

Accident Benefits for AECOM and any and all subsidiaries and affiliates

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below. If you are not in Active Service on the date your insurance would otherwise be effective, it will go into effect on the date you return to Active Service.

Class Description: All employees of the Participating Organization designated as Career Level 5 and above (or the equivalent thereof) who are in Active Service and not covered in any other Class.

Your Dependents (your lawful spouse and unmarried children, subject to the age limits shown in the Policy) are also covered, if they are traveling with you.

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

Covered Activities

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

24-Hour Coverage - We will pay the benefits described in the Policy when you suffer a Covered Accident any time while insured by the Policy. Unless otherwise specified, We will pay benefits only once for a Covered Accident.

Owned Aircraft Not Covered - Benefits will not be paid if the aircraft is owned, leased, or controlled by the Policyholder or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days or more than 15 days in any year.

Description of Benefits

Aggregate Limit - We will not pay more than per Covered Accident: \$20,000,000; for all losses. If, in the absence of this provision, We would pay more than this amount for all losses under the policy, then the benefits payable to each person with a valid claim will be reduced proportionately.

Accidental Death and Dismemberment Benefits - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is Four (4) times Annual Salary rounded to the next higher \$1,000 subject to a minimum Principal Sum of \$200,000 and a maximum Principal Sum of \$2,000,000. Your spouse's Principal Sum is \$250,000. Your child's Principal Sum is \$50,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses

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

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Scope of Coverage for Accident Medical Expense Benefits: Full Excess Benefits

Accident Medical Expense Benefits - We will pay for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits must be incurred within 365 days from the date of the Covered Accident and are subject to a \$0 Deductible. The Maximum Benefit for all Accident Medical Expense Benefits for you is \$50,000; for your spouse is \$50,000; and for your children is \$50,000. These benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible (if any) has been met; 2) for those Medically Necessary Covered Expenses that you receive; and 3) if the first incurred expenses are within 90 days from the date of the Covered Accident. No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

In addition to the General Exclusions, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of your household.
- treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
- treatment of hernia, Osgood-Schlatter’s Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
- pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- mental and nervous disorders (except as provided in the Policy).
- damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
- expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
- Injury covered by Workers’ Compensation, Employer’s Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury or loss contributed to by the use of drugs unless administered by a Doctor.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
- expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- conditions that are not caused by a Covered Accident.
- participation in any activity or hazard not specifically covered by the Policy.
- any treatment, service or supply not specifically covered by the Policy.

Carjacking Benefit - We will pay \$50,000 if you suffer a Covered Loss as a result of a Carjacking of an Automobile that you were operating, getting into or out of, or riding in as a passenger. Verification of the Carjacking must be made part of an

official police report within 24 hours of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within 24 hours of the Carjacking, or as soon as reasonably possible.

"Carjacking" means a person other than you taking unlawful possession of an Automobile by means of force or threats against the person(s) then rightfully occupying such Automobile. "Automobile" means a self-propelled private passenger motor vehicle with four or more wheels that is of a type both designed and required to be licensed for use on highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, and a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

Coma Benefit - We will pay 1% of the Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum if you become Comatose within 31 days of a Covered Accident and remain in a Coma for at least 31 days. We reserve the right, at the end of the first 31 days of Coma, to require proof that you remain Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense. Monthly payments will end on the first of the following dates: 1) the end of the month in which you die; 2) the end of the 11th month for which this benefit is payable; 3) the end of the month in which you recover from the Coma.

You are deemed "Comatose" or in a "Coma" if you are in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

Cosmetic Disfigurement from Burns Benefit - We will pay 100% of the Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the Cosmetic Burn Chart, if you suffer third or fourth degree burns in one or more areas of the body. The benefit payable for any one loss is determined by the following formula: 1) Identify the Area Factor on the Cosmetic Burn Chart shown below; 2) Multiply the Area Factor by the Allowable Percentage for area surface burned (or a percentage proportional to the total amount of the Body Part actually burned); 3) Multiply the result of (2) by the Maximum Benefit Amount to determine the amount of the Maximum Benefit Amount Payable under this benefit.

