single Covered Accident, the amount payable will be based on the total length of all Lacerations sustained requiring repair.

**Loss of a Digit**

***Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured sustains permanent and total loss of one or more fingers, thumbs, or toes in a Covered Accident.

A Physician must treat the Loss of a Digit within 365 days of the Covered Accident.

For purposes of this benefit, the following losses meet the Benefit Description of Loss of a Digit:

- for fingers and thumbs, the digit must be cut off below the joint closest to the fingertip; and
- for toes, the digit must be cut off at the joint where it is attached to the foot.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Ruptured or  
Herniated Disc**

***Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured sustains a Ruptured or Herniated Disc in a Covered Accident.

A Ruptured or Herniated Disc, also known as a slipped disc, occurs when one of the intervertebral discs in the spine develops a crack in its outer wall, allowing the inner core to leak out in to the spinal canal, causing pain or numbness.

A Physician must diagnose the Ruptured or Herniated Disc within 365 days of the Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Accident Details**  
**Treatment and Other Benefits**

**Ambulance**

***Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if a licensed professional ambulance company transports an Insured by air or ground to or from a Hospital or between medical facilities where treatment is received due to Injuries sustained in a Covered Accident.

If an Insured is treated by Ambulance staff, but is not transported for a Covered Accident, we will pay the corresponding amount shown for Ambulance - Ground.

The Ambulance transportation must be within 365 days of the Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident for each mode of Ambulance transportation.

**Durable Medical Equipment**

***Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured is prescribed Durable Medical Equipment by a Physician or Therapist as an aid in treatment, recovery, or mobility due to Injuries sustained in a Covered Accident.

The Durable Medical Equipment must be prescribed to the Insured within 365 days of the Covered Accident.

**Durable Medical Equipment**

|               |                                                                                                                                                           |                                                                                                                                                      |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tier 1</b> | <ul style="list-style-type: none"><li>- Arm Sling</li><li>- Cane</li><li>- Medical Ring Cushion</li></ul>                                                 | <ul style="list-style-type: none"><li>- Neck Brace</li><li>- Wrist or Ankle Splint</li></ul>                                                         |
| <b>Tier 2</b> | <ul style="list-style-type: none"><li>- Bedside Commode</li><li>- Cold Therapy System (Cryotherapy)</li><li>- Crutches</li></ul>                          | <ul style="list-style-type: none"><li>- Leg Brace</li><li>- Shower Chair</li><li>- Walker or Walking Boot that extends above the ankle</li></ul>     |
| <b>Tier 3</b> | <ul style="list-style-type: none"><li>- Back Brace</li><li>- Body Jacket</li><li>- Continuous Passive Movement (CPM)</li><li>- Electric Scooter</li></ul> | <ul style="list-style-type: none"><li>- Halo</li><li>- Hospital Bed</li><li>- Knee Scooter</li><li>- Stair Lift Chair</li><li>- Wheelchair</li></ul> |

We will use a current relative value scale to determine the appropriate Tier amount for any medical equipment not listed above.

For purposes of this benefit, the Durable Medical Equipment must:

- be designed for and able to withstand repeated use by more than one person;
- customarily serve a medical purpose; and
- be generally not useful in the absence of an Injury or Sickness.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

If an Insured is prescribed multiple pieces of Durable Medical Equipment as a result of a single Covered Accident, we will pay for each piece of Durable Medical Equipment, but will pay no more than three times the amount for the piece of Durable Medical Equipment with the highest Tier amount per Calendar year.

**Emergency Dental Repair**

***Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured has an Emergency Dental Repair for a partially broken or broken tooth sustained in a Covered Accident.

The partially broken or broken tooth must require repair by a Dental Crown, or Dental

Extraction, or Filling or Chip Repair.

The Emergency Dental Repair must be within 365 days of the Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

If an Insured has multiple Emergency Dental Repairs as a result of a single Covered Accident, we will pay for each Emergency Dental Repair, but will pay no more than three times the amount for the Emergency Dental Repair with the highest benefit amount.

**Emergency  
Department*****Benefit Description***

We will pay the amount shown in the Schedule of Benefits if an Insured requires examination or treatment by a Physician in the Emergency Department due to Injuries sustained in a Covered Accident.

Emergency Department treatment must be within three days of the Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

We will pay additional Emergency Department benefits if:

- an Insured is treated in the Emergency Department due to Injuries sustained in a different or unrelated Covered Accident; or
- the Insured is treated in the Emergency Department more than 90 days after the date of the previous Emergency Department treatment.

**Family Care*****Benefit Description***

We will pay the amount shown in the Schedule of Benefits for Family Care that takes place when an Insured has a Child attending a Child Care Center during an Insured's period of Confinement or when an Insured undergoes a Surgical Procedure due to Injuries sustained in a Covered Accident.

***Benefit Duration***

This benefit is payable a maximum of one benefit per day for all Insureds combined, up to a maximum of three days per Covered Accident, regardless of the number of Children, up to a maximum of four times per Insured per Calendar year.

**Injections to  
Prevent or Limit  
Infection*****Benefit Description***

We will pay the amount shown in the Schedule of Benefits if an Insured receives an injection after exposure to bacteria, viruses, or venom in a Covered Accident.

A Physician must administer the injection within 365 days of the Covered Accident.

For purposes of this benefit, the following are considered Injections to Prevent or Limit Infection:

- tetanus boosters;
- rabies shots;
- antivenom; and
- immune globulin.

For the purposes of this benefit, the following do not meet the Benefit Description of Injections to Prevent or Limit Infection:

- immunizations;
- tetanus boosters as part of routine medical care; and
- EpiPen injections intended to limit an allergic reaction.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Lodging*****Benefit Description***

We will pay the amount shown in the Schedule of Benefits for each day of a hotel stay

## Accident Details

for a companion accompanying an Insured to a Surgical Procedure or during a period of Confinement due to Injuries sustained in a Covered Accident.

The Lodging must be within 365 days of the Covered Accident.

The Surgical Procedure or Confinement must be at a Hospital or other medical facility more than 50 miles from the companion's residence.

### *Benefit Duration*

This benefit is payable up to a maximum of 30 days per Covered Accident.

## Medical Imaging

### *Benefit Description*

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured undergoes a Medical Imaging test ordered by a Physician due to Injuries sustained in a Covered Accident.

The Medical Imaging must be within 365 days of the Covered Accident.

For purposes of this benefit, X-rays are considered a single test, regardless of the number of images produced.

### Medical Imaging Tests

|               |                                                                                                                                                                                    |                                                                                                                                                                   |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tier 1</b> | <ul style="list-style-type: none"><li>- X-rays</li><li>- Ultrasound</li></ul>                                                                                                      |                                                                                                                                                                   |
| <b>Tier 2</b> | <ul style="list-style-type: none"><li>- Bone Scan</li><li>- Computed Axial Tomography (CAT)</li><li>- Computed Tomography Scan (CT)</li><li>- Electroencephalogram (EEG)</li></ul> | <ul style="list-style-type: none"><li>- Magnetic Resonance (MR)</li><li>- Magnetic Resonance Angiogram (MRA)</li><li>- Magnetic Resonance Imaging (MRI)</li></ul> |

### *Benefit Duration*

This benefit is payable once per Insured per Tier of Medical Imaging Tests per Covered Accident.

## Organized Sports

### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits if an Insured has Injuries sustained in a Covered Accident while participating in an Organized Sport.

This benefit will be paid in addition to any benefit payable within the Injury Benefits or Treatment and Other Benefits categories.

### *Benefit Duration*

This benefit is payable for each Covered Accident based on the payable amounts in the Schedule of Benefits.

## Pain Management Injections

### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits if an Insured receives an injection for the purposes of blocking pain in a particular region of the body due to Injuries sustained in a Covered Accident.

A Physician must administer the injection within 365 days of the Covered Accident.

For purposes of this benefit, the following are considered Pain Management Injections:

- cortisone shots;
- steroid shots; and
- epidural steroids.

For the purposes of this benefit, the following do not meet the Benefit Description of Pain Management Injections:

- oral prescriptions for pain relief;



- over the counter pain medications;
- topical pain management;
- general, regional, or local anesthesia; and
- pain management injections for chronic pain or causes other than a Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Pet Boarding*****Benefit Description***

We will pay the amount shown in the Schedule of Benefits for Pet Boarding that takes place during an Insured's period of Confinement or when an Insured undergoes a Surgical Procedure due to Injuries sustained in a Covered Accident.

The Pet or Pets must be boarded overnight at a Pet Boarding Facility.

***Benefit Duration***

This benefit is payable a maximum of one benefit per day for all Insureds combined, up to a maximum of three days per Covered Accident.

**Prosthetic Device or Artificial Limb*****Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured receives a Prosthetic Device or Artificial Limb for a permanently missing hand, arm, foot, leg, or eye due to Injuries sustained in a Covered Accident.

The Prosthetic Device or Artificial Limb can be a newly required device or a replacement of an existing device, which was irreparably damaged in the Covered Accident.

The Prosthetic Device or Artificial Limb must be received within 365 days of the Covered Accident.

For purposes of this benefit, the following do not meet the Benefit Description of Prosthetic Device or Artificial Limb:

- hearing aids;
- dental aids (including false teeth);
- eyeglasses;
- cosmetic prostheses such as wigs; and
- artificial hips, knees, or other joint replacements.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Transfusions*****Benefit Description***

We will pay the amount shown in the Schedule of Benefits if an Insured receives a Transfusion due to Injuries sustained in a Covered Accident.

A Transfusion is the receipt of blood, plasma, or platelets intravenously.

The Transfusion must be within 365 days of the Covered Accident.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Transportation*****Benefit Description***

We will pay the amount shown in the Schedule of Benefits for any mode of Transportation, including a personal car, for an Insured and one companion if the Insured requires diagnosis, treatment, or a Surgical Procedure due to Injuries sustained in a Covered Accident.

The Transportation must be within 365 days of the Covered Accident.

The diagnosis, treatment, or Surgical Procedure must be at a Hospital or other medical

facility more than 50 miles from the Insured's residence.

For purposes of this benefit, any mode of Ambulance transportation does not meet the Benefit Description of Transportation.

***Benefit Duration***

This benefit is payable up to a maximum of six one-way trips per Insured per Covered Accident. A trip must either start or end at the Insured's residence.

**Treatment in a Physician's Office or Urgent Care Facility*****Benefit Description***

We will pay the amount shown in the Schedule of Benefits if an Insured receives initial examination or treatment by a Physician due to Injuries sustained in a Covered Accident.

The Treatment in a Physician's Office or Urgent Care Facility must be within 14 days of the Covered Accident.

For purposes of this benefit, a routine physical or annual wellness exam and treatment that meets the Benefit Description of Therapy Services do not meet the Benefit Description of Treatment in a Physician's Office or Urgent Care Facility.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Surgery Benefits****Anesthesia*****Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if general, epidural, or regional Anesthesia is administered to an Insured during a Surgical Procedure due to Injuries sustained in a Covered Accident.

General Anesthesia is the induction of a balanced state of unconsciousness, accompanied by the absence of pain sensation and the paralysis of skeletal muscle over the entire body. Epidural or regional Anesthesia is a form of regional anesthesia involving the injection of drugs through a catheter into the epidural space.

A Physician must administer the Anesthesia within 365 days of the Covered Accident.

For purposes of this benefit, the following do not meet the Benefit Description of Anesthesia:

- epidural anesthesia administered for Childbirth;
- peripheral nerve blocks; and
- local anesthesia.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Connective Tissue Surgery*****Benefit Description***

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured undergoes a Surgical Procedure to treat one or more torn, ruptured, or severed Connective Tissues sustained in a Covered Accident.

A Physician must perform the Surgical Procedure within 365 days of the Covered Accident.

For purposes of this benefit, the following are considered Connective Tissues:

- tendons;
- ligaments;
- rotator cuffs; and
- muscles.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

**Dislocations -  
Surgical Repair***Benefit Description*

We will pay the corresponding amount shown in the Schedule of Benefits for a Surgical Procedure to repair a dislocated joint sustained in a Covered Accident.

A Physician must perform the Surgical Procedure within 365 days of the Covered Accident.

*Benefit Duration*

This benefit is payable once per Insured per joint per Covered Accident.

If an Insured sustains multiple dislocated joints in a single Covered Accident and they are repaired with a Surgical Procedure, we will pay the Dislocations - Surgical Repair benefit for each joint, but will pay no more than two times the amount for the joint involved with the highest benefit amount.

We will pay additional Dislocations - Surgical Repair benefits for a Surgical Procedure of the same joint if the dislocation is sustained in a different or unrelated Covered Accident and is more than 180 days after the prior Covered Accident.

**Eye Surgery***Benefit Description*

We will pay the amount shown in the Schedule of Benefits if an Insured undergoes a Surgical Procedure with anesthesia due to an Eye Injury sustained in a Covered Accident.

A Physician must perform the Surgical Procedure within 365 days of the Covered Accident.

*Benefit Duration*

This benefit is payable once per Insured per Covered Accident.

**Fractures -  
Surgical Repair***Benefit Description*

We will pay the corresponding amount shown in the Schedule of Benefits for a Surgical Procedure to repair a fractured bone sustained in a Covered Accident.

A Physician must perform the Surgical Procedure within 365 days of the Covered Accident.

*Benefit Duration*

This benefit is payable once per Insured per bone per Covered Accident.

If an Insured sustains multiple Fractures of the same bone in a single Covered Accident and they are repaired with a Surgical Procedure, we will only pay one Fractures - Surgical Repair benefits for that bone.

If an Insured sustains Fractures of multiple bones in a single Covered Accident and they are repaired with a Surgical Procedure, we will pay the Fractures - Surgical Repair benefit for each bone, but will pay no more than two times the amount for the bone involved with the highest benefit amount.

We will pay additional Fractures - Surgical Repair benefits for a Surgical Procedure of the same bone if the fracture is sustained in a different or unrelated Covered Accident and is more than 180 days after the prior Covered Accident.

**General Surgery***Benefit Description*

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured undergoes a Surgical Procedure due to Injuries sustained in a Covered Accident.

If an exploratory abdominal, thoracic, or cranial Surgical Procedure is performed, we will pay the corresponding amount for General Surgery - Exploratory.

## Accident Details

A Physician must perform the Surgical Procedure within 365 days of the Covered Accident.

For purposes of this benefit, the following are considered a General Surgery:

- abdominal surgery;
- thoracic surgery; and
- cranial surgery.

Benefits for General Surgery will not be paid for a Covered Accident for which any other Surgery benefits are paid.

