A Voluntary Personal Accident Insurance Plan designed for the Eligible Employees of UCC - United Church of Christ

IMPORTANT NOTICE: The Plan provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, major medical or sickness coverage.
AFFORDABLE ACCIDENT INSURANCE PLAN ("the Plan")

Accidents are the fifth leading cause of death for people of all ages.* Today alone, over 250 people will die in accidents in the U.S.* Unfortunately, many families may be financially unprepared for this unexpected loss. Take a look at your long-term financial needs and those of your family. A serious injury or the accidental death of a wage earner can be devastating, even in two-income families. Home mortgage payments, college education costs, retirement savings, and care for children and elderly family members may all be jeopardized if the money is not there to help provide the security you need.

AIG Life Insurance Company's Personal Accident Insurance — high-limit accidental death and dismemberment insurance at a cost you can afford — is an important step in preparing for your financial security, as well as your family's. Here's why you should enroll now:

ACCIDENT PROTECTION — benefits are provided for covered losses resulting from accidental injuries.

FLEXIBLE PLANNING — you select the amount of coverage you need. See The Coverage Options and Amounts of Insurance below for complete details.

ECONOMICAL COST — the cost of this coverage may be well below that of an individual policy.

WORLDWIDE COVERAGE — coverage is in force twenty-four hours a day, on or off the job, anywhere in the world.

GUARANTEED ACCEPTANCE — coverage is provided regardless of your health history.

PAYROLL DEDUCTIONS — for your convenience, contributions will be made through payroll deductions.

FIRST DOLLAR BENEFITS — benefits under the Plan are payable in addition to any other insurance you may have at the time of the accident.

ELIGIBILITY

The following persons are eligible to participate in the Plan: All active, full-time employees of the Policyholder working a minimum of thirty (30) hours per week.

COVERAGE

If you enroll, you are covered 24-hours a day, 365 days a year against covered accidents occurring in the course of business or pleasure. Coverage is provided for injuries caused by accidents that occur on or off the job, at home, while traveling by plane, train, automobile, or any other public or private air, land or water conveyance (except as limited by the EXCLUSIONS).

BENEFITS

Accidental Death, Dismemberment and Paralysis benefits

Principal Sum means the amount of insurance you choose shown later in this brochure.

When injury directly results in any of the following losses within 365 days of the accident causing the loss, the Plan will pay in one sum the indicated percentage of the Principal Sum for:

Loss of Life ........................................................................................................The Principal Sum
Loss of two or more members ...........................................................................The Principal Sum
Loss of speech and hearing in both ears ..............................................................The Principal Sum
Loss of one member ............................................................................................One-Half the Principal Sum
Loss of sight in one eye ......................................................................................One-Half the Principal Sum
Loss of speech or hearing in both ears ..............................................................One-Half the Principal Sum
Loss of thumb and index finger of the same hand ............................................One-Quarter the Principal Sum
Quadriplegia ......................................................................................................The Principal Sum
Paraplegia ..........................................................................................................Three-Quarters the Principal Sum
Hemiplegia .........................................................................................................One-Half the Principal Sum
Uniplegia .............................................................................................................One-Quarter the Principal Sum

Member means hand, foot or eye.

Loss means: with regard to hand or foot, actual severance through or above the wrist or ankle joints; with regard to eye, entire and irrecoverable loss of sight in that eye; with regard to speech and hearing, entire and irrecoverable loss of the ability to speak and/or hear in that ear; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to quadriplegia, complete and irreversible paralysis of both upper and lower limbs; with regard to paraplegia, the complete and irreversible paralysis of both lower limbs; with regard to hemiplegia, the complete and irreversible paralysis of the upper and lower limbs on one side of the body; and with regard to uniplegia, the complete and irreversible paralysis of one limb.

Only one benefit, the largest to which you are entitled, is payable for all losses resulting from one accident.
EXCLUSIONS

The Plan does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
- sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism, or ptomaine poisoning;
- travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if you are:
  - riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
  - performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
  - riding as a passenger in an aircraft owned, leased or operated by the UCC - United Church of Christ or a covered person's employer;
- declared or undeclared war, or any act of declared or undeclared war; or
- full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if you enter military service); or
- the covered person being under the influence of drugs or intoxicants, unless taken under the advice of a Physician; or
- the covered person's commission of or attempt to commit a felony.
THE COVERAGE OPTIONS AND AMOUNTS OF INSURANCE

PRINCIPAL SUM

Option I - Employee Only Coverage

You may choose an amount of insurance as follows: $100,000. However, amounts cannot exceed 10 times your Annual Salary. Your Principal Sum is subject to the reduction schedule later in this brochure.

