

**IMPORTANT PATIENT PROTECTION AND
AFFORDABLE CARE ACT (ACA) NOTICE**

About This Notice

You are receiving this notice because you have coverage under an individual or group accident and health insurance policy from one of the insurance company subsidiaries of American International Group, Inc. (AIG) listed at the end of this notice.

NOTICE: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

NOTICE TO COLORADO RESIDENTS: THIS IS A SUPPLEMENTAL POLICY THAT IS NOT INTENDED TO PROVIDE THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). UNLESS YOU HAVE ANOTHER PLAN (SUCH AS MAJOR MEDICAL COVERAGE) THAT PROVIDES MINIMUM ESSENTIAL COVERAGE IN ACCORDANCE WITH THE ACA, YOU MAY BE SUBJECT TO A FEDERAL TAX PENALTY. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

NOTICE TO IOWA, LOUISIANA, AND MICHIGAN RESIDENTS: COVERAGE DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (A/K/A "MAJOR MEDICAL INSURANCE"). IT THEREFORE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OR YOUR OBLIGATIONS TO COMPLY WITH SAME.

NOTICE TO NEW MEXICO RESIDENTS: THIS PLAN IS NOT CONSIDERED "MINIMUM ESSENTIAL COVERAGE" UNDER THE AFFORDABLE CARE ACT AND THEREFORE DOES NOT SATISFY THE INDIVIDUAL MANDATE THAT YOU HAVE HEALTH INSURANCE COVERAGE. IF YOU DO NOT HAVE OTHER HEALTH INSURANCE COVERAGE, YOU MAY BE SUBJECT TO A FEDERAL TAX PENALTY.

NOTICE TO DISTRICT OF COLUMBIA RESIDENTS: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

NOTICE TO NEW YORK RESIDENTS: THIS IS ACCIDENT-ONLY INSURANCE AND/OR HOSPITAL INDEMNITY INSURANCE. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

NOTICE TO SOUTH DAKOTA RESIDENTS: THIS LIMITED HEALTH BENEFITS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS A BASIC OR LIMITED BENEFITS POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS.

The AIG Companies

AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; American Home Assurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; and The Insurance Company of the State of Pennsylvania.

National Union Fire Insurance Company of Pittsburgh, Pa.

Accidental Death and Dismemberment Insurance Application Form

PROPOSED PRIMARY INSURED INFORMATION:

| | |
|--|--|
| <p>Name: Address:</p> <p>DOB:</p> <p>Phone Number: Email Address:</p> <p>Policy Number:</p> <p>Is the purchase of this coverage intended to replace any other accident and sickness insurance now in force? <input type="checkbox"/> Yes <input type="checkbox"/> No.</p> <p>Spouse Name: Spouse DOB:</p> <p>You have elected for your plan documents to be sent by: Email</p> | <p><u>Plan Selected</u> Accidental Death and Dismemberment</p> <p><u>Applied For:</u> <input type="checkbox"/> Individual <input type="checkbox"/> Individual & Family (Family means Individual & Spouse & Children)</p> <p>Premium Amount:</p> <p>Non-Insurance Services Fee:</p> <p>Total Plan Cost:</p> <p>Payment Frequency: Monthly</p> |
|--|--|

APPLICANT'S STATEMENTS AND AGREEMENTS

I apply for individual insurance [and non-insurance services] in accordance with my selection(s) indicated above. The information on this form is complete and true to the best of my knowledge and belief. I authorize Goose Insurance Services Inc. to automatically charge my payment from my debit or credit card. I understand that insurance coverage will be effective on the Effective Date indicated in the issued policy[, and non-insurance services will be available on that same date] provided the full first payment has been received and Plan documents have been issued.

✓ I understand and agree to the terms of the Consent to Electronic Delivery document.

Fraud Statement – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The policy provides limited benefits. Review your policy carefully.

I acknowledge that I have received, understand, and agree to the Terms and Conditions provided to me at the time I applied for this coverage.