### *Benefit Duration*

This benefit is payable once per Insured per Covered Accident.

## **Hernia Surgery**

### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits if an Insured undergoes a Surgical Procedure to repair a Hernia sustained in a Covered Accident.

A hernia occurs when an organ is displaced and protrudes through the wall of the cavity containing it.

A Physician must perform the Surgical Procedure within 365 days of the Covered Accident.

### *Benefit Duration*

This benefit is payable once per Insured per Covered Accident.

## **Knee Cartilage (Meniscus) Surgery**

### *Benefit Description*

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured undergoes a Surgical Procedure to treat a Knee Cartilage (Meniscus) Injury sustained in a Covered Accident.

A Physician must perform the Surgical Procedure within 365 days of the Covered Accident.

### *Benefit Duration*

This benefit is payable once per Insured per Covered Accident.

## **Outpatient Surgical Facility**

### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits if an Insured undergoes a Surgical Procedure on an Outpatient Basis in a Hospital, Ambulatory Surgical Center, or other medical facility due to Injuries sustained in a Covered Accident.

A Physician must perform the Surgical Procedure within 365 days of the Covered Accident.

For purposes of this benefit, the following do not meet the Benefit Description of Outpatient Surgical Facility:

- Surgical Procedures performed in the Emergency Department; and
- Surgical Procedures performed while Confined in a Hospital or other medical facility.

### *Benefit Duration*

This benefit is payable once per Insured per Covered Accident.

## **Ruptured or Herniated Disc Surgery**

### *Benefit Description*

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured undergoes a Surgical Procedure to treat a Ruptured or Herniated Disc sustained in a Covered Accident.

A Ruptured or Herniated Disc, also known as a slipped disc, occurs when one of the intervertebral discs in the spine develops a crack in its outer wall, allowing the inner core to leak out into the spinal canal, causing pain or numbness.

## Accident Details

A Physician must perform the Surgical Procedure within 365 days of the Covered Accident.

### *Benefit Duration*

This benefit is payable once per Insured per Covered Accident.

## Hospital Benefits

### **Admission**

#### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits if an Insured is admitted and Confined to a Hospital due to Injuries sustained in a Covered Accident.

The Admission and Confinement must be within 365 days of the Covered Accident.

This benefit will be paid in addition to any Admission - Hospital ICU, Daily Stay, and Daily Stay - Hospital ICU benefits.

For purposes of this benefit, the following Hospital services are not eligible:

- treatment in the Emergency Department;
- treatment on an Outpatient Basis; and
- any Confinement of less than 20 hours.

### *Benefit Duration*

This benefit is payable up to a maximum of one day per Insured per Covered Accident.

### **Admission - Hospital ICU**

#### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits if an Insured is admitted and Confined to a Hospital ICU due to Injuries sustained in a Covered Accident.

The Admission and Confinement must be within 365 days of the Covered Accident.

This benefit will be paid in addition to any Admission, Daily Stay, and Daily Stay - Hospital ICU benefits.

### *Benefit Duration*

This benefit is payable up to a maximum of one day per Insured per Covered Accident.

### **Daily Stay**

#### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits for each day an Insured is Confined in a Hospital due to Injuries sustained in a Covered Accident.

The Confinement must begin within 365 days of the Covered Accident.

This benefit will be paid in addition to any Admission, Admission - Hospital ICU, and Daily Stay - Hospital ICU benefits.

For purposes of this benefit, the following Hospital services are not eligible:

- treatment in the Emergency Department;
- treatment on an Outpatient Basis; and
- any Confinement of less than 20 hours.

### *Benefit Duration*

This benefit is payable up to a maximum of 365 days per Insured per Covered Accident.

### **Daily Stay - Hospital ICU**

#### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits for each day an Insured is Confined in a Hospital ICU due to Injuries sustained in a Covered Accident.

The Confinement must begin within 365 days of the Covered Accident.

This benefit will be paid in addition to any Admission, Admission - Hospital ICU, and

Daily Stay benefits.

***Benefit Duration***

This benefit is payable up to a maximum of 15 days per Insured per Covered Accident.

**Recovery Care Benefits**

**At-Home Care**

***Benefit Description***

We will pay the amount shown in the Schedule of Benefits for each day an Insured receives At-Home Care from a Nurse at the direction of a Physician.

At-Home Care must be prescribed to begin immediately after a Surgical Procedure or period of Confinement due to Injuries sustained in a Covered Accident.

For purposes of this benefit, the following services do not meet the Benefit Description of At-Home Care:

- hospice care; and
- any care provided by you, your Spouse, Children, parents, siblings, a business or professional partner, or any person who has a financial affiliation or business interest with you.

Benefits for At-Home Care will not be paid for any day that benefits are paid for Admission, Admission - Hospital ICU, Daily Stay, Daily Stay - Hospital ICU or Rehabilitation or Subacute Rehabilitation Unit.

***Benefit Duration***

This benefit is payable up to a maximum of five days per Insured per Covered Accident.

**Behavioral Health Therapy**

***Benefit Description***

We will pay the amount shown in the Schedule of Benefits for each day an Insured receives Behavioral Health Therapy due to Injuries sustained in a Covered Accident.

A licensed Mental Health Professional must provide the Behavioral Health Therapy to the Insured.

The therapy must begin within 90 days after the Covered Accident and must be received within 365 days of the Covered Accident.

We will pay either the Physician Follow-Up Visits benefit or the Behavioral Health Therapy benefit for the same Covered Accident if the treatment occurs on the same date by the same Physician. When both treatments occur on the same date by the same Physician, we will pay the benefit with the highest benefit amount.

***Benefit Duration***

This benefit is payable up to a maximum of 15 days per Insured per Covered Accident.

**Physician Follow-Up Visits**

***Benefit Description***

- We will pay the amount shown in the Schedule of Benefits if an Insured receives:
- initial examination or treatment by a Physician due to Injuries sustained in a Covered Accident more than 14 days after the Covered Accident; or
  - follow-up care by a Physician prescribed to occur after the initial examination or treatment due to Injuries sustained in a Covered Accident.

The Physician Follow-up Visit must be within 365 days from the Covered Accident.

For purposes of this benefit, care received in a Physician's office, Hospital, or through Telemedicine meet the Benefit Description of Physician Follow-up Visits.

For purposes of this benefit, routine physical or wellness exams do not meet the Benefit Description of Physician Follow-up Visits.

***Benefit Duration***

## Accident Details

This benefit is payable up to a maximum of two visits per Insured per Covered Accident.

### Rehabilitation or Subacute Rehabilitation Unit

#### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits for each day an Insured is Confined in a Rehabilitation or Subacute Rehabilitation Unit.

The Insured must be transferred to the Rehabilitation or Subacute Rehabilitation Unit for inpatient care immediately after a period of Confinement in a Hospital due to Injuries sustained in a Covered Accident.

Benefits for Rehabilitation or Subacute Rehabilitation Unit will not be paid for any day that benefits are paid for Admission, Admission - Hospital ICU, Daily Stay, Daily Stay-Hospital ICU or At-Home Care.

#### *Benefit Duration*

This benefit is payable up to a maximum of 15 days per Insured per Covered Accident.

### Therapy Services

#### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits for each day an Insured receives Therapy Services due to Injuries sustained in a Covered Accident.

A Physician must prescribe the Therapy Services to the Insured on an Outpatient Basis with a Physician or Therapist.

The therapy must begin within 90 days after the Covered Accident and must be received within 365 days of the Covered Accident.

For purposes of this benefit, the following are considered Therapy Services:

- Acupuncture Therapy;
- Alternative Therapy;
- Chiropractic Therapy;
- Occupational Therapy;
- Physical Therapy;
- Respiratory Therapy;
- Speech Therapy; and
- Vestibular Therapy.

For purposes of this benefit, therapy received in a Rehabilitation or Subacute Rehabilitation Unit is considered inpatient and does not meet the Benefit Description of Therapy Services.

#### *Benefit Duration*

This benefit is payable up to a maximum of 15 days per Insured per Covered Accident.

If more than one type of Therapy Service is received on the same day by the same Physician, we will pay only one day of Therapy Services.

## Accidental Death and Dismemberment Benefits

### Coma

#### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits if an Insured is in a Coma for a period of seven or more consecutive days due to Injuries sustained in a Covered Accident.

A Coma is a continuous state of profound unconsciousness requiring intubation for respiratory assistance characterized by the absence of:

- eye opening;
- verbal response; and
- motor response.

A Physician must confirm the Coma within 365 days of the Covered Accident.

## Accident Details

For purposes of this benefit, the following do not meet the Benefit Description of Coma:

- Coma due to stroke; and
- any medically induced Coma.

### *Benefit Duration*

This benefit is payable once per Insured per Covered Accident.

## Home Alterations and Automobile Modifications

### *Benefit Description*

We will pay the amount shown in the Schedule of Benefits if an Insured sustains an Injury due to a Covered Accident, which requires:

- permanent structural alterations that were made to the Insured's primary residence to make it accessible and livable; or
- modifications that were made to a primary Automobile to make it accessible to drive.

The Home Alterations and Automobile Modifications must take place within 365 days of the Covered Accident.

For purposes of this benefit, it is payable if:

- home alterations are recommended by a Physician; or
- modifications to an Automobile are recommended by a Physician, are made by a person or persons with experience in these types of modifications, and modifications are approved by the federal or state vehicle licensing authorities if required.

Benefits for Home Alterations and Automobile Modifications will not be paid until a benefit is first paid for Accidental Dismemberment, Loss of Use, or Paralysis.

### *Benefit Duration*

This benefit is payable once per Insured per Covered Accident.

## Paralysis

### *Benefit Description*

We will pay the corresponding amount shown in the Schedule of Benefits if an Insured sustains Paralysis of one or more limbs in a Covered Accident.

A Physician must confirm the Paralysis within 365 days of the Covered Accident.

For the purposes of this benefit, the following types of Paralysis meet the Benefit Description of Paralysis:

- for Uniplegia, the total and irreversible paralysis of any one limb;
- for Hemiplegia, the total and irreversible paralysis of both limbs on either side of the body, for example the right arm and right leg, or the left arm and left leg;
- for Paraplegia, the total and irreversible paralysis of any two limbs;
- for Triplegia, the total and irreversible paralysis of any three limbs; and
- for Quadriplegia, the total and irreversible paralysis of all four limbs.

### *Benefit Duration*

This benefit is payable once per Insured per Covered Accident.



**Exclusions**

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- any Sickness, bodily infirmity, or other abnormal physical condition or Mental or Nervous Disorders, including diagnosis, treatment, or surgery for it. The Mental or Nervous Disorders exclusion does not apply to the Behavioral Health Therapy benefit when the condition is due directly to a Covered Accident;
- infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

**Continuity of Coverage**

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date of this certificate.

Coverage is subject to payment of premium and all other terms of this certificate. If you are on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided for temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in this certificate.

If you have not returned to Active Employment before any Insured's Covered Loss, any benefits payable will be limited to what would have been paid by the prior carrier.

If your prior insurance was Employer Sponsored individual coverage, this provision will apply only if you have terminated that prior to the date of Covered Loss and provide a copy of the terminated policy at the time of your claim submission.

**Newborn Coverage Feature**

Your newborn or newly adopted Children will automatically be covered for 60 days from their Coverage Eligibility Date if you are insured.

If you wish to continue Child coverage, you must notify us on or before the end of the 60 day period and pay any additional premium.

If you already have coverage for your Children, then all eligible Children will be covered, and you do not need to notify us or pay any additional premium for the newly eligible Child.

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Waiting Period</b>                                   | <p>The continuous period of time you must be in an Eligible Group before you are eligible for coverage:</p> <p>If you are in an Eligible Group on or before January 1, 2025: None<br/>         If you enter an Eligible Group after January 1, 2025: None</p> <p><i>Rehire</i><br/>         If your employment ends and you are rehired within 12 months, any prior period of work in an Eligible Group with your Employer, will apply toward the Waiting Period.</p>                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Coverage Eligibility Date</b>                        | <p><i>For you</i><br/>         If you are in an Eligible Group, you are eligible for coverage on the later of:</p> <ul style="list-style-type: none"> <li>- the Policy Effective Date; or</li> <li>- the day after any applicable Waiting Period has been satisfied.</li> </ul> <p><i>For your Spouse</i><br/>         If you elect coverage for yourself, your Spouse is eligible for coverage on the later of:</p> <ul style="list-style-type: none"> <li>- the date you are eligible for coverage; or</li> <li>- the date you first acquire a Spouse.</li> </ul> <p><i>For your Children</i><br/>         If you elect coverage for yourself, your Children are eligible for coverage on the later of:</p> <ul style="list-style-type: none"> <li>- the date you are eligible for coverage; or</li> <li>- the date you first acquire the Child.</li> </ul> |
| <b>Enrolling for Coverage</b>                           | <p><b>Initial Enrollment</b><br/> <i>Contributory Coverage</i><br/>         You may apply for any coverage available for you, your Spouse, and Children during any scheduled Enrollment Period.</p> <p><b>Late Enrollment</b><br/> <i>Contributory Coverage</i><br/>         If you did not apply for coverage during an Insured's Initial Enrollment or you voluntarily cancelled coverage for an Insured and are re-applying, you may apply for coverage during any scheduled Enrollment Period.</p>                                                                                                                                                                                                                                                                                                                                                        |
| <b>Applying for Changes in Coverage</b>                 | <p><i>Contributory Coverage</i><br/>         You may cancel coverage for an Insured at any time during the Policy Year or during any scheduled Enrollment Period.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Coverage Effective Date</b>                          | <p><b>Initial Enrollment</b><br/> <i>Contributory Coverage</i><br/>         Coverage for an Insured will begin on the first day of the next Policy Year.</p> <p><b>Late Enrollment</b><br/> <i>Contributory Coverage</i><br/>         Coverage for an Insured will begin on the first day of the next Policy year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Coverage Effective Date for Changes in Coverage</b>  | <p><i>Contributory Coverage</i><br/>         A cancellation in coverage made during a scheduled Enrollment Period will begin on the first day of the next Policy Year.</p> <p>A cancellation in coverage made at any time during the Policy Year will begin on the first day of the month following the date you apply for the cancellation in coverage.</p> <p>Any cancellation in coverage will not affect a Payable Claim that occurs prior to the cancellation.</p>                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Coverage Effective Date if you are not in Active</b> | <p>You must be in Active Employment in order for coverage to become effective for any Insured in accordance with the Coverage Effective Date provision.</p> <p>If you are not in Active Employment due to an Injury, Sickness, temporary Layoff, or</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## **Start of Coverage**

### **Employment**

Leave of Absence on the date coverage would become effective, the Insured's Coverage Effective Date will be the date you return to Active Employment.