Cosmetic Burn Chart

Body Part	Area Factor	Allowable % Burned	Maximum Benefit Amount *
Face, Neck, Head	11	9%	99%
Hand & Forearm	5	4.5%	22.5%
Upper Arm	3	4.5%	13.5%
Torso (Front or Back)	2	18%	36%
Thigh	1	9%	9%
Lower Leg (Below Knee)	3	9%	27%

*The percentage shown is based on 100% of the Body Part identified as being burned. If less than 100% of the Body Part is burned, an appropriate corresponding percentage of the Allowable Percentage is to be used in determining the percentage of the Maximum Benefit Amount payable.

Disability Benefit (Permanent Total Disability) - We will pay 100% of Covered Person's Principal Sum if you are under age 80 and Permanently Totally Disabled as a direct result of, and from no other cause but, a Covered Accident. Permanent Total Disability must begin within 30 days from the date of your Covered Accident. Disability Benefits will begin when: 1) the applicable Benefit Waiting Period of 365 days is satisfied; and 2) you provide satisfactory proof of Permanent Total Disability to Us.

"Total Disability" or "Totally Disabled" means, due to an Injury from a Covered Accident, you: 1) if employed, cannot do any work for which you are, or may become, qualified by reason of education, experience or training; and 2) if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex. "Permanent Total Disability" or "Permanently Totally Disabled" means you are Totally Disabled and are expected to remain so disabled, as certified by a Doctor, for the rest of your life. Permanent Total Disability must be the result of the same Covered Accident that caused the Total Disability.

Emergency Medical Benefits - We will pay up to \$10,000 for Covered Expenses incurred for emergency medical services to treat you if you: 1) suffer a Medical Emergency during the course of a Trip; and 2) are traveling 100 miles or more away from your place of permanent residence. Covered Expenses include expenses for guarantee of payment to a medical provider, Hospital or treatment facility. Benefits for these Covered Expenses will not be payable unless the charges incurred: 1) are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred;

and 2) do not include charges that would not have been made if there were no insurance. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Emergency Medical Evacuation Benefit - We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling 100 miles or more away from your place of permanent residence. Covered Expenses; 1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor. 2) Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your location to make the assessment. 3) Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) you suffer a Medical Emergency and must be confined in a Hospital. 4) Escort Services: expenses for an Immediate Family Member, or companion who is traveling with you, to join you during your emergency medical evacuation to a different hospital, treatment facility or your place of residence. 5) Transportation after Stabilization: if We have evacuated you to a medical facility due to an Emergency Medical Evacuation, We will pay transportation costs to a) your Home Country, or b) your host country, or c) to join the group if they have moved onward to a different location.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event you refuse to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

Home Alteration and Vehicle Modification Benefit - We will pay 10% of the Principal Sum up to \$50,000, if you suffer a Covered Loss, other than a Loss of Life, as a direct result of the Covered Accident, you now require adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle. This benefit is payable only if you require home alteration or vehicle modification within one year of the Covered Accident and prior to the Covered Accident you did not require the use of any adaptive devices of residence and/or vehicle.

Hospital Confinement Benefit - We will pay \$75, if you are Hospital Confined and the Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident and it begins within 30 days of a Covered Accident and lasts for 1 days. We will pay this benefit retroactive to the first day of the Hospital stay.

Benefit payments will end on the first of the following dates: 1) the date the Hospital stay ends; or 2) the date you die; or 3) 365 days from the date of the Covered Accident; or 4) the date insurance under the Policy ends.

Rehabilitation Benefit - We will pay 10% of your Principal Sum up to \$50,000 if you suffer an Accidental Dismemberment covered under the Policy and you are participating in a Rehabilitation Program that is prescribed by a Doctor. Benefits are payable for: 1) the facility providing the Rehabilitation Program in which you are participating; and 2) Immediate Family Members who incur expenses for travel to and from the location at which you are participating in a Rehabilitation Program provided actual receipts are submitted with the claim.