Applicant's Signature: (Authorization on file)

Date: (Date of Authorization)

Policy Series [A30588NUFIC-TN]

National Union Fire Insurance Company of Pittsburgh, Pa.
Administrator: 2219 Rimland Drive, Suite 301, Bellingham, WA 98226
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Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. ("National Union"), a Pennsylvania insurance company, with its principal place of business at 1271 Ave of the Americas FL 37, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 012-19445. [Non-Insurance services are made available through [Careington International Corporation]]

National Union Fire Insurance Company of Pittsburgh, Pa. is an American International Group, Inc. (AIG) company.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY

(a capital stock company, herein referred to as the Company)

Administrator: 2219 Rimland Drive, Suite 301, Bellingham, WA 98226

Insured:

Policy Number:

Effective Date:

Covered Activities Endorsement

This Endorsement is attached to and made part of the Policy on the Effective Date shown above at 12:01AM, Standard Time at the address of the Policyholder and is not retroactive. It is subject to all of the provisions, limitations, and exclusions of the Policy that are not in conflict with this Endorsement. In the event of a conflict between this Endorsement and any other provision of the Policy, this Endorsement shall control.

The Maximum Amount payable for the Accidental Death and Accidental Dismemberment and Paralysis and Coma Benefits will be determined by the Covered Activities the Insured Person was participating in at the time of the accident causing the loss, subject to any Reduction Schedule included in the Policy.

Covered Activities:

1. 24 Hour Accident Coverage ("24 Hour").
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian ("Motor Vehicle").
3. While riding as a fare-paying passenger on a Common Carrier ("Common Carrier").

The definition of Injury is hereby deleted and replaced with the following:

Injury. Means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under this Policy is in force; and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other excluded cause) causes a covered loss; and (3) which occurs while such person is participating in a Covered Activity.

The Accidental Death and Accidental Dismemberment and Paralysis and Coma Benefits in the Policy Benefit Schedule are hereby deleted and replaced with the following:

Benefit Schedule

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed maximums, and may be less than the maximums under circumstances specified in the Policy. The Maximum Amount payable for a covered loss will be determined by the age of the Insured Person on the date of the incident causing a covered loss with respect to the Benefits illustrated below.

| BENEFIT | Maximum Amount | | |
|-------------------------|----------------|----------------|------------------------------|
| | Insured | Insured Spouse | Insured Dependent Child(ren) |
| Accidental Death | | | |
| 24 Hour | | | |
| Ages 74 and under | \$100,000 | \$50,000 | \$20,000 |
| Ages 75 to termination | \$50,000 | \$25,000 | \$10,000 |

| BENEFIT | Maximum Amount | | |
|---|------------------------|-----------------------|------------------------------|
| | Insured | Insured Spouse | Insured Dependent Child(ren) |
| Motor Vehicle Ages 74 and under Ages 75 to termination | \$150,000 \$75,000 | \$75,000 \$37,500 | \$30,000 \$15,000 |
| Common Carrier Ages 74 and under Ages 75 to termination | \$200,000 \$100,000 | \$100,000 \$50,000 | \$40,000 \$20,000 |
| Accidental Dismemberment and Paralysis and Coma | | | |
| 24 Hour Ages 74 and under Ages 75 to termination | \$100,000 \$50,000 | \$50,000 \$25,000 | \$20,000 \$10,000 |
| Motor Vehicle Ages 74 and under Ages 75 to termination | \$150,000 \$75,000 | \$75,000 \$37,500 | \$30,000 \$15,000 |
| Common Carrier Ages 74 and under Ages 75 to termination | \$200,000 \$100,000 | \$100,000 \$50,000 | \$40,000 \$20,000 |

LIMITATIONS

Limitation on Multiple Covered Activities. If an Insured Person's Injury occurs while participating in more than one Covered Activity for which the same Benefit applies, then the Maximum Amount for that Benefit will be determined as though the Injury occurred while the Insured Person was participating in the Covered Activity with the largest Maximum Amount for that Benefit.

DEFINITIONS

Common Carrier. Means a vehicle in which an Insured Person is a passenger at the time of the accident and which vehicle is duly licensed by a proper authority to transport passengers for a fee. Common Carrier vehicles are limited to airplanes, trains, buses, trolleys and boats that operate on a regularly scheduled basis between predetermined points or cities. A taxi is not a Common Carrier vehicle.

Covered Activity (ies). Means those activities set out in the Covered Activities, with respect to which Insured Person(s) are provided accident insurance coverage under the Policy.

Motor Vehicle. Means a motorized pleasure automobile type vehicle or motorcycle, including a truck of three-quarter tons or less, which is not licensed to carry passengers for hire. Motor Vehicle does not include boats, all-terrain vehicles or snowmobiles.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink that reads "Michael Snie". The signature is fluid and cursive, with the first name "Michael" and the last name "Snie" clearly legible.