Coverage Effective Date for Initial Enrollment, Late Enrollment, and Changes in Coverage is subject to this provision.

A delay of Coverage Effective Date for a change in coverage will not affect coverage that is currently in force.

**Continuation of your Coverage During Extended Absences***Leave of Absence, other than a Family and Medical Leave of Absence*

You will be covered through the end of the month that immediately follows the month in which your Leave of Absence begins, provided premium is paid.

*Family and Medical Leave of Absence*

We will continue coverage in accordance with your Employer's Human Resource policy on family and medical leaves of absence if premium payments continue and your Employer approved your leave in Writing. You will be covered up to the end of the latest of:

- the leave period required by the Federal Family and Medical Leave Act of 1993, and any amendments;
- the leave period required by applicable state law; or
- the leave period provided to you for an Injury or Sickness, provided premium is paid and your Employer has approved your leave in Writing.

If your Employer's Human Resource policy doesn't provide for continuation of your coverage during a family and medical leave of absence, coverage will be reinstated when you return to Active Employment.

We will not apply a new Waiting Period.

*Injury or Sickness*

You will be covered for up to 3 months from the date your absence due to an Injury or Sickness begins, provided premium is paid.

*Temporary Layoff*

You will be covered through the end of the month that immediately follows the month in which your temporary Layoff begins, provided premium is paid.

**End of Coverage***For you*

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date your Eligible Group is no longer covered;
- the date of your death; or
- the latest of:
  - the date you are no longer in an Eligible Group;
  - the last day of the period any required premium contributions are made; or
  - the end of the month in which you no longer are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

*For your Spouse*

If, while your coverage is in force, you choose to cancel your Spouse's coverage under this certificate, your Spouse's coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your Spouse's coverage will end on the earliest of:

- the date your coverage under this certificate ends;
- the date your Spouse is no longer eligible for coverage;
- the date your Spouse no longer meets the definition of a Spouse;
- the date of your Spouse's death;
- the date of divorce or annulment; or
- the date of dissolution for a civil union, registered domestic partnership or similar legal relationship.

## End of Coverage

We will provide coverage for a Payable Claim that occurs while your Spouse is covered under this certificate.

### *For your Children*

If, while your coverage is in force, you choose to cancel your Children's coverage under this certificate, your Children's coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your Children's coverage will end on the earliest of:

- the date your coverage under this certificate ends;
- the date your Children are no longer eligible for coverage; or
- the date your Children no longer meet the definition of Children.

We will provide coverage for a Payable Claim that occurs while your Children are covered under this certificate.

**Filing a Claim**

We encourage early notification of a claim for benefits under this certificate so that a claim decision can be made in a timely manner. If there are any questions on how to file a claim, please contact us or your Employer.

***Step 1 - Starting a Claim***

Notice of a claim may be provided in Writing, online at: [services.unum.com](https://services.unum.com), or by contacting us directly at 1-800-858-6843. Notice of a claim should be provided within 30 days from the date of the Covered Loss, or as soon as reasonably possible.

***Step 2 - Claim Forms***

After receiving notice of a claim, we will send a claim form to you or your authorized representative within 15 days from the date we receive the notice of a claim. Claim forms may also be available from your Employer or from us online at: [services.unum.com](https://services.unum.com).

When you or your authorized representative receive the claim form, you or your authorized representative must fill out your own section of the claim form and provide the Insured's Physician with the applicable section of the claim form. The Insured's Physician should complete their section of the form and send it directly to us.

If you or your authorized representative do not receive a claim form from us within 15 days after we receive notice of a claim, a Written statement from you or your authorized representative as to the nature and extent of the Covered Loss will be deemed Proof of Loss, if sent to us within the time limit stated in the Proof of Loss section below.

Completed claim forms may be sent to us by mail or fax:

Mailing Address: The Benefits Center  
P.O. Box 100158  
Columbia, South Carolina 29202-3158  
Fax: 1-800-447-2498

***Step 3 - Proof of Loss***

Proof of Loss must be sent to us no later than 90 days after the date of Covered Loss. If it is not reasonably possible to provide Proof of Loss within this time period, it will not affect a Payable Claim if it is provided within one year, unless the Insured lacks the legal capacity to do so.

In no event can Proof of Loss be submitted after the expiration of the time limit for commencing Legal Action as stated in this certificate, even if the failure to provide Proof of Loss is due to a lack of legal capacity or if state law provides an exception to the one year time period.

Proof of Loss, provided at your or your authorized representative's expense, must establish the nature and extent of the Covered Loss and should include but not be limited to the following:

- the cause of death or Covered Loss;
- the extent of the Covered Loss;
- the date of Covered Loss;
- the name and address of any Hospital or institution where treatment was received, including all attending Physicians; and
- in case of death, a certified copy of the death certificate or other lawful evidence providing equivalent information.

If the Proof of Loss is not complete, we will request additional information.

**Authorization for Release of Information**

We may request Written authorization from an Insured. This authorization may be required in order for us to obtain the necessary medical and non-medical information needed for Proof of Loss. This information may include any appropriate financial records such as income tax returns. Failure to provide us with Written authorization may result in the denial of a claim if the Insured does not send proof to us and we are not able to obtain the proof that is required to make a claim decision.

### **Right to Exam, Test, or Interview**

We may ask the Insured to be examined or tested by one or more Physicians, other medical practitioners, or vocational experts of our choice. We may also require the Insured to be interviewed by an authorized representative of ours.

We have the right to request exams or tests as often as it is reasonably necessary. Any exam, test, or interview that we require will be paid at our expense. If the Insured fails to attend or fully participate, we will not pay the benefits or we will stop sending benefits under this certificate.

### **Autopsy**

We will have the right to request an Autopsy where it is allowed by law.

### **Claim Procedures**

After the Insured has satisfied the requirements under Filing a Claim, we will process and evaluate the information to determine if a claim is payable. We will notify the Insured of a claim decision and issue payment for a Payable Claim in accordance with the Payment of Benefits provision.

If we determine additional time is needed to review a claim, we may extend the time period for Payment of Benefits by 30 days. We will notify the Insured of the circumstances requiring a review extension and when we anticipate making a claim decision.

If a claim for benefits under this certificate is wholly or partially denied, we will provide notice of our decision in Writing. The notice will contain the following information:

- the specific reason(s) for the determination with reference to those provisions on which the decision is based;
- a description of any additional material or information necessary to complete the claim and why that material or information is necessary;
- procedures and time limits for appealing our decision, and the Insured's right to obtain information about those procedures; and
- a statement disclosing any internal rule, guidelines, protocol, or similar criteria used in making the decision (or a statement that such information will be provided free of charge upon request).

### **Payment of Benefits**

Payment of benefits for which we are liable will be paid immediately after we complete the Claim Procedures. Any benefits will be paid to you, unless we receive Written authorization to pay them elsewhere. This is an assignment of benefits.

In the event of your death, any unpaid benefits will be paid to your beneficiary in accordance with the Beneficiary Designation and Change provision.

### **Beneficiary Designation and Change**

When a person becomes insured under this certificate, the Insured is responsible for designating a beneficiary in Writing for any benefits due in the event of the Insured's death. It is important to list the full name of each beneficiary and that all beneficiary designations are kept current and provided to us or the Employer. A beneficiary designation form may be available from the Employer or from us online at: [services.unum.com](https://services.unum.com).

You are the Beneficiary for any Insured under this certificate while you are still living unless there is a valid change in beneficiary designation by an Insured. If an Insured wishes to change their beneficiary designation, they may do so by sending us or the Employer a completed, dated, and signed beneficiary designation change form. Changes in beneficiary designations will take effect on the date notice of the beneficiary designation is signed by the Insured.

Payment of Benefits will be administered based upon the currently available beneficiary designation on file with us or the Employer. If we have taken any action or made any payment before receiving notice of a beneficiary designation, that beneficiary designation will not go into effect for those actions taken or payments made.

If more than one beneficiary is named and the order or share of payments is not designated, the beneficiaries will share equally. The share of a beneficiary who dies



## Claim Provisions

before an Insured, the share of a beneficiary who is legally unable to receive benefits, or the share of benefits that are unallocated will pass to any surviving beneficiaries in proportion to their current allocations. The aggregated shares of benefits in excess of 100% will be deducted from surviving beneficiaries in proportion to their current allocations.

If a beneficiary is not named, or if all named beneficiaries do not survive the Insured, or the named beneficiary is legally unable to receive benefits, any benefits due will be paid to the first surviving family member in the order that follows:

- you;
- the Insured's Spouse;
- the Insured's natural offspring and legally adopted children in equal shares;
- the Insured's mother or father in equal shares, if paying both; or
- the Insured's sisters and brothers in equal shares.

Instead of making a payment to a surviving family member, we have the right to pay any benefits due to the Insured's estate. If there are no surviving family members, any benefits due will be paid to the Insured's estate.

### **Payments to a Minor or Incompetent Insured or Insured's Beneficiary**

If an Insured or an Insured's beneficiary is a minor or is incompetent, we can pay up to \$2,000 to the person or institution that appears to have assumed the custody and main support of the Insured, the minor, or the Insured's beneficiary unless or until that Insured, the minor, or the Insured's beneficiary's appointed legal representative makes a formal claim. If we pay benefits to such person or institution, we will not have to pay those benefits again.

### **Overpayment of Claims**

We have the right to recover any overpayments due to:

- fraud;
- Misstatement of Information; or
- any error we make in processing a claim.

We must be reimbursed in full. If it is not possible for you to reimburse us in a lump sum payment, we will develop a reasonable method of repayment. This may include reducing or withholding future payments.

We will not recover more money than the amount we paid you.

### **Unpaid Premium**

Any Unpaid Premium due for an Insured's coverage at the time of payment for a claim may be deducted from the Insured's claim payment.

### **Appeal Procedures**

Any request to file an appeal of a wholly or partially denied claim must be sent to us in Writing within 180 days from the date of Written notice of our claim decision. You have the right to:

- upon request and free of charge, reasonable access to and copies of, all relevant documents as defined by applicable U.S. Department of Labor regulations; and
- submit Written comments, documents, records, and other information relating to the claim to us.

Once we receive an Insured's appeal request, it will be assigned to an appeals specialist. The appeals specialist is a person different from the person who made the initial determination and such person will not be the original decision maker's subordinate. In the case of a claim denied on the grounds of a medical judgment, we will consult with a health professional with appropriate training and experience. The health care professional who is consulted on appeal will not be the individual who was consulted during the initial determination or a subordinate. If the advice of a medical or vocational expert was obtained in connection with the denial of an Insured's claim, we will provide the Insured with the names of each such expert, regardless of whether the advice was relied upon.

We will make a full and fair review of the claim and all new information submitted, whether or not presented or available at the initial determination. No deference will be afforded to the initial determination. We will notify the Insured of the appeal decision within 45 days from receipt of the Written request for review. If we determine additional time is needed to

## Claim Provisions

review the appeal request, we may extend this time period by an additional 45 days. We will notify the Insured if an extension is needed.

If any review extension is necessary due to the Insured's failure to provide the information necessary to make a decision, we will notify the Insured of the review extension and specifically describe what information is required. This information must be sent to us within the time specified from the date of our request. The 45 day review extension will begin on the date we receive the requested information.

If the Insured fails to provide us with the requested information within the specified time period, we will make a decision based on the information available to us at that time.

If an appeal is wholly or partially denied, we will provide notice in Writing. Notice of a denied appeal will contain the following information:

- the specific reason(s) for the denial with reference to those provisions on which the denial is based;
- a statement disclosing any internal rule, guidelines, protocol, or similar criteria used in making the decision (or a statement that such information will be provided free of charge upon request);
- a statement that entitles the Insured, at their request, reasonable access to or copies of all documents, records, or other information relevant to the appeal decision free of charge; and
- the statement that "You may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency."

Unless there are special circumstances, this administrative appeal process must be completed before an Insured begins any Legal Action regarding a claim.

## Legal Actions

The time limit on Legal Actions for a Covered Loss is subject to applicable law in the state where the Policy was issued.

If you or your authorized representative disagree with our decision, you or your authorized representative can start Legal Action regarding your claim 60 days after Proof of Loss has been given to us and up to three years from the latest of when:

- original Proof of Loss was first required to have been given to us;
- your claim was denied; or
- your benefits were terminated,

unless otherwise provided under federal law.

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|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>When Days Begin and End</b>                                                     | For the purpose of all dates under this Certificate of Coverage, all days begin at 12:01 a.m. and end at 12:00 midnight.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Certificate of Coverage Contents</b>                                            | <p>Coverage for an Insured is provided under this Certificate of Coverage which is a part of the Policy issued to the Policyholder. The Policy consists of:</p> <ul style="list-style-type: none"> <li>- all Policy provisions, and any riders, amendments and endorsements, and other attachments to the Policy;</li> <li>- this Certificate of Coverage, and any riders, amendments and endorsements, and other attachments to this Certificate of Coverage;</li> <li>- the Policyholder's application for group insurance; and</li> <li>- Employee's signed applications, if applicable.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Your Certificate of Coverage</b>                                                | <p>We will provide the Employer with a Certificate of Coverage for distribution to each Insured Employee. Your certificate describes:</p> <ul style="list-style-type: none"> <li>- the coverage to which an Insured may be entitled;</li> <li>- to whom we will make a payment; and</li> <li>- the limitations, exclusions, and requirements that apply to an Insured's coverage.</li> </ul> <p>If any of the terms and provisions of this certificate are different than in the Policy, this certificate will govern.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Premium Rates</b>                                                               | The method required to calculate premium for an Insured uses composite rates. This method will apply for the duration of the Policy. Composite rates provide a single rate regardless of the age for an insured at the time of purchase.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Cancellation or Modification to the Policy and this Certificate of Coverage</b> | <p>The Policy and this Certificate of Coverage may be cancelled or modified by the Employer at any time without the Insured's consent. Any cancellation or modification to the Policy or certificate requested by the Employer will take effect on the date agreed upon by us and the Employer.</p> <p>All Policy and certificate modifications will take effect according to the Coverage Effective Date for Changes in Coverage provision.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Representation in Applications</b>                                              | Any statements made by you will be considered a representation and not a warranty. We will not use such statements to avoid insurance, reduce benefits, or deny a claim unless it is included in an application signed by you, and a copy of the signed application has been provided to you or your beneficiary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Assignment</b>                                                                  | <p>An Assignment transfers all or part of your legal title and rights under the Policy and this certificate to someone else, known as an "assignee." We will recognize your assignee(s) as owners of the rights you transferred under the Policy and this certificate if:</p> <ul style="list-style-type: none"> <li>- the Written form has been signed by you and the assignee and the form is acceptable to us; and</li> <li>- a signed or certified copy of the Written Assignment has been filed with us.</li> </ul> <p>An Assignment will take effect on the date notice of the Assignment is signed by you. If we have taken any action or made any payment before we receive notice of the Assignment, that Assignment will not go into effect for those actions taken or payments made. An Assignment does not change an Insured's coverage or beneficiary designation.</p> <p>We are not responsible for the validity of any Assignment. We advise you to verify your Assignment is legal in your state and that it accomplishes the goals you intend.</p> |
| <b>Contestability</b>                                                              | We can take legal or other action using statements made in signed applications for coverage only when a Covered Loss occurs during the first two years after an Insured's Coverage Effective Date. However, in the event of Fraud, we can take Legal Action at any time as permitted by applicable law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Misstatement of Information</b>                                                 | <p>If you or your Employer provides us information about an Insured that is incorrect, we will:</p> <ul style="list-style-type: none"> <li>- use the facts to decide whether the Insured has coverage under this certificate and the Policy and in what amounts; and</li> <li>- if necessary, make the applicable premium adjustments.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

**Fraud**

We want to make sure you and your Employer do not incur additional insurance costs as a result of the undermining effects of insurance fraud. We promise to focus on all means necessary to support fraud detection, investigation, and prosecution.