Benefits will end when the first of the following events occur: 1) the date you complete the Rehabilitation Program; 2) the date you die.

"Immediate Family Member" means your parent, grandparent, spouse, child, brother, sister, or in-laws. "Rehabilitation Program" means a specialized, intensive program for rehabilitation or assimilation at an accredited medical facility specializing in research, surgery, and training of persons with Accidental Dismemberment Covered Losses as outlined in the *Schedule of Covered Losses*.

Repatriation of Remains Benefit - We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling 100 miles or more away from your place of permanent residence. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services which include expenses for an Immediate Family Member, or companion who is traveling with you, to join your body during the repatriation to your place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Seatbelt and Airbag Benefit - We will pay 10% of the Principal Sum up to a Maximum Benefit of \$50,000, when you die or are dismembered directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional 10% of the Principal Sum up to \$50,000 if you were also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag). Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with your claim to Us. If such certification or police report is not available or it is unclear whether you were wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay \$1,000 to your beneficiary.

In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Covered Accident. "Supplemental Restraint System" means an airbag that inflates upon impact for added protection to the head and chest areas. "Automobile" means a self-propelled, private passenger motor vehicle with four or more wheels that is a type both designed and required to be licensed for use on the highway of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

Special Counseling Benefit - We will pay \$250 per session for up to 10 counseling sessions for mental health counseling to assist you in dealing with a Covered Loss, if you suffer an Injury that results in a loss as outlined in the *Schedule of Covered Losses* for which the Accidental Death and Dismemberment Benefit is payable; and obtain mental health counseling. The Maximum Amount for this benefit is \$2,500 per Covered Loss.

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

- intentionally self-inflicted Injury. (applicable to Accidental Death and Dismemberment Benefit only)
- suicide or attempted suicide. (applicable to Accidental Death and Dismemberment Benefit only)
- war or any act of war, whether declared or not (except as provided by the Policy).
- a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- commission of, or attempt to commit, a felony.

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

War Risk Coverage: We will pay benefits for Covered Losses due to Covered Accidents resulting from war or acts of war anywhere in the world, except the following countries:

- the United States

- The Covered Person's Home Country

The war exclusion is deleted to the extent coverage is provided by the terms and conditions of War Risk Coverage.

"Home Country" means a country from which you hold a passport. If you hold passports from more than one Country, your Home Country will be the country that you declared to Us in writing as your Home Country.

"Country of Permanent Assignment" means a country, other than your Home Country, in which the Policyholder requires you to work for a period of time that exceeds 365 continuous days.

We will not pay more than \$20,000,000 per occurrence for war risk benefits. This limit shall apply to Injuries sustained from all acts of war in a consecutive 72-hour period. If but for this limit We would pay more than \$20,000,000, then the benefits We will pay to each Covered Person will be reduced in the same proportion, so that the total amount We will pay for war risk coverage is \$20,000,000.

Out-of-Country Medical Expense Benefit

In addition to the accident benefits provided by your business travel plan, we will pay the additional benefits listed below if you are injured as the result of a Covered Accident or become sick while traveling on business outside your Home Country or Country of Permanent Assignment provided the trip does not exceed 365 days; or on a Relocation Trip.

"Relocation Trip" means a trip in connection with your transfer by the Policyholder to a new worksite outside of your Home Country. Coverage will end on the earlier of 60 days after the date you have relocated to your Country of Permanent Assignment or the date you move to the Policyholder's local or expatriate benefit plan.

The Out-of-Country Medical Expense Benefit is expanded to include travel for pleasure outside of your Home Country or Country of Permanent Assignment even if not related to the business of the Policyholder. Coverage is included for your Dependent(s), if traveling with you, provided you are in Active Service

This coverage will begin on the later of the scheduled departure date or the date you leave your Home Country or Country of Permanent Assignment on a trip authorized by the Participating Organization. Coverage will end on the earliest of your scheduled return date, the date you return to your Home Country or Country of Permanent Assignment, or the date your Personal Deviation is more than 14 day(s).