President

A handwritten signature in black ink, consisting of two distinct, stylized cursive marks. The first mark is a series of loops, and the second is a more complex, angular flourish.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: New York, NY
(a capital stock company, herein referred to as the Company)
Administrator: 2219 Rimland Drive, Suite 301, Bellingham, WA 98226

INDIVIDUAL ACCIDENT POLICY

This Policy is a legal contract between the Insured and the Company. This Policy is issued in consideration of the statements set forth in the attached Application and the payment of the initial premium.

THIS POLICY IS GUARANTEED RENEWABLE until the Insured's or the Insured Spouse's termination age. We cannot change any of the terms of this Policy on its own, except that, in the future, We may increase the premium You pay.

COVERAGE TERMINATES AT AGE 80 OR AS OTHERWISE PROVIDED BY THIS POLICY.

IMPORTANT NOTICE: Please read the copy of the Application attached to this Policy and let Us know within 10 days if any information shown is not correct or complete. The Application is part of this Policy and the Policy was issued on the basis that the answers to all questions and the information shown on the Application are correct and complete.

RIGHT TO RETURN POLICY. You may return this Policy for any reason within the later of: (1) 30 days after You receive it; or (2) 30 days after the coverage becomes effective. It may be returned by mail or in person to Us. Any premium paid will be refunded and this Policy will be treated as if it were never issued.

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of the Company witness this Policy:



President



Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

NOTICE TO BUYER: THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT COVER SICKNESS OR DISEASE. REVIEW THE POLICY CAREFULLY. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

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SCHEDULE

Insured:

Issue Age:

Address:

Type of Coverage: Insured, Insured Spouse & Insured Dependent Children

Policy #:

Policy Effective Date:

Premium

| | Amount | Term |
|--|--------|-------|
| Insured, Insured Spouse & Insured Dependent Child(ren) | per | Month |

Benefit Schedule

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed maximums, and may be less than the maximums under circumstances specified in this Policy. The Maximum Amount payable for a covered loss will be determined by the age of the Insured Person on the date of the incident causing a covered loss with respect to the Benefits illustrated below.

| BENEFIT | Maximum Amount | | |
|---|-----------------------|----------------------|---------------------------------|
| | Insured | Insured Spouse | Insured Dependent Child(ren) |
| Accidental Death Ages 74 and under Ages 75 to termination | \$100,000 \$50,000 | \$50,000 \$25,000 | \$20,000 \$10,000 |
| Accidental Dismemberment and Paralysis and Coma Ages 74 and under Ages 75 to termination | \$100,000 \$50,000 | \$50,000 \$25,000 | \$20,000 \$10,000 |

DEFINITIONS

Application. Means the form completed by or on behalf of a proposed Insured for purposes of enrolling in or applying for this Policy, no matter how the form is titled.

Benefit Schedule. Means the Benefit Schedule section of this 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), grandparent, brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury. Means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that occurs while the injured person's coverage under this Policy is in force; and (2) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other excluded cause) causes a covered loss.

Insured. Means the person named in the Schedule for whom coverage is provided under this Policy and for whom premium has been paid.

Insured Dependent Child(ren). If indicated in the Schedule, means the Insured's unmarried child(ren), including natural, step, foster or adopted children from the moment of placement in the home of the Insured, under age 19 (or age 23 if attending an accredited institution of higher learning on a full-time basis) and primarily dependent on the Insured for support and maintenance: (1) whom You have elected to cover under this Policy; (2) for whom premium has been paid when due; and (3) while covered under this Policy.

Insured Person. Means the Insured, and, if indicated in the Schedule, the Insured Spouse and Insured Dependent Children.

Insured Spouse. Means the legal spouse of the Insured for whom coverage is provided under this Policy and for whom premium has been paid, if indicated in the Schedule.

Maximum Amount. Means the amount shown on the Benefit Schedule that is used to determine amounts payable under each Benefit.

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

Policy. Means this Policy, the Application and any attached Riders and Endorsements.

We, Us, Our, Company. Means National Union Fire Insurance Company of Pittsburgh, Pa.

You, Your. Means the Insured.