It is a crime if anyone knowingly, and with intent to injure, defrauds, or deceives us. This includes filing a claim or providing information that contains any false, incomplete, or misleading information.

These actions will result in denial of a claim, and are subject to prosecution and punishment to the full extent under state and federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

**Agency**

For purposes of the Policy, your Employer acts on their own behalf or as your agent. Under no circumstances will your Employer be deemed our agent.

**Workers'  
Compensation or  
State Disability  
Insurance**

This certificate does not replace or affect the requirements for coverage by any workers' compensation or state disability insurance.

**Communicating  
With you or your  
Employer**

We may provide notices, information, and other communications to you or your Employer in Written form.

To protect our customers, we will abide by all applicable privacy laws and regulations.

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| <b>Active Employment</b>          | <p>You are working for your Employer for earnings that are paid regularly and you are performing the Material and Substantial Duties of your Regular Occupation. You must be regularly scheduled to work at least the minimum number of hours as determined by your Employer.</p> <p>Your work site must be:</p> <ul style="list-style-type: none"> <li>- your Employer's usual place of business in the United States;</li> <li>- an alternative work site in the United States at the direction of your Employer; or</li> <li>- a location in the United States to which your job requires you to travel.</li> </ul> <p>Normal vacation, holidays, or temporary business closures are considered Active Employment provided you are in Active Employment on the last scheduled work day preceding such time off.</p> <p>For purposes of this certificate, temporary business closures that meet the Glossary definition of Active Employment include, but are not limited to:</p> <ul style="list-style-type: none"> <li>- inclement weather;</li> <li>- power outage; and</li> <li>- public health agency orders.</li> </ul> <p>Temporary and seasonal workers are excluded from coverage.</p> |
| <b>Acupuncture Therapy</b>        | <p>The practice of penetrating the skin with thin, solid, metallic needles, which are then activated through gentle and specific movements of the practitioner's hands or with electrical stimulation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Alternative Therapy</b>        | <p>Treatment that includes, but may not be limited to:</p> <ul style="list-style-type: none"> <li>- biofeedback; or</li> <li>- electrical stimulation.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Ambulatory Surgical Center</b> | <p>A facility, separate from a Hospital, equipped for Physicians to perform Surgical Procedures on an Outpatient Basis and must:</p> <ul style="list-style-type: none"> <li>- provide anesthesia administered by a licensed anesthesiologist or licensed nurse anesthetist; and</li> <li>- have agreements with local Hospitals to immediately accept patients who develop complications.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Automobile</b>                 | <p>A private passenger motor vehicle, also referred to as "auto," which is licensed for use on public roads and highways, and is subject to motor vehicle registration. The term Automobile does not include an All-Terrain Vehicle (ATV), motorcycle, scooter, or golf cart.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Behavioral Health Therapy</b>  | <p>The treatment of an Insured by a Mental Health Professional.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Calendar Year</b>              | <p>The period beginning on the Insured's Coverage Effective Date and ending on December 31 of the same year. For each following year, it is the period beginning on January 1 and ending on December 31.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Certificate of Coverage</b>    | <p>The document issued to the Employee, also referred to as the "certificate," describing an Insured's benefits and rights under the Policy, including any riders, amendments and endorsements, and other attachments to this certificate and the Policy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Child Care Center</b>          | <p>Any facility or private care that:</p> <ul style="list-style-type: none"> <li>- is licensed as such by the state,</li> <li>- provides non-medical care and supervision for Children; and</li> <li>- is not operated by you or a Family Member.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Childbirth</b>                 | <p>Birth of a child by routine vaginal delivery or non-emergency Cesarean section.</p> <p>Childbirth or Complications of Pregnancy will be treated as any other Sickness.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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| <b>Children</b>                   | <p>Any child from live birth to age 26 who is:</p> <ul style="list-style-type: none"> <li>- your own natural offspring;</li> <li>- your Spouse's child;</li> <li>- your lawfully adopted child as of the earliest of the date: <ul style="list-style-type: none"> <li>- the child is placed in your home or in a medical facility;</li> <li>- a petition is filed for you to adopt the child; or</li> <li>- an adoption agreement, signed by you that includes your binding obligation to assume financial responsibility for the child;</li> </ul> </li> <li>- a foster child placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction; or</li> <li>- any other child residing with you through legal mandate that is dependent on you for financial support.</li> </ul> <p>Coverage for your Child may be continued past age 26 if your Child is incapable of self-sustaining employment due to permanent intellectual or physical incapacity prior to reaching age 26 and is dependent upon you for support and maintenance.</p> <p>You must submit proof of the Child's incapacity and dependency to us within 120 days of the Child's 26th birthday or we will accept proof within 120 days of the Child's Coverage Eligibility Date that the Child was continuously covered under this or another similar group policy since age 26. Ongoing proof of incapacity and dependency must be provided when requested by us, but not more frequently than once a year.</p> <p>Your Children may not be Insured as both a Child and an Employee.</p> <p>Your Children may not be Insured by more than one Employee.</p> |
| <b>Chiropractic Therapy</b>       | <p>Spinal manipulation services conducted by a licensed chiropractor to correct a structural imbalance.</p> <p>For purposes of this certificate, the following services do not meet the Glossary definition of Chiropractic Therapy:</p> <ul style="list-style-type: none"> <li>- massage therapy;</li> <li>- treatment of chronic conditions; and</li> <li>- other Injuries not related to structural imbalance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Complications of Pregnancy</b> | <p>Abnormal conditions or concurrent diseases that significantly affect the pregnancy's usual medical management. A complication may exist during the pregnancy, during the birth, or after the birth.</p> <p>Childbirth or Complications of Pregnancy will be treated as any other Sickness.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Confined or Confinement</b>    | <p>Assignment to a bed as a resident inpatient in a medical or treatment facility, including an Observation Unit, for a minimum of 20 continuous hours on the advice of a Physician.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Contributory Coverage</b>      | <p>Any amount of coverage for which you pay all or part of the premium. The maximum amount that you may be required to contribute to the cost of your coverage shall not exceed the premium charged for the amounts of your coverage.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Covered Accident</b>           | <p>An unintended or unforeseen bodily Injury sustained by an Insured, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition and which:</p> <ul style="list-style-type: none"> <li>- occurs on or after the Coverage Effective Date;</li> <li>- occurs while coverage is in force; and</li> <li>- is not excluded by name or specific description in this certificate.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Covered Loss</b>               | <p>An accidental death, dismemberment, loss, or other Injury for which benefits are payable under this certificate.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Emergency Department</b>       | <p>A specified area within a Hospital, or standalone facility that is affiliated with a Hospital, designated for the emergency care of accidental Injuries or Sicknesses. This area must:</p> <ul style="list-style-type: none"> <li>- be staffed and equipped to handle trauma;</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

- be supervised and have treatment provided by Physicians; and
- provide care seven days per week, 24 hours per day.

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| <b>Employee</b>                  | A person, also referred to as "you," who is in Active Employment in the United States with the Employer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Employer</b>                  | The Policyholder, including all United States divisions, subsidiaries, and affiliated companies of the named Policyholder for whose Employees premium is being paid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Enrollment Period</b>         | A period of time determined by your Employer and us during which you are eligible to enroll for or change your coverage. This period of time may be limited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Family Member</b>             | A Child, stepchild, Spouse, parent, stepparent, sibling, stepsibling, parent-in-law, Child-in-law, sibling-in-law, grandparent, grandparent's Spouse, grandchild, or grandchild's Spouse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Felonious Act of Violence</b> | <p>An act of violence that is considered a felony where the act occurred. Felonious Acts of Violence include, but are not limited to:</p> <ul style="list-style-type: none"> <li>- assault and battery;</li> <li>- civil disturbance;</li> <li>- hijacking;</li> <li>- murder;</li> <li>- sniping; and</li> <li>- theft.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Hospital</b>                  | <p>A licensed institution supervised by Physicians and operated pursuant to law on a full-time basis. The Hospital must:</p> <ul style="list-style-type: none"> <li>- provide overnight care to people with Injuries or Sicknesses;</li> <li>- have full-time Nurses on duty or on call who are supervised by a registered Nurse; and</li> <li>- have X-ray equipment, a laboratory, and a surgical operating room at its locations or available to use on a pre-arranged basis.</li> </ul> <p>For purposes of this certificate, the following hospital units meet the Glossary definition of Hospital:</p> <ul style="list-style-type: none"> <li>- Hospital Subacute ICU;</li> <li>- Progressive Care Unit;</li> <li>- Intermediate Care Unit; and</li> <li>- Step-Down Unit.</li> </ul> <p>For purposes of this certificate, the following do not meet the Glossary definition of Hospital:</p> <ul style="list-style-type: none"> <li>- a nursing home, a rest home, home for the aged, or an assisted living facility;</li> <li>- a hospice care facility;</li> <li>- a Rehabilitation or Subacute Rehabilitation Unit;</li> <li>- a psychiatric unit or facility for the treatment of Mental or Nervous Disorders; and</li> <li>- a facility for the treatment of Substance Abuse.</li> </ul> |
| <b>Hospital ICU</b>              | <p>A specifically designated area of the Hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive observation and care. The Hospital ICU must:</p> <ul style="list-style-type: none"> <li>- be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient Confinement;</li> <li>- be permanently equipped with special lifesaving equipment for the care of the critically ill or injured;</li> <li>- be under close observation by a specially trained nursing staff assigned exclusively to the ICU on a 24 hour basis; and</li> <li>- have a Physician assigned to the ICU on a full-time basis.</li> </ul> <p>For purposes of this certificate, the following Hospital units meet the Glossary definition of Hospital ICU:</p> <ul style="list-style-type: none"> <li>- Intensive Care Unit (ICU);</li> <li>- Coronary Care Unit;</li> </ul>                                                                                                                                                                                                                                                                                                                                     |

- Neonatal ICU;
- Pulmonary Care Unit;
- Burn Unit; and
- Transplant Unit.

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Injury</b>                          | Any damage or harm to the body that is the direct result of an accident and not related to any other cause.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Insured</b>                         | Any person who has coverage under this certificate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Layoff</b>                          | Temporary absence from Active Employment for a period of time that has been agreed to in advance by your Employer.<br><br>Normal vacation time, holidays, or temporary business closures are not considered a temporary Layoff.                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Leave of Absence</b>                | Temporary absence from Active Employment for a period of time under a leave granted in Writing by your Employer that is in accordance with your Employer's formal leave policies.<br><br>Normal vacation time, holidays, or temporary business closures are not considered a Leave of Absence.                                                                                                                                                                                                                                                                                                           |
| <b>Material and Substantial Duties</b> | Duties that: <ul style="list-style-type: none"> <li>- are routinely required for the performance of your Regular Occupation; and</li> <li>- cannot be reasonably omitted or modified.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Mental Health Professional</b>      | A healthcare professional licensed by the state to practice and provide Behavioral Health Therapy. Any Mental Health Professional must be acting within the scope of their license. A Mental Health Professional does not include an Insured or a Family Member.                                                                                                                                                                                                                                                                                                                                         |
| <b>Mental or Nervous Disorders</b>     | A psychiatric or psychological condition classified in the most recent <i>Diagnostic and Statistical Manual of Mental Health Disorders</i> (DSM) published by the American Psychiatric Association (APA), as of the date of Covered Loss. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then used by the APA as of the date of Covered Loss. If the APA no longer publishes a diagnostic manual or the APA ceases to exist, we will use a comparable diagnostic manual.                                                                      |
| <b>Nurse</b>                           | A healthcare professional trained to care for people with Injuries or Sicknesses. A Nurse may include a graduate Registered Nurse (R.N.), Licensed Practical Nurse (L.P.N.), or Licensed Vocational Nurse (L.V.N.).<br><br>We will not recognize you, your Family Member, a business or professional partner, or any person who has a financial affiliation or business interest with you, as a Nurse for a claim that you send to us.                                                                                                                                                                   |
| <b>Occupational Therapy</b>            | The treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living and those tasks required by the person's particular occupational role.<br><br>For purposes of this certificate, the following do not meet the Glossary definition of Occupational Therapy: <ul style="list-style-type: none"> <li>- diversional therapy;</li> <li>- recreational therapy; and</li> <li>- any vocational therapies (e.g. hobbies, arts, and crafts).</li> </ul> |
| <b>Organized Sports</b>                | A competition or supervised sport governed by an organization that requires formal registration to participate and is officiated by someone certified to act in that capacity.                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Outpatient Basis</b>                | Medical care and treatment received without being admitted to a Hospital or other facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Payable Claim</b>                   | A claim for which we are liable for under the terms of this certificate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |



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| <b>Pet</b>                   | A domestic animal that lives with an Insured and is dependent on the Insured for primary care and maintenance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Pet Boarding Facility</b> | An appropriately licensed independent animal care provider or facility specializing in the care and overnight or long-term boarding of animals that is not owned or operated by an Insured or a Family Member.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Physical Therapy</b>      | Treatment by physical means, hydrotherapy, heat or similar modalities, physical agents, bio-mechanical, and neuro-physiological principles and devices. Such therapy is given to relieve pain, restore function, and to prevent disability following Injury or loss of a body part.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Physician</b>             | <p>A person performing tasks that are within the limits of his or her medical license and is also:</p> <ul style="list-style-type: none"> <li>- a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction;</li> <li>- licensed to practice medicine, prescribe and administer drugs, or to perform surgery; or</li> <li>- a person with a doctoral degree in Psychology (Ph.D. or Psy.D.) whose primary practice is treating patients.</li> </ul> <p>We will not recognize you, your Family Member, a business or professional partner, or any person who has a financial affiliation or business interest with you, as a Physician for a claim that you send to us.</p>                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Policy</b>                | The Group Accident Insurance Policy issued to the Policyholder, including this Certificate of Coverage and any riders, amendments and endorsements, and other attachments to this certificate and the Policy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Policyholder</b>          | The entity to which the Policy is issued.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Regular Occupation</b>    | The occupation you are routinely performing. We will look at your occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer at a specific location.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Rehabilitation Unit</b>   | <p>An appropriately licensed facility that provides rehabilitation care services on an inpatient basis. The care services provided by the Rehabilitation Unit must:</p> <ul style="list-style-type: none"> <li>- consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental Injury or Sickness to achieve the highest possible functional ability; and</li> <li>- be provided by or under the supervision of an organized staff of Physicians.</li> </ul> <p>The Rehabilitation Unit may be part of a Hospital or a standalone facility.</p> <p>For purposes of this certificate, the following do not meet the Glossary definition of Rehabilitation Unit:</p> <ul style="list-style-type: none"> <li>- a nursing home, a rest home, home for the aged, or an assisted living facility;</li> <li>- a hospice care facility;</li> <li>- a Subacute Rehabilitation Unit;</li> <li>- a psychiatric unit or facility for the treatment of Mental or Nervous Disorders; and</li> <li>- a facility for the treatment of Substance Abuse.</li> </ul> |
| <b>Respiratory Therapy</b>   | Treatment and assistance used to recover lung function.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Sexual Assault</b>        | Any nonconsensual sexual act proscribed by federal, tribal, or state law, including when the victim lacks capacity to consent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Sickness</b>              | An illness or disease.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Speech Therapy</b>               | Treatment and assistance for disorders related to speech, language, cognitive-communication, voice, swallowing, and fluency.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Spouse</b>                       | <p>The person who is your partner through lawful marriage, civil union, registered domestic partnership, or your legally separated Spouse.</p> <p>Your Spouse may not be Insured as both a Spouse and an Employee.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Subacute Rehabilitation Unit</b> | <p>A licensed facility or distinct part of a facility supervised at all times by a Physician or Nurse. The facility must provide care to people with Injuries or Sicknesses on an inpatient basis. The Subacute Rehabilitation Unit must have a Physician available at all times and have a transfer agreement in effect with one or more participating Hospitals.</p> <p>For purposes of this certificate, the following do not meet the Glossary definition of Subacute Rehabilitation Unit:</p> <ul style="list-style-type: none"> <li>- a nursing home, a rest home, home for the aged, or an assisted living facility;</li> <li>- a hospice care facility;</li> <li>- a Rehabilitation Unit;</li> <li>- a psychiatric unit or facility for the treatment of Mental or Nervous Disorders; and</li> <li>- a facility for the treatment of Substance Abuse.</li> </ul>                                                                                                                                                            |
| <b>Substance Abuse</b>              | Abuse of or addiction to drugs or alcohol.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Surgical Procedure</b>           | <p>The cutting into the skin or other organ to accomplish any of the following goals:</p> <ul style="list-style-type: none"> <li>- further explore the condition for the purpose of diagnosis;</li> <li>- take a biopsy of a suspicious lump;</li> <li>- remove diseased tissues or organs;</li> <li>- remove an obstruction;</li> <li>- reposition structures to their normal position;</li> <li>- redirect channels;</li> <li>- transplant tissue or whole organs;</li> <li>- implant mechanical or electronic devices;</li> <li>- repair an area that has been injured or affected by trauma, overuse, or Sickness; or</li> <li>- restore proper function.</li> </ul> <p>For purposes of this certificate, the following do not meet the Glossary definition of Surgical Procedure:</p> <ul style="list-style-type: none"> <li>- venipuncture (drawing blood);</li> <li>- lumbar puncture;</li> <li>- epidural steroid injections;</li> <li>- removal of skin tags; and</li> <li>- foreign body removal from the eye.</li> </ul> |
| <b>Telemedicine</b>                 | A medical inquiry with a Physician via the use of telecommunication and information technologies (including, but not limited to, audio or video communications) for the Insured's evaluation, diagnosis, or treatment as would be practiced in person. This does not include requests for prescription refills or medical records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Therapist</b>                    | A health care professional appropriately licensed by the state to perform therapy services with the exception of you, your Family Member, a business or professional partner, or any person who has a financial affiliation or business interest with you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Unum Insurance Company</b>       | Referred to as "Unum" and "we," "us," or "our."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Urgent Care Facility</b>         | A health care facility that is organizationally separate from a Hospital with the primary purpose of offering and providing urgent and immediate, short-term medical care, without an appointment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Vestibular Therapy</b>           | Treatment and assistance for balance and dizziness problems, and vestibular disorders.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

**Writing or  
Written**

A record on or transmitted by paper, electronic, or telephonic means consistent with applicable law.

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### Health Screening Benefit

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We encourage our Insureds to maintain a healthy lifestyle. For those who take precautionary measures by receiving routine health screenings, we offer a Health Screening Benefit. This is an annual cash benefit that may be claimed after completing an eligible Health Screening, and may be used to help with monetary expenditures such as transportation, missed work, or other incidentals.

For the purpose of determining your coverage and eligibility for the Health Screening Benefit, all terms and provisions of your Certificate of Coverage apply unless modified below.

**Policyholder:** F5, INC  
**Policy Number:** 968846 011  
**Policy Effective Date:** January 1, 2025  
**Health Screening Benefit Effective Date:** January 1, 2025

**Eligible Group(s)**

All Employees in Active Employment in the United States working a minimum of 30 hours per week.

**Paying for Coverage** The Health Screening Benefit is automatically included in the cost of your Accident Insurance coverage.

**Health Screening Benefit**

| For you | For your Spouse | For your Children |
|---------|-----------------|-------------------|
| \$50    | \$50            | \$50              |

**Health Screening Benefit Payment Conditions** Each Insured is eligible to receive one Health Screening Benefit per Calendar year.

The Health Screening Benefit will become payable provided the following conditions are met:

- the date of the Health Screening is after the Health Screening Benefit Effective Date; and
- an Insured's coverage is in force.

**Health Screenings**

|             |                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cholesterol | Eligible screenings include, blood test for triglycerides, fasting plasma glucose (FPG), fasting blood glucose test, hemoglobin A1C(HbA1c), Serum cholesterol test to determine total, HDL and LDL cholesterol levels, two hour post-load plasma glucose.                                                                                                                                                             |
| Cancer      | Eligible screenings include, colonoscopy, virtual colonoscopy, CEA (blood test for colon cancer), low-dose computerized tomography (CT) (imaging study for lung cancer), double-contrast barium enema, fecal immunochemical testing, fecal DNA testing, PSA (blood test for prostate cancer), bone marrow testing, serum protein electrophoresis (blood test for myeloma), dermatological screenings for skin cancer, |

|                                    |                                                                                                                                                                                                                |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    | flexible sigmoidoscopy, hemoccult stool analysis, pap smear, thin prep pap test, cytology (PAP) smear, CA 15-3 (blood test for breast cancer), CA-125 (blood test for ovarian cancer), BRCA1 or BRCA2 testing. |
| Cardiovascular Function            | Eligible screenings include, echocardiogram, electrocardiogram, stress test on a bicycle or treadmill, myocardial perfusion imaging.                                                                           |
| Imaging Studies                    | Eligible screenings include, chest x-ray, carotid ultrasound (Doppler), mammography, breast ultrasound, breast MRI, breast thermography, transvaginal ultrasound, bone density scans, aortic ultrasound.       |
| Annual Examinations by a Physician | Eligible Examinations include sport physicals, annual exams for adults, and well-child visits.                                                                                                                 |
| Immunizations                      | Eligible immunizations include HPV, Hepatitis B, chicken pox, MMR, meningitis, tetanus, pneumonia, influenza.                                                                                                  |

Signed for Unum Insurance Company at Portland, Maine.



Secretary

## GROUP ACCIDENT

### THE FOLLOWING NOTICES AND CHANGES TO YOUR COVERAGE ARE REQUIRED BY CERTAIN STATES. PLEASE READ CAREFULLY.

State variations apply and are subject to change. Consult your Employer or plan administrator for the most current state provisions that may apply to you.

**Full effect will be given to your state's civil union, domestic partner and same sex marriage laws to the extent they apply to you under a group insurance policy issued in another state.**

If you have a complaint about your insurance you may contact us at 1-800-321-3889, or the department of insurance in your state of residence. Links to the websites of each state department of insurance can be found at [www.naic.org](http://www.naic.org).

Si usted tiene una queja acerca de su seguro puede comunicarse con nosotros a través del número 1-800-321-3889, o al departamento de seguros de su estado de residencia. Puede encontrar enlaces a los sitios web de los departamentos de seguros de cada estado en [www.naic.org](http://www.naic.org).

The states of **Florida and Maryland** require us to advise residents of these states that if your Certificate was issued in a jurisdiction other than the state in which you reside, it may not provide all of the benefits required by the laws of your residence state.

**If you are a resident of one of the states noted below, and the provisions referenced below appear in your certificate in a form less favorable to you as an Insured, they are amended as follows:**

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#### For residents of Arkansas

The **Exclusions** provision in the **Accident Details** section of the certificate is amended by providing that any exclusion for claims caused by, contributed to by, or resulting from active participation in a riot, insurrection, or terrorist activity. This exclusion is amended by removing "or terrorist activity".

The **Newborn Coverage Feature** provision in the **Accident Details** section of the certificate is amended as follows:

##### **Newborn Coverage Feature**

Your newborn or newly adopted Children will automatically be covered for 60 days from their Coverage Eligibility Date if you are insured.

If you wish to continue Child coverage, you must notify us and pay any additional premium.

If you already have coverage for your Children, then all eligible Children will be covered and you do not need to notify us or pay any additional premium for the newly eligible Child.

The **Initial Enrollment** language in the **Enrolling for Coverage** provision in the **Start of Coverage** section of the certificate is amended for Children so that you can apply for their coverage within 90 days.

The **Initial Enrollment** language in the **Coverage Effective Date** provision in the **Start of Coverage** section of the certificate is amended for Children so that if coverage for a newly acquired Child is applied for within 90 days of the Child's Coverage Eligibility Date, coverage will begin on the Child's Coverage Eligibility Date, provided premiums are paid.

The **Children** definition in the **Glossary** section of the certificate is amended for a Child who is incapable of self-sustaining employment due to permanent intellectual or physical incapacity as follows:

Coverage for your Child may be continued past age 26 if your Child is incapable of self-sustaining employment due to permanent intellectual or physical incapacity prior to reaching age 26 and is dependent upon you for support and maintenance. You must submit proof of the Child's incapacity and dependency to us in order to continue coverage that would have otherwise ended due to age. Ongoing proof of incapacity and dependency must be provided, at our expense, when requested by us.

### For residents of Colorado

The **Exclusions** provision in the **Accident Details** section of the certificate is amended by providing that any exclusion for claims caused by, contributed to by, or resulting from injuring oneself intentionally or attempting or committing suicide, whether sane or not is applied only if you were sane when the event occurred.

### For residents of Idaho

The **Exclusions** provision in the **Accident Details** section of the certificate is amended as follows:

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- participation in a felony;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of congenital disease or anomaly of a covered dependent child;
- Mental or Nervous Disorders. The Mental or Nervous Disorders exclusion does not apply to the Behavioral Health Therapy benefit when the condition is due directly to a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member as a professional of any aircraft or hot air balloon as a professional, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight as a professional in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
- practicing for or participating in any professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a professional race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping as a professional.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

The **Newborn Coverage Feature** provision in the **Accident Details** section of the certificate is amended as follows:

#### **Newborn Coverage Feature**

Your newborn or newly adopted Children will automatically be covered for 60 days from the moment of live birth if you are insured.

Coverage will only continue if you notify us and enroll your Child for coverage on or before the end of the 60 day period. The appropriate premium (if any) must be received by us within 31 days of the date the monthly premium invoice is received by the Policyholder and a notice of premium (if any) is provided to the Employee.

If you already have coverage for your Children, then all eligible Children will be covered and you do not need to notify us or pay any additional premium for the newly eligible Child.

The **Claim Procedures** provision in the **Claim Provisions** section of the certificate is amended so that notification of a claim decision and payment issued for a Payable Claim happens immediately.

A **Congenital Anomalies** definition has been added to the **Glossary** section of the certificate as follows:

Conditions existing at or from birth that are a significant deviation from the common form or function of the body, whether caused by a hereditary or developmental defect or disease. Significant deviation is defined to be a deviation which impairs the function of the body and includes but is not limited to the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be Congenital Anomalies.

#### **For residents of Indiana**

The **Payment of Benefits** provision in the **Claim Provisions** section of the certificate is amended so that benefits for which we are liable will be paid immediately or within 30 days after receipt of satisfactory Written Proof of Loss.

The **Children** definition in the **Glossary** section of the certificate is amended as follows:

Any child from moment of birth to age 26 who is:

- your own natural offspring;
- your stepchild;
- your lawfully adopted child as of the earliest of the date:
  - the child is placed in your home or in a medical facility;
  - a petition is filed for you to adopt the child; or
  - an adoption agreement, signed by you that includes your binding obligation to assume financial responsibility for the child;
- a foster child placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction;
- any child subject to your legal guardianship; or
- any other child residing with you through legal mandate that is dependent on you for financial support.

Coverage for your Child may be continued past age 26 if your Child is incapable of self-sustaining employment due to permanent intellectual or physical incapacity prior to reaching age 26 and is dependent upon you for support and maintenance.

You must submit proof of the Child's incapacity and dependency to us within 120 days of the Child's 26th birthday or we will accept proof within 120 days of the Child's Coverage Eligibility Date that the Child was continuously covered under this or another similar group policy since age 26. Ongoing proof of incapacity and dependency must be provided when requested by us, but not more frequently than once a year.