"Annual Salary" means your base annual salary excluding overtime, bonuses, tips, commission, and special compensation.

THE COST OF INSURANCE

The cost for Employee Only Coverage is $0.03 per $1,000 per month.

SAMPLE MONTHLY COSTS

<table>
<thead>
<tr>
<th>PRINCIPAL SUM</th>
<th>COST OF INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100,000</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

REDUCTION SCHEDULE

The amount payable for a loss will be reduced for covered persons aged 70 or older on the date of the accident causing the loss with respect to any benefit provided by the Plan where the amount payable for the loss is determined as a percentage of that person's Principal Sum. The amount payable under that benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

<table>
<thead>
<tr>
<th>AGE ON DATE OF ACCIDENT</th>
<th>PERCENTAGE OF AMOUNT OTHERWISE PAYABLE</th>
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<tbody>
<tr>
<td>70 - 74</td>
<td>65%</td>
</tr>
<tr>
<td>75 - 79</td>
<td>45%</td>
</tr>
<tr>
<td>80 - 84</td>
<td>30%</td>
</tr>
<tr>
<td>85 and older</td>
<td>15%</td>
</tr>
</tbody>
</table>

Premium for all covered persons aged 70 and older will be based on 100% of the Principal Sum in effect if the covered person were under age 70.

"Age" as used above refers to the covered person's age at that person's most recent birthday, regardless of the actual time of birth.
HOW TO ENROLL

1) Complete the Enrollment Form.

2) Return the top copy to your Human Resources Department. You should retain a copy as evidence of enrollment.

Everyone must complete an Enrollment Form. If you decide not to participate, please check the appropriate box on the form, sign the form and return it to your Local Human Resources Department.

PLEASE RETAIN THIS BOOKLET WITH YOUR VALUABLE PAPERS.

THIS INSURANCE IS IN FORCE ONLY IF AN ENROLLMENT FORM IS COMPLETED, YOU HAVE AUTHORIZED PAYROLL DEDUCTIONS OF PREMIUM, AND YOUR PREMIUM IS RECEIVED.

BENEFICIARY

Unless you name a specific beneficiary under the Policy, your beneficiary for accidental death will be that person or those persons designated by you for UCC - United Church of Christ's group life insurance policy as shown on UCC - United Church of Christ's records kept on that policy. Benefit payments made for all other losses will be made to (or on behalf of) you.

ADDITIONAL BENEFIT HIGHLIGHTS
(complete details of each benefit will be included in the Certificate of Insurance provided to you if you enroll)

■ CONVERSION PRIVILEGE

Provides an accidental death and dismemberment conversion option to covered persons when their coverage ends (prior to a specified age) because they are no longer eligible for coverage under the Plan.

■ PSYCHOLOGICAL THERAPY BENEFIT

Pays an additional benefit of 5% to a maximum of $5,000 of the covered person's Principal Sum, if a covered person incurs psychological therapy expenses that are due to an injury causing dismemberment within 90 days of the date of the accident that caused the injury.

■ REHABILITATION BENEFIT

Reimburses covered rehabilitation expenses, up to a maximum of $5,000, incurred within two years of and as a result of an accident causing a covered dismemberment or paralysis.
SEAT BELT BENEFIT

Pays an additional benefit of 10% to a maximum of $10,000 of the covered person's Principal Sum, if a covered person suffers a covered accidental death while operating or riding as a passenger in a private passenger automobile if it is verified that such person was wearing a properly-fastened, original, factory-installed seat belt.

YOUR EFFECTIVE AND TERMINATION DATES
Effective Date: Insurance becomes effective on the latter of a) the Policy effective date; b) the first of the month coincident with or next following the date of the Policyholder's receipt of the completed and signed enrollment form; c) the date premium is paid when due; or d) The Effective Date of the Policy or the First Day of the Month next following the date on which the Policyholder receives the completed enrollment form, whichever occurs later.

Termination Date: Your coverage shall immediately terminate on the earliest of: (1) the date the Policy is terminated; (2) the premium due date if premiums are not paid when due; (3) the date you cease to be an eligible employee of UCC - United Church of Christ; (4) the date you request, in writing, that your coverage be terminated.

THE FOLLOWING PAGES WILL CONSTITUTE YOUR CERTIFICATE OF INSURANCE IF YOU ENROLL.
GROUP ACCIDENT INSURANCE CERTIFICATE

ABOUT THIS CERTIFICATE. This certificate describes accident insurance the Company provides to Insured Persons under the Group Policy (herein called the Policy) issued to the Policyholder.

In witness whereof, the Company has caused this certificate to be signed by its President and Secretary.