EFFECTIVE AND TERMINATION DATES

This Policy begins on the Effective Date shown in the Schedule at 12:01 A.M. standard time at Your place of residence. The Effective Date is the date from which policy years and premium due dates will be figured.

If Insured or Insured & Insured Spouse only coverage is issued and You desire uninterrupted coverage for a newborn or adopted child, You must notify the Company within 31 days of the child's birth or date of placement in the home. Upon notification, We will advise You of the additional premium due. Your Insured Dependent Child will be covered under this Policy from the date of birth or placement, upon receipt of the additional premium due.

If Insured Dependent Child coverage is in force, we require notification of the birth or adoption of a child; however, no additional premium payment is required.

The Insured may terminate this Policy on any premium due date by giving 31 days advance written notice to Us.

This Policy may be terminated at any time by mutual consent of You and Us.

This Policy terminates automatically on the earlier of: (1) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (2) the date requested by the Insured in writing that coverage be terminated; or (3) the Insured's death, unless there is an Insured Spouse. Upon the death of the Insured, if there is an Insured Spouse, such Insured Spouse becomes the Insured and coverage continues.

Coverage for an Insured Spouse, if indicated in the Schedule, ends on the earliest of: (1) the date the Insured's coverage under this Policy ends, unless due to the death of the Insured as noted above; (2) the premium due date, if premiums for the Insured Spouse are not paid when due, subject to the Grace Period provision; (3) the date the Insured makes a written request that coverage for the Insured Spouse be terminated; or (4) the date the Insured Spouse no longer meets the definition of an Insured Spouse.

If Insured only coverage is indicated in the Schedule, this Policy will terminate automatically on the date the Insured reaches age 80. If Insured Spouse coverage is indicated in the Schedule, the coverage for the older of the Insured or the Insured Spouse terminates automatically on the date the Insured or the Insured Spouse reaches age 80. However this Policy does not automatically terminate until the date the younger of the Insured or the Insured Spouse reaches age 80.

If this Policy is terminated due to the Insured Person reaching age 80 and premiums have been paid and accepted beyond the date the Insured Person reaches age 80, coverage will continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

Insured Dependent Child(ren)'s coverage under this Policy, if indicated in the Schedule, ends on the earliest of: (1) the date the Insured's coverage under the Policy ends; (2) the premium due date if premiums for the Insured Dependent Child(ren) are not paid when due, subject to the Grace Period provision; (3) the date the Insured makes a written request that coverage for the Insured Dependent Child(ren) be terminated; or (4) the date the Insured Dependent Child(ren) reaches the limiting age, as reflected in the definition of Insured Dependent Child(ren), except as otherwise stated in this Policy.

If coverage is terminated due to the Insured Dependent Child(ren) reaching the limiting age, and premiums have been paid and accepted beyond the date the Insured Dependent Child(ren) reaches the limiting age, coverage will continue in force, subject to any right of cancellation, until the end of the period for which such premium has been accepted.

Any unmarried Insured Dependent Child(ren) of the Insured covered under this Policy before reaching the limiting age, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under this Policy beyond the limiting age for as long as this Policy is in force, but only if they remain continuously covered under this Policy. We may request the submission of satisfactory proof of the Insured Dependent Child(ren)'s

incapacity and dependency to Us within 31 days after the Insured Dependent Child(ren) reaches the limiting age specified in this Policy. If the requested proof is not furnished to Us, coverage for the Insured Dependent Child(ren) will not be extended past the limiting age. If coverage is extended, We may request submission of satisfactory proof of the Insured Dependent Child(ren)'s continued incapacity and dependency on an annual basis after the initial two-year period following attainment of the specified age. If We are not furnished requested proof within 31 days of the request, coverage for the Insured Dependent Child(ren) will terminate at the end of that 31-day period.

Termination takes effect at 12:01 A.M. Standard Time at Your place of residence on the date of termination.

Termination will not affect a claim for a covered loss that occurred while coverage was in force under this Policy.

Effective Date of Change in Coverage

A change in coverage due to a change in the election of benefits will become effective on the later of the following dates: (1) the date the written request for change in coverage is received by Us; or (2) if the change requires a change in premium, the date the first changed premium is paid when due.

PREMIUM

The initial premium for this Policy must be paid to Us at our Administrative Office in advance. Subsequent premium payments are due when and as stated in the Application. If premiums are not paid when they are due or within the Grace Period, the coverage provided by this Policy will terminate as set forth in the Effective and Termination Dates section.