Your Children may not be Insured as both a Child and an Employee.

Your Children may not be Insured by more than one Employee.

#### **For residents of Louisiana**

The **Exclusions** provision in the **Accident Details** section of the certificate is amended by providing that any exclusion for claims caused by, contributed to by, or resulting from a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution is amended so that if the Insured has not been adjudicated or convicted of a criminal offense, this exclusion would not apply.

The **Claim Procedures** provision in the **Claim Provisions** section of the certificate is amended so that notification of a claim decision and payment issued for a Payable Claim is within 30 days.

The **Payment of Benefits** provision in the **Claim Provisions** section of the certificate is amended as follows:

##### **Payment of Benefits**

Benefits for which we are liable will be paid after we complete the Claims Procedures. All benefits will be paid to you, unless we receive Written authorization to pay them elsewhere. This is an assignment of benefits. We may be subject to a penalty, payable to you, of double the amount of benefits due to the Insured under the terms of this certificate during the period of delay should we issue any benefit payment after 30 days from the date we receive satisfactory proof. This penalty may also include attorney's fees to be determined by the court.



In the event of your death, any unpaid benefits will be paid to your beneficiary in accordance with the Beneficiary Designation and Change provision.

The **Children** definition in the **Glossary** section of the certificate for "any other child residing with you through legal mandate that is dependent on you for financial support" is amended as follows:

- any other child, including grandchild, residing with you through legal mandate;

The **Children** definition in the **Glossary** section of the certificate is amended to include any other Child if placed following an execution of an act of voluntary surrender on the date on which the act of voluntary surrender becomes irrevocable.

#### **For residents of Massachusetts:**

If the policyholder has a facility located in Massachusetts with 50 or more employees during any month in the six month period prior to the actual or anticipated date of plant closing, or covered partial closing as determined by the commissioner, the following will apply:

*Absence due to a Plant Closing* is added to the **Continuation of your Coverage During Extended Absences** provision, in the **End of Coverage** section of the Certificate as follows:

##### *Absence due to a Plant Closing*

You will be covered for up to 90 days following the date your absence due to a Plant Closing (as defined in Section 71A of Chapter 151A of the Massachusetts Insurance Statutes) begins, provided premium is paid.

If you become eligible for any other group accident insurance, all coverage under this certificate will end.

The following bullet will be added to the paragraph beginning with "However, as long as premium is paid as required, coverage will continue ..." under the **End of Coverage** provision in the **End of Coverage** section of the Certificate as follows:

- for 31 days after you are no longer in Active Employment provided you are a resident of the state of Massachusetts. If you become eligible for any other group accident insurance, all coverage under this certificate will end.

#### **For residents of Minnesota**

The state of **Minnesota** requires us to notify you that the provisions in the Policy, including those in the Certificate of Coverage, conform to the minimum requirements of Minnesota law. The minimum requirements of Minnesota law will apply to your claim.

The **Exclusions** provision in the **Accident Details** section of the certificate is amended so that any exclusion for claims caused by, contributed to by, or resulting from injuring oneself intentionally or attempting or committing suicide, whether sane or not, is amended by removing the phrase, "or attempting or committing suicide".

The **Exclusions** provision in the **Accident Details** section of the certificate is amended so that any exclusion for claims caused by, contributed to by, or resulting from:

- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;

is removed.

The **Newborn Coverage Feature** provision in the **Accident Details** section of the certificate is amended as follows:

### **Newborn Coverage Feature**

Your newborn or newly adopted Children will automatically be covered from their Coverage Eligibility Date if you are insured.

If you do not have coverage for your Child at the time of birth or adoption, you must pay any required additional premium. If we do not receive premium for your newly eligible Child, we may reduce any benefits payable by the amount of the past due premiums applicable to the additional Child.

If you already have coverage for your Children, then all eligible Children will be covered and you do not need to pay any additional premium for the newly eligible Child.

### **For residents of Montana**

The state of **Montana** requires us to notify you that the provisions in the Policy, including those in the Certificate of Coverage, conform to the minimum requirements of Montana law. The minimum requirements of Montana law will apply to your claim.

The Exclusions provision in the Accident Details section of the certificate for "committing or attempting to commit a felony" is replaced with the following:

- convicted of committing a felony;

The Exclusions provision in the Accident Details section of the certificate for "operating any motorized vehicle while intoxicated" is replaced with the following:

- operating any motorized vehicle while intoxicated. For purposes of this exclusion, "intoxicated" means not having the normal use of mental or physical faculties by reason of the introduction of alcohol, a controlled substance, a drug, or any other substance into the body; or having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state.

The **Newborn Coverage Feature** provision in the **Accident Details** section of the certificate is amended as follows:

### **Newborn Coverage Feature**

An Insured's newborn or newly adopted Children will automatically be covered for 31 days from their Coverage Eligibility Date if you are insured.

If you wish to continue Child coverage, you must notify us on or before the end of the 31 day period and pay any additional premium.

If you already have coverage for your Children, then all eligible Children will be covered and you do not need to notify us or pay any additional premium for the newly eligible Child.

The **Overpayment of Claims** provision in the **Claim Provisions** section of the certificate is amended by limiting the right to recover overpayments to 12 months from the date of payment. This provision reads as follows:

We have the right to recover any overpayments for up to 12 months due to:

- Fraud;
- Misstatement of Information; or
- any error we make in processing a claim.

The 12 months we have to recover overpayments will begin:

- for Fraud, on the date the Department of Insurance (DOI) determines insufficient evidence of Fraud exists. If we suspect a claim is overpaid as the result of Fraud, we will report the activity and evidence to the DOI;
- for reasons other than Fraud, including error, omissions, misstatement, misrepresentation, or concealment of information, on the date we have actual knowledge of the invalid claim, overpayment, or other incorrect payment. We will not request reimbursement of an unpaid claim not the result of

Fraud more than 24 months from the date of payment, regardless of the date we obtain actual knowledge of the invalid claim, overpayment, or other incorrect information.

We must be reimbursed in full. If it is not possible for you to reimburse us in a lump sum payment, we will develop a reasonable method of repayment. This may include reducing or withholding future payments upon Written authorization from you.

We will not recover more money than the amount we paid you.

The **Representation in Applications** provision in the **General Provisions** section of the certificate is amended as follows:

In the absence of Fraud, any statements made by you will be considered a representation and not a warranty. We will not use such statements to avoid insurance, reduce benefits, or deny a claim unless it is included in an application signed by you, and a copy of the signed application has been provided to you or your beneficiary.

The **Childbirth** definition in the **Glossary** section of the certificate is amended as follows:

Birth of a child by vaginal delivery or Cesarean section.

Childbirth will be treated as any other Covered Sickness.

For purposes of the definition of **Children** in the **Glossary** section of the certificate, Children are defined as any Children born to age 26.

### **For residents of New Hampshire**

The **Contestability** provision in the **Policy Provisions** section of the Policy is amended to remove reference to Fraud. The last sentence has been replaced to read as follows:

However, in the event of nonpayment of premium by the Insured or the Policyholder, we can take action at any time under the provision titled Cancellation or Modification of this Policy by Us and as permitted by applicable law.

The **Burns** benefit in the **Accident Highlights** section of the certificate is amended to add a new skin surface benefit to read "Less than 5% of skin surface."

The **Loss of a Digit** benefit in the **Accident Highlights** section of the certificate is amended to reflect a specific dollar amount in the Schedule of Benefits as follows: the greater of the amount elected by the employer or \$1,000 for one digit or \$2,000 for two or more digits.

The **Loss of a Digit** benefit in the **Accident Details** section of the certificate is amended to remove the paragraph describing the physical limitations for the Benefit Description.

The **Injections to Prevent or Limit Infection** benefit in the **Accident Details** section of the certificate is amended to remove the criteria that does not meet the Benefit Description.

The **Pain Management Injections** benefit in the **Accident Details** section of the certificate is amended to remove the criteria that does not meet the Benefit Description.

The **Exclusions** provision in the **Accident Details** section of the certificate is amended as follows:

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- participation in a felony;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;

- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other disease;
- any Sickness or Mental or Nervous Disorders as defined in this certificate;
- commission of a felony while operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member as a professional of any aircraft or hot air balloon as a professional, including those which are not motor-driven, unless flying as a fare paying passenger;
- practicing for or participating in any professional competitive athletic contests for which any type of compensation or remuneration is received.

The **Claim Procedures** provision in the **Claims Provisions** section of the certificate is amended so that notification of a claim decision and payment issued for a Payable Claim is within 30 days.

The **Appeal Procedures** provision in the **Claim Provisions** section of the certificate is amended to reflect that the appeals specialist is a person different from the person who made the initial determination and such person will not be the original decision maker's subordinate or the supervisor of the person making the initial determination.

The **Assignment** provision in the **General Provisions** section of the certificate is amended to reflect that in no event may an Insured's assignee be a healthcare provider.

The **Contestability** provision in the **General Provisions** section of the certificate is amended to remove reference to Fraud. Language has been replaced to read as follows:

However, in the event of nonpayment of an Insured's premium, we can take action at any time under the provision titled Cancellation or Modification to the Policy and this Certificate of Coverage and as permitted by applicable law.

The **Injury** definition in the **Glossary** section of the certificate is amended to read "Any damage or harm to the body.

The **Nurse** definition in the **Glossary** section of the certificate is amended to define a Nurse to include an Advanced Practice Registered Nurse, graduate Registered Nurse (R.N.), Licensed Practical Nurse (L.P.N.), or Licensed Vocational Nurse (L.V.N.).

The **Physician** definition in the **Glossary** section of the certificate is amended as follows:

A person who:

- is a licensed health care provider practicing within the scope of their medical license; and
- provides medical care and treatment services according to the laws and regulations of the governing jurisdiction, including Advanced Practice Registered Nurses and Physician's Assistants.

We will not recognize you, your Spouse, Children, parents, siblings, a business or professional partner, or any person who has a financial affiliation or business interest with you, as a Physician for a claim that you send to us.

The **Telemedicine** definition in the **Glossary** section of the certificate is amended as follows:

The use of audio, video, or other electronic media communications for the purpose of the Insured's diagnosis, consultation or treatment. This does not include the use of facsimile.

### **For residents of Ohio**

The **Newborn Coverage Feature** provision in the **Accident Details** section of the certificate is amended as follows:

#### **Newborn Coverage Feature**

Your newborn, newly adopted, or Children placed for adoption will automatically be covered for 31 days from their Coverage Eligibility Date if you are insured.

If you wish to continue Child coverage, you must notify us on or before the end of the 31 day period and pay any additional premium.

If you already have coverage for your Children, then all eligible Children will be covered and you do not need to notify us or pay any additional premium for the newly eligible Child.

The **Payment of Benefits** provision in the **Claim Provisions** section of the certificate is amended so that benefits for which we are liable will be paid immediately or within 30 days after receipt of satisfactory Written Proof of Loss.

The **Children** definition in the **Glossary** section of the certificate for "your lawfully adopted child as of the earliest of the date" is amended as follows:

- your lawfully adopted child as of the earliest of the date;
- the child is placed in your home or in a medical facility;
- you have initiated adoption proceedings;
- a petition is filed for you to adopt the child; or
- an adoption agreement, signed by you that includes your binding obligation to assume financial responsibility for the child.

#### **For residents of South Dakota**

The **Exclusions** provision in the **Accident Details** section of the certificate for "operating any motorized vehicle while intoxicated" is replaced with the following:

- commission of a felony while operating any motorized vehicle while intoxicated.

For purposes of the definition of **Children** in the **Glossary** section of the certificate, Children are defined as any Children born to age 26.

The **Physician** definition in the **Glossary** section of the certificate is amended as follows:

A person performing tasks that are within the limits of their medical license and is also:

- a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction;
- licensed to practice medicine, prescribe and administer drugs, or to perform surgery; or
- a person with a doctoral degree in Psychology (Ph.D. or Psy.D.) whose primary practice is treating patients.

We will not recognize you, your Family Member, a business or professional partner, or any person who has a financial affiliation or business interest with you, as a Physician for a claim that you send to us. This exclusion does not apply in those areas in which the above mentioned person is the only Physician in the area and acting within the scope of their normal employment.

#### **For residents of Texas**

The **Recovery Care Benefits** in the **Accident Highlights** section of the certificate has been amended to add Acquired Brain Injury, Telehealth Service, and Telemedicine Medical Service.

An **Acquired Brain Injury** benefit has been added to the **Recovery Care Benefits** category in the **Accident Details** section of the certificate as follows:

##### **Acquired Brain Injury**

###### **Benefit Description**

We will pay the amount shown in the Schedule of Benefits if an Insured requires services, therapies, or treatment as a result of an Acquired Brain Injury sustained in a Covered Accident.

For purposes of this benefit, the following are considered services, therapies, and treatment for an Acquired Brain Injury:

- Cognitive Communication Therapy;

- Cognitive Rehabilitation Therapy;
- Community Reintegration Services;
- Neurobehavioral;
- Neurocognitive Therapy and Rehabilitation;
- Neurofeedback Therapy;
- Neurophysiological;
- Neuropsychological;
- Post-acute Transition Services;
- Psychophysiological Testing or Treatment; and
- Remediation.

A Physician must prescribe the services, therapies, or treatment, and they must be performed at a Physician's office or at a Hospital on an inpatient or Outpatient Basis.

***Benefit Duration***

This benefit is payable up to a maximum of six services, therapies, or treatment per Insured per Covered Accident.

A **Telehealth** benefit has been added to the **Recovery Care Benefits** category in the Accident Details section of the certificate as follows:

**Telehealth Service**

**Benefit Description**

We will pay the amount shown in the Schedule of Benefits if an Insured receives the Telehealth Service as a result of a Covered Accident.

The Telehealth Service must be provided within 60 days of the Covered Accident.

For purposes of this benefit, routine examinations or preventive testing do not meet the Benefit Description of Telehealth Service.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

A **Telemedicine Medical Service** benefit has been added to the **Recovery Care Benefits** category in the Accident Details section of the certificate as follows:

**Telemedicine Medical Service**

**Benefit Description**

We will pay the amount shown in the Schedule of Benefits if an Insured receives the Telemedicine Medical Service as a result of a Covered Accident.

The Telemedicine Medical Service must be provided within 60 days of the Covered Accident.

For purposes of this benefit, routine examinations or preventive testing do not meet the Benefit Description of Telemedicine Medical Service.

***Benefit Duration***

This benefit is payable once per Insured per Covered Accident.