Medical Expense Benefits - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable to the earlier of the date you return to your Home Country or Country of Permanent Assignment, or 52 Weeks from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 30 days after the date of Covered Accident or Sickness.

The Maximum Benefit for all Accident and Sickness benefits for you is \$1,000,000; for your spouse is \$1,000,000; and for your children is \$1,000,000, subject to a Deductible of \$0 per Covered Accident or Sickness.

The following limits also apply: The maximum for Dental Treatment (Injury only) is \$1,000. The maximum for Emergency Medical Treatment of Pregnancy is treated as any other medical condition. The maximum for Room & Board charges is the average semi-private room rate. The maximum for ICU Room & Board Charges is two (2) times the average semi-private room rate.

Medical Expense Benefits are only payable: 1) for 100% of the Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that the Covered Person incurs; and 3) for charges incurred for services rendered to you while traveling outside of your Home Country or Country of Permanent Assignment.

Emergency Medical, Emergency Medical Evacuation and Repatriation of Remains Benefits are extended to include travel outside of your Home Country or Country of Permanent Assignment.

Baggage Delay Benefit - If your checked-in luggage is not delivered to you within 4 hours at the scheduled destination point of your flight, we will reimburse you for charges incurred at the scheduled destination for purchases of essential clothing and toiletries up to \$2,500. These purchases must be made within 24 hours of your arrival or prior to the return of the luggage,

whichever is sooner. You must provide documentation of the delay or misdirection of baggage by the Common Carrier and receipts for the emergency purchases.

Family Reunion Benefit - We will pay up to \$5,000 for expenses incurred to have your Family Member join you if: 1) you are confined in a Hospital for at least 5 consecutive days or 2) if you are medically evacuated to another Hospital in another location. Covered expenses include an economy airline ticket and other travel related expenses. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

“Family Member” means your parent, sister, brother, spouse or child.

Home Country Emergency Benefit – We will pay benefits for Covered Medical Expenses if you continue treatment in your Home Country of a covered Injury or Sickness that was first treated during the course of a Trip. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if you were outside of your Home Country. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan. The coverage begins on the date you arrive in your Home Country. It ends the later of: 1) 90 days after you return to your Home Country, or 2) the date you leave your Home Country. This benefit is payable only once in any Policy Term. This coverage will end on the earlier of the date yours would otherwise end or the end of the Policy Term. In order for this benefit to be payable, your coverage must remain continuously in force and the required premium must be paid.

Home Country Emergency Benefit payments are subject to the \$0 Deductible and Coinsurance Rate shown above for Medical Expense Benefits and a Benefit Maximum of \$10,000.

Personal Property and Financial Instrument Reimbursement Benefit – If you sustain loss or damage to Personal Property or Financial Instrument during a bona fide business Trip approved by your employer, after satisfaction of the \$0 Deductible, We will indemnify the Policyholder on your behalf with respect to such loss or damage as follows: we will reimburse the reasonable cost up to \$10,000 per item or set of items, not to exceed \$20,000 for Personal Property; we will reimburse up to \$1,000 for cash and \$5,000 for other Financial Instruments, per Trip.

Replacement costs for Personal Property are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must demonstrate that you have taken reasonable precautions for the safety and security of any covered property and Financial Instrument, and We require certification by a police or security authority in an incident report.

For any claim you make under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore your personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits. “Personal Property” means personal goods belonging to you or for which you are responsible and are taken on the business Trip or acquired by you during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment. “Financial Instrument” means coins, banknotes, postal and money orders, signed travelers and other checks, letters of credit, travel tickets, and credit cards. It does not mean the devaluation of currency or shortages due to errors or omissions during monetary transactions.

Trip Cancellation Benefit - We will reimburse you for the amount of non-refundable Covered Expenses you paid for your Trip, up to \$2,500, if you are prevented from taking your Trip as the result of Injury, Sickness, or you or your Family Member's death prior to the scheduled Trip departure date. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled. If you must cancel the Trip due to Injury or Sickness of a Family Member, it must be because his or her condition is life-threatening, or because the Family Member requires your care. Cancellation due to the death of a Family Member is covered under only if the death occurs within 30 days of your scheduled Trip departure date.