Premium Term. The premium term is shown in the Application. You may change the premium term on any premium due date if We agree.

We reserve the right to change the premiums. Any change in premium will be uniform for all Insured Persons in the same rate class, on all policies bearing this form number in the state where this Policy is issued. We may also change premiums at any time a change affecting rates is made in this Policy. Written notice of any premium change will be mailed to You at Your last known address at least 30 days in advance of the effective date of the rate change.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first premium. This Policy will terminate on the last day of the Grace Period if You fail to pay all premiums due by the last day of the Grace Period.

No Grace Period will be provided if We receive notice from You to terminate this Policy prior to a premium due date.

Reinstatement. If this Policy terminates because premiums have not been paid, You can request to reinstate this Policy by sending a written request to Us to do so. This Policy may only be reinstated if We approve Your request and all required premiums are received at Our Administrative Office. The reinstated policy shall cover only loss resulting from such Injury as may be sustained after the date of reinstatement. In all other respects, You and the Company shall have the same rights thereunder as they had under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

BENEFITS

The Maximum Amounts shown in the Benefit Schedule, subject to the Reduction Schedule, are used to determine amounts payable under each Benefit.

Reduction Schedule. The Maximum Amount payable for a covered loss will be determined by the age of the Insured Person on the date of the incident causing a covered loss. The Benefit Schedule shows the Maximum Amount based on age.

Premium for an Insured Person age 75 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 75.

Accidental Death Benefit

If an Insured Person's Injury results in death within 90 days of the date of the accident that caused the Injury, the Company will pay 100% of the Accidental Death Maximum Amount shown in the Benefit Schedule.

In no event will any Reduction Schedule provision operate to reduce the amount payable to less than \$1,000 for loss of life.

Exposure and Disappearance

If by reason of an accident occurring while an Insured Person's coverage is in force under this 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 this Policy, the loss will be covered under the terms of this Policy.

If the body of the Insured Person has not been found within 1 year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.

Accidental Dismemberment and Paralysis and Coma Benefit

If Injury to an Insured Person results, within 90 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 shown below of the Accidental Dismemberment Benefit Maximum Amount shown in the Benefit Schedule for that Loss:

| <u>For Loss of</u> | <u>Percentage of Maximum Amount</u> |
|--|-------------------------------------|
| Both Hands or Both Feet..... | 100% |
| Sight of Both Eyes..... | 100% |
| One Hand and One Foot..... | 100% |
| One Hand and the Sight of One Eye..... | 100% |
| One Foot and the Sight of One Eye..... | 100% |
| Speech and Hearing in Both Ears | 100% |
| One Hand or One Foot..... | 50% |
| The Sight of One Eye..... | 50% |
| Speech or Hearing in Both Ears | 50% |
| Hearing in One Ear | 25% |
| Thumb and Index Finger of Same Hand..... | 25% |
| For Loss Due to Coma | 1% Per Month |
| Quadriplegia..... | 100% |
| Paraplegia..... | 50% |

In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than \$1,000 for Double Dismemberment or \$500 for single dismemberment.

Double Dismemberment means the Loss of: (1) Both Hands; (2) Both Feet; or (3) One Hand and One Foot.

“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. “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.

“Paralysis” means permanent physical impairment due to a Spinal Cord Injury, which is classified according to the American Spinal Injury Association International Standards for Neurological Classification of Spinal Cord Injury as grade A or B on the ASIA Impairment Scale in effect on the date of the Spinal Cord Injury, or as amended or replaced by a comparable source. The grading must be done by a Physician who is board-certified in Physical Rehabilitation Medicine.

“Spinal Cord Injury” means acute trauma to the spinal cord caused by an external accidental Injury to the body.

“Loss Due to Coma” means a Coma that continues for a period of at least 30 consecutive days.

No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to that Injury, but ceases on the earliest of the date: (1) the Insured Person ceases to be Comatose due to that Injury; (2) the Insured Person dies; or (3) the total amount of monthly Coma benefits paid equals the Maximum Amount. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all facts and circumstances, that the Insured Person is Comatose, including but not limited to, requiring an independent medical examination provided at the expense of the Company.

“Coma/Comatose” means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

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.

EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. Disease, sickness, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. The Insured Person's commission of or attempt to commit a felony;
4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by this Policy;
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. 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; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person or the Insured Person's employer;
8. The Insured Person being under the influence of intoxicants;
9. The Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician;
10. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
12. The Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
13. Any loss incurred while outside the United States, its Territories or Canada.

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 AIG, P.O. Box 81969, Cleveland, OH 44181-1969, with information sufficient to identify the Insured, 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 proofs 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 and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company, in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which the Company is liable and in case of claim for any other loss, 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 the Insured will be made to the beneficiary as described in the Beneficiary Designation and Change provision below.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to You unless assigned by You or by operation of law. Any accrued benefits unpaid at Your death will be paid to Your estate. 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, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs. 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. This Policy, the Application, and any attached Riders or Endorsements make up the entire contract. A copy of the Application is attached. In the absence of fraud, all statements made on the Application will be considered representations and not warranties. No written statement made by the Insured will be used in any contest unless a copy of the statement is furnished to the Insured or their personal representatives.

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

Time Limit on Certain Defenses. After two years from the Effective Date, no misstatements made in the Application, except fraudulent misstatements, will be used to void this Policy or contest a claim under this Policy. We may only contest coverage if the misstatement is made in a written instrument containing the Signature of the Insured and a copy is given to the Insured.

Beneficiary Designation and Change. Your designated beneficiary(ies) is (are) the person(s) named by You as shown on the Company's records kept on the Policy. You may change the beneficiary at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us with a written request for change. When the written request is received by Us, whether You are 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 Us on account of any payment made by Us prior to receipt of the request.

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

Insured Spouse and Insured Dependent Child(ren)'s Beneficiary Designation and Change. If coverage for an Insured Spouse and Insured Dependent Child(ren) are indicated in the Schedule, the Insured Spouse and Insured Dependent Child(ren)'s beneficiary is You unless You have named (a) different beneficiary(ies) for the Insured Spouse and Insured Dependent Child(ren)'s coverage as shown on the Company's records kept on this Policy.

If You are over the age of majority and legally competent, You may change the beneficiary designation for the Insured Spouse and Insured Dependent Child(ren)'s coverage at any time, unless an irrevocable beneficiary designation has been made, without their consent or the designated beneficiary(ies) consent, by providing the Company with a written request for change. When the request is received by Us, whether You or the Insured Spouse or Insured Dependent Child(ren) 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 Us on account of any payment made by Us prior to receipt of the request.

If no beneficiary is living on the date of an Insured Spouse or Insured Dependent Child(ren)'s death, the beneficiary is Your 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 this 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 shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Conformity with State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which the Insured resides is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This 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 You, an Insured Person, 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 this Policy.

Assignment. You may not assign any of Your rights, privileges or benefits under the Policy.

Misstatement of Age. If premiums for an Insured Person are based on age and the age has been misstated, but the Insured Person is otherwise eligible for coverage under this Policy, there will be an adjustment of premiums based on the true age. However, if the coverage provided by this Policy would not have become effective, or would have ceased prior to the acceptance of premiums, then We are only liable to refund, upon request, all premiums paid for the period an Insured Person should not have been covered under this Policy. If the benefits are based on age and the age has been misstated, there will be an adjustment of said benefit based on the true age. The Company may require satisfactory proof of age before paying any claim.

Other Insurance in this Insurer. Insurance effective at any one time on an Insured Person under this Policy and another policy or policies providing the same type of benefits issued by the Company is limited to the one policy elected by the Insured Person, or the Insured Person's beneficiary or estate, as the case may be, and the Company will return all premiums paid for all other such policies.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

OUTLINE OF COVERAGE Amendment #1

This Amendment is attached to and made a part of the Outline of Coverage.

The Maximum Amount payable for the Accidental Death and Accidental Dismemberment and Paralysis and Coma Benefits will be determined by the Covered Activities the Insured Person was participating in at the time of the accident causing the loss, subject to any Reduction Schedule included in the Policy.

Covered Activities:

1. 24 Hour Accident Coverage ("24 Hour").
2. While driving or riding as a passenger in a Motor Vehicle. Any Injury sustained must be due to a collision, wrecking, or explosion of such Motor Vehicle. Such collision, wrecking, or explosion must cause physical damage to the Motor Vehicle and leave it in a different condition than before the accident. While standing or walking as a pedestrian on an open public street or highway. Any Injury sustained must be due to being struck by a Motor Vehicle while a pedestrian ("Motor Vehicle").
3. While riding as a fare-paying passenger on a Common Carrier ("Common Carrier").