The **Fraud** provision in the **General Provisions** section of the certificate is amended as follows:

We want to make sure you and your Employer do not incur additional insurance costs as the result of the undermining effects of insurance fraud. We promise to focus on all means necessary to support fraud detection, investigation, and prosecution.

Anyone who knowingly, and with intent to injure, defraud, or deceive us may be guilty of Fraud as determined by a court of law. This includes filing a claim or providing information that contains any false, incomplete, or misleading information.

These actions will result in denial of a claim, and are subject to prosecution and punishment to the full extent under state and federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

The **Payment of Benefits** provision in the **Claim Provisions** section of the certificate is amended as follows:

#### **Payment of Benefits**

Benefits for which we are liable will be paid after we complete the Claims Procedures. All benefits will be paid to you, unless we receive Written authorization to pay them elsewhere. This is an assignment of benefits. Benefits for Children who are receiving financial and medical benefits through the Texas Department of Human Services will be paid to the Texas Department of Human Services whenever:

- the Texas Department of Human Services is paying benefits pursuant to Chapters 31 and 32 of the Human Resources Code, i.e., financial and medical assistance service programs administered pursuant to the Human Resources Code;
- the parent who is covered by this certificate has possession or access to the Child pursuant to a court order, or is not entitled to access or possession of the Child and is required by the court to pay child support; and
- we are notified at the time of claim that the Child is receiving financial and medical assistance.

In addition, benefits for Children may also be paid to a possessory or managing conservator of the Child if the appointment for that Child was issued by a court in this or another state.

In the event of your death, any unpaid benefits will be paid to your beneficiary in accordance with the Beneficiary Designation and Change provision or, if required, to the Texas Department of Human Services.

The **Glossary** section of the certificate has been amended to include the following definitions:

#### **Cognitive Communication Therapy**

Services designed to address modalities of comprehension and expression, including understanding, reading, writing, and verbal expression of information.

#### **Cognitive Rehabilitation Therapy**

Services designed to address therapeutic cognitive activities, based on an assessment and understanding of the individual's brain-behavioral deficits.

#### **Community Reintegration Services**

Services that facilitate the continuum of care as an affected individual transitions into the community.

#### **Neurobehavioral Testing**

An evaluation of the history of neurological and psychiatric difficulty, current symptoms, current mental status, and premorbid history, including the identification of problematic behavior and the relationship between behavior and the variables that control behavior. This may include interviews of the individual, family, or others.

#### **Neurobehavioral Treatment**

Interventions that focus on behavior and the variables that control behavior.

#### **Neurocognitive Rehabilitation**

Services designed to assist cognitively impaired individuals to compensate for deficits in cognitive functioning by rebuilding cognitive skills and/or developing compensatory strategies and techniques.

#### **Neurocognitive Therapy**

Services designed to address neurological deficits in informational processing and to facilitate the development of higher level cognitive abilities.

#### **Neurofeedback Therapy**

Services that utilize operant conditioning learning procedure based on electroencephalography (EEG) parameters, and which are designed to result in improved mental performance and behavior, and stabilized mood.

#### **Neurophysiological Testing**

An evaluation of the functions of the nervous system.

### **Neurophysiological Treatment**

Interventions that focus on the functions of the nervous system.

### **Neuropsychological Testing**

The administering of a comprehensive battery of tests to evaluate neurocognitive, behavioral, and emotional strengths and weaknesses and their relationship to normal and abnormal central nervous system functioning.

### **Neuropsychological Treatment**

Interventions designed to improve or minimize deficits in behavioral and cognitive processes.

### **Post-acute Transition Services**

Services that facilitate the continuum of care beyond the initial neurological consult through rehabilitation and community reintegration.

### **Psychophysiological Testing**

An evaluation of the interrelationships between the nervous system and other bodily organs and behavior.

### **Psychophysiological Treatment**

Interventions designed to alleviate or decrease abnormal physiological responses of the nervous system due to behavioral or emotional factors.

### **Remediation**

The process(es) of restoring and improving a specific function.

### **Telehealth Services**

A health service, other than a Telemedicine Medical Service, delivered by a licensed or certified health professional acting within the scope of the health professional's license or certification who does not perform a Telemedicine Medical Service that requires the use of advanced telecommunications technology, other than by telephone or facsimile, including:

- compressed digital interactive video, audio, or data transmission;
- clinical data transmission using computer imaging by way of still-image capture and store and forward; and
- other technology that facilitates access to health care services or medical specialty expertise.

### **Telemedicine Medical Service**

A health care service initiated by a Physician or provided by a health professional acting under Physician delegation and supervision, for purposes of patient assessment by a health professional, diagnosis or consultation by a Physician, treatment, or the transfer of medical data, that requires the use of advanced telecommunications technology, other than by telephone or facsimile, including:

- compressed digital interactive video, audio, or data transmission;
- clinical data transmission using computer imaging by way of still-image capture and store and forward; and
- other technology that facilitates access to health care services or medical specialty expertise.

## **For residents of Utah**

The **Burns** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to diagnose the Burn within 90 days of the Covered Accident or as soon as reasonably possible.

The **Concussion** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to diagnose the Concussion within 14 days of the Covered Accident or as soon as reasonably possible.

The **Connective Tissue Damage** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to diagnose the Connective Tissue Damage within 90 days of the Covered Accident or as soon as reasonably possible.



The **Dislocations** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to set the dislocated joint within 90 days of the Covered Accident or as soon as reasonably possible.

The **Eye Injury** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to remove the object within 90 days of the Covered Accident or as soon as reasonably possible.

The **Fractures** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to confirm the bone fracture within 90 days of the Covered Accident by X-ray or other medical imaging study or as soon as reasonably possible.

The **Internal Injuries** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to diagnose the Internal Injury within 90 days of the Covered Accident or as soon as reasonably possible and to remove "internal bleeding" from the description criteria of Internal Injuries.

The **Knee Cartilage (Meniscus) Injury** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to confirm the Knee Cartilage (Meniscus) Injury within 90 days or as soon as reasonably possible of the Covered Accident by an MRI, other medical imaging study, or Surgical Procedure.

The **Lacerations** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to treat the Laceration within three days of the Covered Accident or as soon as reasonably possible.

The **Loss of a Digit** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to treat the Loss of a Digit within 90 days of the Covered Accident or as soon as reasonably possible.

The **Ruptured or Herniated Disc** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to diagnose the Ruptured or Herniated Disc within 90 days of the Covered Accident or as soon as reasonably possible.

The **Ambulance** benefit in the **Accident Details** section of the certificate has been amended to allow the Ambulance transportation within 180 days of the Covered Accident or as soon as reasonably possible.

The **Emergency Department** benefit in the **Accident Details** section of the certificate has been amended to allow the Emergency Department treatment within three days of the Covered Accident or as soon as reasonably possible.

The **Injections to Prevent or Limit Infection** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to administer the injection within 180 days of the Covered Accident or as soon as reasonably possible.

The **Medical Imaging** benefit in the **Accident Details** section of the certificate has been amended to allow Medical Imaging to happen within 180 days of the Covered Accident or as soon as reasonably possible.

The **Pain Management Injections** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to administer the injection within 180 days of the Covered Accident or as soon as reasonably possible.

The **Skin Grafts** benefit in the **Accident Details** section of the certificate has been amended to allow the Insured to receive the Skin Graft within 180 days of the Covered Accident or as soon as reasonably possible.

The **Transfusions** benefit in the **Accident Details** section of the certificate has been amended to allow the Insured to receive the Transfusion within 180 days of the Covered Accident or as soon as reasonably possible.

The **Transportation** benefit in the **Accident Details** section of the certificate has been amended to allow the Transportation within 180 days of the Covered Accident or as soon as reasonably possible.

The **Treatment in a Physician's Office or Urgent Care Facility** benefit in the **Accident Details** section of the certificate has been amended to allow for treatment within 14 days of the Covered Accident or as soon as reasonably possible.

The **Admission** benefit in the **Accident Details** section of the certificate has been amended to allow the Admission and Confinement within 180 days of the Covered Accident or as soon as reasonably possible.

The **Admission - Hospital ICU** benefit in the **Accident Details** section of the certificate has been amended to allow the Admission and Confinement within 180 days of the Covered Accident or as soon as reasonably possible.

The **Daily Stay** benefit in the **Accident Details** section of the certificate has been amended to allow the Confinement within 180 days of the Covered Accident or as soon as reasonably possible.

The **Daily Stay - Hospital ICU** benefit in the **Accident Details** section of the certificate has been amended to allow the Confinement within 180 days of the Covered Accident or as soon as reasonably possible.

The **Coma** benefit in the **Accident Details** section of the certificate has been amended to define a Coma as a continuous state of profound unconsciousness characterized by the absence of eye opening, verbal response, and motor response.

The **Exclusions** provision in the **Accident Details** section of the certificate is amended by providing that any exclusion for claims caused by or resulting from commission of or attempt to commit a felony; engaging in an illegal occupation or activity; or participation in a riot, insurrection, or terrorist activity is applied only if you were a voluntary participant.

The **Exclusions** provision in the **Accident Details** section of the certificate is amended so that any exclusion for claims caused by or resulting from "operating any motorized vehicle while intoxicated" reads as follows:

- operating any motorized vehicle while intoxicated in violation of a law. For purposes of this exclusion, "intoxicated" means the Insured's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

The **Children** definition in the **Glossary** section of the certificate is amended as follows:

Any child from the moment of birth to age 26 who is:

- your own natural offspring;
- your Spouse's child;
- your lawfully adopted child as of the earliest of the date:
  - the child is placed in your home or in a medical facility. If placement for adoption occurs within 30 days of the child's birth, coverage begins from the moment of birth. If placement for adoption occurs 30 days or more after the child's birth, coverage begins from the date of placement;
  - you have initiated adoption proceedings;
  - a petition is filed for you to adopt the child; or
  - an adoption agreement, signed by you that includes your binding obligation to assume financial responsibility for the child;
- a foster child placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction; or
- any other child for whom you are required by court or administrative order to provide coverage for.

Coverage for your Child may be continued past age 26 if your Child is incapable of self-sustaining employment due to permanent intellectual or physical incapacity prior to reaching age 26 and is dependent upon you for support and maintenance.

You must submit proof of the Child's incapacity and dependency to us within 120 days of the Child's 26th birthday or we will accept proof within 120 days of the Child's Coverage Eligibility Date that the Child was continuously covered under this or another similar group policy since age 26. Ongoing proof of incapacity and dependency must be provided when requested by us, but not more frequently than once a year.

Your Children may not be Insured as both a Child and an Employee.

Your Children may not be Insured by more than one Employee.

The **Hospital** definition in the **Glossary** section of the certificate has been amended as follows:

An institution licensed as a hospital and operating within the scope of its license and provides medically necessary hospital confinement or treatment for sick or injured people.

For purposes of this certificate, the following hospital units meet the Glossary definition of Hospital:

- Hospital Subacute ICU;
- Progressive Care Unit;
- Intermediate Care Unit; and
- Step-Down Unit.

For purposes of this certificate, the following do not meet the Glossary definition of Hospital:

- a nursing home, a rest home, home for the aged, or an assisted living facility;
- a hospice care facility;
- a Rehabilitation or Subacute Rehabilitation Unit;
- a psychiatric unit or facility for the treatment of Mental or Nervous Disorders; and
- a facility for the treatment of Substance Abuse.

The **Nurse** definition in the **Glossary** section of the certificate has been amended to be defined as a healthcare professional trained, duly licensed, and operating within the scope of their license, to care for people with Injuries or Sicknesses.

The **Physician** definition in the **Glossary** section of the certificate has been amended to be defined as a person performing tasks that are within the limits of their medical license.

### **For residents of Vermont**

The state of **Vermont** requires us to notify you that the provisions in the Policy, including those in the Certificate of Coverage, conform to the minimum requirements of Vermont law. The minimum requirements of Vermont law will apply to your claim.

The minimum hours requirement of the **Eligible Groups** provision in the **Accident Highlights** section of the certificate is amended to cover eligible employees working at least 17.5 hours per week.

The **Emergency Dental Repair** benefit in the **Accident Details** section of the certificate has been amended to allow an Emergency Dental Repair to be made within 365 days of the Covered Accident.

The **Injections to Prevent or Limit Infection** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to administer the injection within 365 days of the Covered Accident.

The **Medical Imaging** benefit in the **Accident Details** section of the certificate has been amended to allow Medical Imaging to happen within 365 days of the Covered Accident.

The **Pain Management Injections** benefit in the **Accident Details** section of the certificate has been amended to allow a Physician to administer the injection within 365 days of the Covered Accident.

The **Skin Grafts** benefit in the **Accident Details** section of the certificate has been amended to allow the Insured to receive the Skin Graft within 365 days of the Covered Accident.

The **Transfusions** benefit in the **Accident Details** section of the certificate has been amended to allow the Insured to receive the Transfusion within 365 days of the Covered Accident.

The **Treatment in a Physician's Office or Urgent Care Facility** benefit in the **Accident Details** section of the certificate has been amended to allow for treatment within 365 days of the Covered Accident.

The **Rehabilitation or Subacute Rehabilitation Unit** benefit in the **Accident Details** section of the certificate has been amended to allow for a benefit payable up to a maximum of 30 days per Insured per Covered Accident.

The **Exclusions** provision in the **Accident Details** section of the certificate is amended by providing that any exclusion for claims caused by, contributed to by, or resulting from injuring oneself intentionally or attempting or committing suicide, whether sane or not is applied only if you were sane when the event occurred.

The **Exclusions** provision in the **Accident Details** section of the certificate is amended by providing that any exclusion for claims caused by, contributed to by, or resulting from any Sickness, bodily infirmity, or other

abnormal physical condition, including diagnosis, treatment, or surgery for it is amended to exclude Mental or Nervous Disorders.

The **Autopsy** provision in the **Claim Provisions** section of the certificate is amended so that when we request an Autopsy where it is allowed by law, and not prohibited by the Insured's religion, it will be at our expense.

The **Fraud** provision in the **General Provisions** section of the certificate is amended as follows:

We want to make sure you and your Employer do not incur additional insurance costs as the result of the undermining effects of insurance fraud. We promise to focus on all means necessary to support fraud detection, investigation, and prosecution.

Anyone who knowingly, and with intent to injure, defraud, or deceive us may be guilty of Fraud as determined by a court of law. This includes filing a claim or providing information that contains any false, incomplete, or misleading information.