Covered Expenses: 1) any cancellation charges imposed by a travel agency, tour operator, or other recognized travel supplier for the Covered Trip; 2) any prepaid, unused, non-refundable airfare and sea or land accommodations; 3) any other reasonable additional Trip expenses for travel, lodging, or scheduled events that are prepaid, unused, and non-refundable.

“Family Member” means your spouse, child, brother, sister, parent, grandparent or immediate in-law.

Trip Delay Benefit - We will reimburse Covered Expenses you incur if your trip is delayed for more than 4 hours. The maximum we will pay is \$500 per person per day up to 5 days, subject to a benefit maximum of \$2,500.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of your Trip.

Travel Delay must be caused by one of the following reasons: a) Injury, Sickness or death to either you, your Family Member or traveling companion that occurs during the Trip; b) carrier delay; c) lost or stolen passport, travel documents or money; d) Quarantine; e) Natural Disaster; f) you being delayed by a traffic accident while en route to a departure; g) hijacking; h) unpublished or unannounced strike; i) civil disorder or commotion; j) riot; k) inclement weather which prohibits Common Carrier departure; l) equipment failure of a Common Carrier; or m) the loss of your and/or your traveling companion's travel documents, tickets or money due to theft.

"Quarantine" means you are forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to you either having, or being suspected of having, a contagious disease, infection or contamination while you are traveling outside of your Home Country.

Your Duties in the Event of Loss: you must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

Trip Interruption Benefit - We will reimburse the cost of a one-way economy air and/or ground transportation ticket for your Trip, up to \$2,500, if your Trip is interrupted as the result of: 1) the death of a Family Member; or 2) your or your Family Member's unforeseen Injury or Sickness. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3) a Medically Necessary covered Emergency Medical Evacuation to return you to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness; or 4) substantial destruction of your principal residence by fire or weather related activity. "Family Member" means your parent, sister, brother, husband, wife, children, or grandparent.

In addition to the exclusions above, We will not pay benefits for any loss, treatment, or services resulting from or contributed to by:

- Routine physicals and care of any kind.
- Routine dental care and treatment.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Routine nursery care.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as medically necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- Treatment or service provided by a private duty nurse.
- Treatment by any Immediate Family Member or member of the Insured's household.
- Expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's business (unless Personal Deviations are specifically covered).
- Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
- Injury or sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law.

In addition to the Policy Exclusions, We will not pay Personal Property and Financial Instrument Reimbursement for:

- Loss or damage due to:
 - i. Moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship;
 - ii. Mechanical or electrical failure;
 - iii. Any process of cleaning, restoring, repairing, or alteration;
- More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair;
- Devaluation of currency or shortages due to errors or omissions during monetary transactions;
- Any loss not reported to either the police or transport carrier within 24 hours of discovery;

- Any loss due to confiscation or detention by customs or any other authority.

If we determine the benefits paid under the Out-of-Country Medical Plan are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov.

Definitions: “Covered Accident” means an accident that occurs while coverage is in force for you and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **“Covered Person”** means any eligible person for whom the required premium is paid. **“Injury”** means accidental bodily harm sustained by you from a Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **“Medical Emergency”** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. **“Sickness”** means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **“Trip”** means travel by air, land, or sea from your Home Country. **“We, Our, Us”** means the insurance company underwriting this insurance or its authorized agent.

You must provide notification of a claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder, and the Policy Number.

Policy Number: ADD N04850798, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact: Chubb NA at 800-336-0627 (from inside the U.S.) or 302-476-6194 (from outside the U.S.); fax 302-476-7857 for claims or inquiries, or e-mail aceaandhclaims@chubb.com. To file a claim online, visit us at: <https://www.chubbclaims.com/ace/us-en/welcome.aspx>. Mail claims to: Chubb Accident & Health, PO Box 5124, Scranton, PA 18505-0556.

Travel Assistance Services: Please contact the Policyholder for information about your travel assistance services and how to contact the assistance provider when you are traveling.

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