The President and Secretary of AIG Life Insurance Company witness this certificate:

[Signatures]

President
Secretary

PLEASE READ THIS CERTIFICATE CAREFULLY.

Non-Participating
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DEFINITIONS

Annual Salary - means the Insured's base annual salary exclusive of overtime, bonuses, tips, commissions and special compensation.

Injury - means bodily injury caused by an accident occurring while the Policy is in force as to the person whose injury is the basis of claim and resulting directly and independently of all other causes in a covered loss.

Insured - means the person named in the Schedule who has enrolled for coverage under the Policy, if required and for whom premium has been paid while covered under the Policy.

Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild.)

Insured Person - means an Insured.

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Schedule - means the enrollment form on file with the Policyholder.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. The Insured's coverage under the Policy begins on the Effective Date of Coverage as shown in the Schedule.

Termination Date. An Insured's coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated; (2) the premium due date if premiums are not paid when due; (3) the date the Insured requests, in writing, that his or her coverage be terminated; or (4) the date the Insured ceases to be eligible for coverage under the Policy.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.
PREMIUM

Premiums. The Company provides insurance in return for premium payments. The Company may change the required premiums due by giving the Policyholder at least 31 days advance written notice. The Company may also change the required premiums at any time when any change affecting rates is made in the Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. An Insured Person’s coverage will not be terminated for nonpayment of premium during the Grace Period if all premiums due are paid by the last day of the Grace Period. An Insured Person’s coverage will terminate on the last day of the period for which all premiums have been paid if all premiums due are not paid by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating coverage under the Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section.

No grace period will be provided if the Company receives notice to terminate the Insured Person’s coverage under the Policy prior to a premium due date.

BENEFITS AND COVERAGE

Principal Sum. As applicable to each Insured, Principal Sum means the amount of insurance in force under the Policy as described in the Schedule. Principal Sum amounts may not exceed 10 times the Insured’s Annual Salary.

Reduction Schedule

The amount payable for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss with respect to any Benefit provided under the Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured Person’s loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

<table>
<thead>
<tr>
<th>AGE ON DATE OF ACCIDENT</th>
<th>PERCENTAGE OF AMOUNT OTHERWISE PAYABLE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>65%</td>
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<td>75-79</td>
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<td>80-84</td>
<td>30%</td>
</tr>
<tr>
<td>85 and older</td>
<td>15%</td>
</tr>
</tbody>
</table>

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

“Age” as used above refers to the age of the Insured Person on the Insured Person’s most recent birthday, regardless of the actual time of birth.
Limitation on Multiple Benefits

If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided under the Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit, Paralysis Benefit.

Accidental Death Benefit

If Injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

Accidental Dismemberment Benefit

If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

<table>
<thead>
<tr>
<th>For Loss of</th>
<th>Percentage of Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and Index Finger of Same Hand</td>
<td>25%</td>
</tr>
</tbody>
</table>

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance

If by reason of an accident occurring while an Insured Person's coverage is in force under the Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under the Policy, the loss will be covered under the terms of the Policy.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured Person has suffered accidental death within the meaning of the Policy.
Conversion Privilege
(Applies to the Accidental Death Benefit and Accidental Dismemberment Benefit Only)

If an Insured Person’s coverage ends (prior to age 80) because he or she is no longer of an eligible for
coverage under the Policy, coverage may be converted to an individual accidental death and
dismemberment policy (herein called an Individual Policy).

The Company must receive a written application and payment of the required premium within 31 days
after coverage ends under the Policy. No evidence of insurability is required to obtain the Individual
Policy. The Individual Policy will be a type the Company regularly makes available on its effective date.
The initial premium for the Individual Policy will be based on the Insured Person’s attained age, risk
class, and amount of insurance provided, at the time of application for the Individual Policy.

Coverage under the Individual Policy will take effect on the later of: (1) the date the application and
required premium payment are received by the Company; or (2) the date that the Insured Person’s
coverage under the Policy ends. In the event that the application and required premium are not
received prior to termination of coverage under the Policy, coverage is not provided from the date
coverage ends under the Policy until the date coverage under the Individual Policy becomes effective.
Coverage under the Individual Policy may not be less than $100,000 and may not exceed the greater
of: (1) the amount for which the Insured Person was covered under the Policy; or (2) $500,000.

Paralysis Benefit

If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury,
in any one of the types of paralysis specified below, the Company will pay the percentage of the
Principal Sum shown below for that type of paralysis:

<table>
<thead>
<tr>
<th>Type of Paralysis</th>
<th>Percentage of Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
</tr>
</tbody>
</table>

“Quadriplegia” means the complete and irreversible paralysis of both upper and both lower limbs.
“Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means
the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.
“Uniplegia” means the complete and irreversible paralysis of one limb. “Limb” means entire arm or
entire leg.