These actions will result in denial of a claim, and are subject to prosecution and punishment to the full extent under state and federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

For purposes of the definition of **Children** in the **Glossary** section of the certificate, Children are defined as any Children born to age 26.

The **Covered Accident** definition in the **Glossary** section of the certificate is amended as follows:

A bodily Injury sustained by an Insured, which is the direct cause of the loss, independent of disease or bodily infirmity and which:

- occurs on or after the Coverage Effective Date;
- occurs while coverage is in force; and
- is not excluded by name or specific description in this certificate.

The **Hospital** definition in the **Glossary** section of the certificate has been amended to remove the following criteria from what does not meet the Glossary definition of Hospital:

- a psychiatric unit or facility for the treatment of Mental or Nervous Disorders; and
- a facility for the treatment of Substance Abuse.

The **Mental or Nervous Disorders** definition in the **Glossary** section of the certificate is removed in its entirety.

The **Rehabilitation Unit** definition in the **Glossary** section of the certificate has been amended to remove the following criteria from what does not meet the Glossary definition of Rehabilitation Unit:

- a psychiatric unit or facility for the treatment of Mental or Nervous Disorders; and
- a facility for the treatment of Substance Abuse.

The **Subacute Rehabilitation Unit** definition in the **Glossary** section of the certificate has been amended to remove the following criteria from what does not meet the Glossary definition of Subacute Rehabilitation Unit:

- a psychiatric unit or facility for the treatment of Mental or Nervous Disorders; and
- a facility for the treatment of Substance Abuse.

The **Substance Abuse** definition in the **Glossary** section of the certificate is removed in its entirety.

# Privacy Notice

This Privacy Notice applies to Unum Group's United States insurance operations and is being provided on behalf of its affiliates listed below ("Unum" "we"), as required by the Gramm-Leach Bliley Act and state insurance laws. This Notice describes how we collect, share, and protect nonpublic personal information (NPI).

## COLLECTING INFORMATION

We collect NPI about our customers to provide them with insurance products and services, perform underwriting, provide stop loss coverage, and administer claims. The types of NPI we collect for these purposes may include telephone number, address, Social Security number, date of birth, occupation, income, and medical history, including treatment. We may receive NPI from your applications and forms, medical providers, other insurers, employers, insurance support organizations and service providers.

## SHARING INFORMATION

We share the types of NPI described above primarily with people who perform insurance, business and professional services for us, such as helping us perform underwriting, provide stop loss coverage, pay claims, detect fraud, and to provide reinsurance or auditing. We may share NPI with medical providers for insurance and treatment purposes and with insurance support organizations. The organizations may retain the NPI and disclose it to others for whom it performs services. In certain cases, we may share NPI with group policyholders for reporting and auditing purposes, with parties for a proposed or final sale of insurance business or for study purposes. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legally necessary, we ask your permission before sharing NPI about you. Our practices apply to our former, current and future customers.

We do not share your health NPI to market any product or service. We also do not share any NPI to market non-financial products and services.

The law allows us to share NPI as described above (except health information) with affiliates to market financial products and services. The law does not allow you to restrict these disclosures. We may also share with companies that help us market our insurance products and services, such as vendors that provide mailing services to us. We may share with other financial institutions to jointly market financial products and services. When required by law, we ask your permission before we share NPI for marketing purposes.

When other companies help us conduct business, we expect them to follow applicable privacy laws. We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

Unum companies, including insurers and insurance service providers, may share NPI about you with each other. The NPI might not be directly related to our transaction or experience with you. It may include financial or other personal information such as employment history. Consistent with the Fair Credit Reporting Act, we ask your permission before sharing NPI that is not directly related to our transaction or experience with you.

## SAFEGUARDING INFORMATION

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees who need to know the NPI to provide insurance products or services to you.

## ACCESS TO INFORMATION

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing, providing your full name, address, telephone number and policy number, to the address below. We will reply within 30 business days of receipt. If you request, we will send copies of the NPI to you or make available to you at our office. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs.

This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

## CORRECTION OF INFORMATION

If you believe the NPI we have about you is incorrect, please write to us and include your full name, address, telephone number and policy number if we have issued a policy, and the reason you believe the NPI is inaccurate. We will reply within 30 business days of receipt. If we agree with you, we will correct the NPI and

notify you and insurance support organizations that may have received NPI from us in the preceding 7 years. We will also, if you ask, notify any person who may have received the incorrect NPI from us in the past 2 years.

If we disagree with you, we will tell you we are not going to make the correction and the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is correct and the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI to be accessible. We will include your statement any time the disputed NPI is reviewed or disclosed. We will also give the statement to insurance support organizations that gave us NPI and to any person designated by you, if we disclosed the disputed NPI to that person in the past two years.

### **COVERAGE DECISIONS**

If we decide not to issue coverage to you, we will provide you with the specific reason(s) for our decision. We will also tell you how to access and correct certain NPI. You may submit a written request for the reason(s) for our decision within 90 business days of our decision. We will reply within 21 business days of receipt with the specific reasons, if not initially furnished, and specific items of information that supported our decision.

### **CONTACTING US**

For additional information about Unum's commitment to privacy and to view a copy of our HIPAA Privacy Notice, please visit: [unum.com/privacy](http://unum.com/privacy) or [coloniallife.com](http://coloniallife.com). You may also write to: Privacy Officer, Unum, 2211 Congress Street, B267, Portland, Maine 04122 or at [Privacy@unum.com](mailto:Privacy@unum.com).

We reserve the right to modify this notice. We will provide you with a new notice if we make material changes to our privacy practices.

Unum is providing this notice to you on behalf of the following insuring companies: Unum Life Insurance Company of America, Unum Insurance Company, First Unum Life Insurance Company, Provident Life and Accident Insurance Company, Provident Life and Casualty Insurance Company, Colonial Life & Accident Insurance Company, The Paul Revere Life Insurance Company and Starmount Life Insurance Company.

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MK-1883 (06-2020)

# **PROTECTION FOR YOU AND YOUR INSURANCE POLICY THE WASHINGTON LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION**

## **PREFACE**

This brochure briefly describes the coverage provided through the Washington Life & Disability Insurance Guaranty Association ("Association").

The Association is a nonprofit unincorporated legal entity created by the Washington Life and Disability Insurance Guaranty Association Act, Chapter 48.32A RCW ("Act"). Every life and disability insurance company authorized to do business in Washington is a member of the Association. A Board of Directors ("Board"), composed of representatives from member insurers, and the Insurance Commissioner, ex officio, oversee the operation of the Association. The expenses of the Association are paid by assessments made against each member insurer. Persons covered by the Act are not charged for the expenses of the Association or the protection provided under the Act.

Coverage is provided for certain life and disability insurance. However, the Association does not cover all such insurance. Coverage that is provided is subject to the limitations and exclusions provided by the Act.

The purpose of this brochure is to help you understand the general nature and the conditions of the protection provided under the Act. It is only a summary, however, and if you have specific questions that are not discussed here you may contact either the Association or the Office of the Insurance Commissioner.

Washington Life and Disability Insurance  
Guaranty Association Company  
P.O. Box 2292  
Shelton, WA 98584  
360-426-6744

Supervision Division  
Office of the Insurance Commissioner  
P.O. Box 40259  
Olympia, WA 98504-0259  
360-725-7214

## **QUESTIONS AND ANSWERS**

### **1. WHAT INSURANCE POLICIES ARE COVERED UNDER THE ACT?**

The Act applies to life insurance policies, disability insurance policies, and annuity contracts issued by an insurance company authorized to do business in Washington. The term "disability insurance," as used in the Act, includes not only disability income insurance, but also policies commonly referred to as "health insurance" (which includes long term care policies). Together, all of these policies and contracts are sometimes referred to as "covered policies," a term used in this brochure.

### **2. ARE THERE POLICIES OR INSURERS NOT COVERED BY THE ACT?**

The Act specifically excludes certain types of policies or portions of policies, including, but not limited to: The portion of a policy not guaranteed by the insurer; the portion of a policy to the extent the interest rate or crediting rate exceeds the limits in the Act; policies of reinsurance, unless assumption certificates have been issued; policies issued in Washington by an insurer at a time when the insurer was not licensed or did not have a certificate of authority; policies issued to a self-insured plan or program; certain unallocated employee benefit plan annuities protected by federal law; and unallocated annuity contracts not issued to or in connection with a benefit plan or a government lottery.

The Act also does not apply to policies or contracts issued by health care service contractors, health maintenance organizations, fraternal benefit societies, self funded multiple employer welfare arrangements, mandatory state pooling plans, mutual assessment companies, insurance exchanges, or an organization that has a certificate or license limited to issuance of certain charitable gift annuities.

### 3. WHO IS PROTECTED UNDER THE ACT?

You are covered by the Act if you are an owner of or certificate holder under a policy or contract (other than an unallocated annuity contract or structured settlement annuity), and:

- You are a Washington resident; or
- You are not a Washington resident, but only if: the insurer is domiciled in Washington; there is an association similar to the Washington Association in your state of residency; and you are not covered in your state of residency, because the insurer was not licensed in that state; or
- You are a beneficiary, assignee, or payee of one of the above, regardless of where you reside (except for nonresident certificate holders under group policies).

Owners of unallocated annuity contracts are covered if the contract was issued to or in connection with a specific benefit plan whose plan sponsor has its principal place of business in Washington, or the contract was issued to or in connection with a government lottery and the owner is a Washington resident.

A payee under a structured settlement annuity (or beneficiary of a deceased payee) is also covered, if the payee is a Washington resident, or the payee is not a Washington resident, but the contract owner is a resident; or the insurer that issued the annuity is domiciled in Washington and coverage is not available in the state in which the payee resides.

Residency is generally determined at the time of entry of an order of liquidation against the insurer. If you move to another state and reside there when such an order is entered, you may still have protection under the law of that state. You should contact the insurance department in your new state of residence to find out about guaranty act protection there.

### 4. HOW DOES THE ASSOCIATION PROTECT COVERED PERSONS AGAINST LOSS?

After an order of liquidation is entered against a company, the Association begins its work of carrying out the purpose of the Act, which is to assure the performance of insurance obligations of that company. The Association is authorized to carry out its duties by working with insurance companies in good standing to assume or take over the covered policies. The association may also directly provide benefits and coverage as authorized by the Act. The Association has the authority to collect the funds necessary to provide protection to covered persons against losses on their covered policies.

### 5. WHERE DOES THE ASSOCIATION GET THE MONEY TO PROVIDE THIS PROTECTION?

The Association is authorized to collect money from all life and disability insurance companies doing business in Washington. The funds collected from an assessment are used to pay claims to covered persons and/or to fund the assumption of covered policies by another insurer.

### 6. DOES THE ASSOCIATION PAY OUT THE MONEY IT COLLECTS RIGHT AWAY OR DO COVERED PERSONS HAVE TO WAIT?

The Association generally cannot make an assessment for covered policies issued by a company until after an order of liquidation has been entered against the company, and a reasonable estimate can be made of the amount of money needed. Insurance companies receiving an assessment notice must make their payments within thirty days.

Because it takes time for an action to be commenced against a financially impaired insurer, for a Court to issue an order, and for funds to be collected to satisfy the obligations of that insurer, some delay, hopefully short, is unavoidable before payments can be made. Although it is impossible to predict how long this process will take in any given case, an average time period of twelve to eighteen months is not unusual.



When necessary, the Association may borrow money to make payments more promptly, particularly in cases that will take an unusual amount of time to be resolved.

## 7. WHAT IS THE AMOUNT OF PROTECTION PROVIDED BY THE ACT?

The Act provides the following maximum amounts of protection:

|                                                                                                                                                         |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Life Insurance Death Benefits.....                                                                                                                      | \$500,000   |
| Disability Benefits and Health Benefits (including Long Term Care Benefits).....                                                                        | \$500,000   |
| Present Value of Individual Annuities.....                                                                                                              | \$500,000   |
| Unallocated Annuity Contracts, other certain government retirement plans<br>(limit is per contract owner or plan sponsor).....                          | \$5,000,000 |
| Government Retirement Plans in Unallocated Annuities established under<br>Internal Revenue Code § § 401, 403(b), or 457 (limit is per participant)..... | \$100,000   |

This protection becomes effective at the time of entry of a Court order of liquidation against the insurer. Of course, if the amount owed under the contract or policy is less than the maximum benefit under the Act, the covered person will be entitled to protection only up to the actual amount owed.

Furthermore, the maximum protection available to each covered person remains the same, regardless of the number of contracts through which he or she has a claim.

## 8. IF A HUSBAND AND WIFE EACH INDIVIDUALLY OWN A COVERED POLICY, IS THE PROTECTION UNDER THE ACT PROVIDED TO EACH OF THEM?

Yes. As long as the residency requirements are met, both would be entitled to the protection provided by the Act, up to the maximum amount.

## 9. WHY DOESN'T MY INSURANCE COMPANY ADVERTISE THE FACT THAT ITS POLICIES AND CONTRACTS ARE PROTECTED UNDER THE ACT?

Under Washington law, insurance companies are prohibited from advertising that their policies or contracts may be covered under the Act.

You should not rely on coverage under the Act when selecting an insurance company.

## 10. WHY HASN'T MY AGENT TOLD ME ABOUT THE GUARANTY ACT?

Your insurance agent is subject to the same prohibitions as your insurance company. As a representative of the company, an agent must exercise great care when soliciting business and consequently, will generally not discuss the subject of a guaranty act with clients.

## 11. WHO SHOULD I CONTACT IF I BELIEVE THERE HAS BEEN A VIOLATION OF THE ACT?

You should contact the Association if you believe your rights have been violated under the Act. If you are dissatisfied with the actions of the Association, you may also contact the Office of the Insurance Commissioner.

## CONCLUSION

This notice has been prepared by the Washington Life and Disability Insurance Guaranty Association. Its purpose is to inform the public in a general way of the protections that are available in this state on insurance policies and annuity contracts issued by companies authorized to do business in Washington. The Association does not, by this notice, endorse any company or its products, but

rather seeks to address some of the concerns that you may have regarding the security of insurance policies and annuity contracts.

For more information or answers to specific questions you may contact the Washington Life and Disability Insurance Guaranty Association or the Office of the Insurance Commissioner, whose addresses and telephone numbers are shown in the Preface.

This notice is prepared by and made available through the Washington Life and Disability Insurance Guaranty Association, which has granted member insurance companies permission to reproduce and distribute the notice. It is the responsibility of the company, or any representative of a company, reproducing this notice, to ensure that the use thereof does not violate applicable laws or regulations.