If the Insured Person suffers more than one type of paralysis as a result of the same accident, only one
amount, the largest, will be paid.
Psychological Therapy Benefit

If Injury to the Insured Person results within 90 days of the date of the accident that caused the Injury, in an accidental dismemberment for which an Accidental Dismemberment benefit is payable under the Policy, the Company will pay Covered Psychological Therapy Expenses that are due to the Injury causing the dismemberment. The Covered Psychological Therapy Expenses must be incurred within one year after the date of the accident causing the Injury. The amount payable for this benefit is the lesser of $5,000 or 5% of the Insured Person's Principal Sum. Covered Psychological Therapy Expenses do not include any expenses for or resulting from an Injury for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

Covered Psychological Therapy Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Psychological Therapy Session for the Insured Person provided under the care or supervision of a Physician; (2) does not exceed the usual level of charges for similar therapy sessions in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Medically Necessary Psychological Therapy Session - as used in this Rider, means any individual, joint or family mental health counseling session that: (1) is essential to assist the Insured Person in coping with the accidental dismemberment; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

Rehabilitation Benefit

If an Insured Person suffers an accidental dismemberment or an accidental paralysis for which an Accidental Dismemberment or Paralysis benefit is payable under the Policy, the Company will reimburse the Insured Person for Covered Rehabilitative Expenses that are due to the Injury causing the dismemberment or paralysis. The Covered Rehabilitative Expenses must be incurred within two years after the date of the accident causing that Injury, up to a maximum of $5,000 for all Injuries caused by the same accident.

Hospital - for purposes of this benefit, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Medically Necessary Rehabilitative Training Service - means any medical service, medical supply, medical treatment or Hospital confinement (or part of a Hospital confinement) that: (1) is essential for physical rehabilitative training due to the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

Covered Rehabilitative Expense(s) - means an expense that: (1) is charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar treatment, supplies or services in the locality where the expense is incurred (for a Hospital room and board charge, does not exceed the
most common charge for Hospital semi-private room and board in the Hospital where the expense is incurred); and (3) does not include charges that would not have been made if no insurance existed.

Exclusions. In addition to the Exclusions in the Exclusions section of the certificate, Covered Rehabilitative Expenses do not include any expenses for or resulting from an Injury for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

**Seat Belt Benefit**

**Seat Belt Benefit (Percentage of Principal Sum).** If the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt, the Company will pay this additional benefit. The amount payable for this additional benefit is the lesser of: (1) $10,000 or (2) 10% of the Insured Person's Principal Sum.

Verification of the actual use of the seat belt, at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

Automobile - means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and, if not used primarily for occupational, professional or business purposes, a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.
EXCLUSIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;

2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning;

3. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft;
   c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder by the Insured Person's employer;

4. declared or undeclared war, or any act of declared or undeclared war;

5. full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the Insured Person enters military service);

6. the Insured Person being under the influence of drugs or intoxicants, unless taken under the advice of a Physician;

7. the Insured Person's commission of or attempt to commit a felony.
CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an insured person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at American International Companies, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701, with information sufficient to identify the insured person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the insured's name, the policyholder's name and the policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an insured person will be made to the insured person's beneficiary as described in the beneficiary designation and change provision of the general provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the insured. If an insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the beneficiary designation and change provision of the general provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, all or part of the payment may be made, at the Company's option, to the person or persons who, in the Company's opinion, have assumed the custody and support of the minor or responsibility for the incompetent person's affairs. At the Company's option, the payment may be made in installments in an amount and at a frequency determined by the Company.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.
GENERAL PROVISIONS

 Entire Contract; Changes. The Policy, the Master Application, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

No change in the Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

Incontestability. After an Insured Person has been insured under the Policy for two year(s) during his lifetime, no statement made by the Insured Person, except a fraudulent one, will be used to contest a claim under the Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by the Insured Person and a copy is given to the Policyholder, the Insured Person or the beneficiary.

Insured’s Beneficiary Designation and Change. The Insured’s designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder’s group life insurance policy as shown on the Policyholder’s records kept on that policy, unless the Insured has named a beneficiary specifically for the Policy as shown on the Policyholder’s records kept on the Policy.

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

If there is no designated beneficiary or no designated beneficiary is living after the Insured’s death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured’s (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured’s estate.

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

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

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of the Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.
Conformity With State Statutes. Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers’ Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers’ Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in the Policy.

Assignment. An Insured may assign all of his or her rights, privileges and benefits under the Policy without the consent of his or her designated beneficiary. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of the Policy.

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