The Accidental Death and Accidental Dismemberment and Paralysis and Coma Benefits in the Benefit Schedule are hereby deleted and replaced with the following:

Benefit Schedule

The Maximum Amounts below are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed maximums, and may be less than the maximums under circumstances specified in the Policy. The Maximum Amount payable for a covered loss will be determined by the age of the Insured Person on the date of the incident causing a covered loss with respect to the benefits illustrated below.

| BENEFIT | Maximum Amount | | |
|--|----------------|----------------|------------------------------|
| | Insured | Insured Spouse | Insured Dependent Child(ren) |
| Accidental Death | | | |
| 24 Hour | | | |
| Ages 74 and under | \$100,000 | \$50,000 | \$20,000 |
| Ages 75 to termination | \$50,000 | \$25,000 | \$10,000 |
| Motor Vehicle | | | |
| Ages 74 and under | \$150,000 | \$75,000 | \$30,000 |
| Ages 75 to termination | \$75,000 | \$37,500 | \$15,000 |
| Common Carrier | | | |
| Ages 74 and under | \$200,000 | \$100,000 | \$40,000 |
| Ages 75 to termination | \$100,000 | \$50,000 | \$20,000 |
| Accidental Dismemberment and Paralysis and Coma | | | |
| 24 Hour | | | |
| Ages 74 and under | \$100,000 | \$50,000 | \$20,000 |
| Ages 75 to termination | \$50,000 | \$25,000 | \$10,000 |

| BENEFIT | Maximum Amount | | |
|---|------------------------|-----------------------|------------------------------|
| | Insured | Insured Spouse | Insured Dependent Child(ren) |
| Motor Vehicle Ages 74 and under Ages 75 to termination | \$150,000 \$75,000 | \$75,000 \$37,500 | \$30,000 \$15,000 |
| Common Carrier Ages 74 and under Ages 75 to termination | \$200,000 \$100,000 | \$100,000 \$50,000 | \$40,000 \$20,000 |

LIMITATIONS

Limitation on Multiple Covered Activities. If an Insured Person's Injury occurs while participating in more than one Covered Activity for which the same Benefit applies, then the Maximum Amount for that Benefit will be determined as though the Injury occurred while the Insured Person was participating in the Covered Activity with the largest Maximum Amount for that Benefit.

This amendment is subject to all the provisions, limitations and exclusions reflected in the Outline of Coverage which are not in conflict with this Amendment and if there are any conflicts between this Amendment and the Outline of Coverage, this Amendment shall control.

This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. It is, therefore, important that You READ YOUR POLICY CAREFULLY!

Capitalized terms shall have the meaning ascribed to them in the Policy.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

INDIVIDUAL ACCIDENT ONLY INSURANCE COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL
MEDICAL EXPENSES.**

OUTLINE OF COVERAGE

Read Your Policy Carefully – This Outline of Coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. It is, therefore, important that You READ YOUR POLICY CAREFULLY!

Accident Only coverage

Accident only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

Capitalized terms throughout this Outline of Coverage shall have the meaning ascribed to them in the Policy.

BENEFIT SCHEDULE

The Maximum Amounts below are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed maximums, and may be less than the maximums under circumstances specified in the Policy. The Maximum Amount payable for a covered loss will be determined by the age of the Insured Person on the date of the incident causing a covered loss with respect to the benefits illustrated below.

| BENEFIT | Maximum Amount | | |
|---|-----------------------|----------------------|------------------------------|
| | Insured | Insured Spouse | Insured Dependent Child(ren) |
| Accidental Death Ages 74 and under Ages 75 to termination | \$100,000 \$50,000 | \$50,000 \$25,000 | \$20,000 \$10,000 |
| Accidental Dismemberment and Paralysis and Coma Ages 74 and under Ages 75 to termination | \$100,000 \$50,000 | \$50,000 \$25,000 | \$20,000 \$10,000 |

BENEFITS. The benefits to be provided under the Policy are summarized below:

Accidental Death Benefit. We will pay the Maximum Amount shown in the Benefit Schedule above if an Insured Person's Injury results in death within 90 days of the date of the accident.

Exposure and Disappearance. We will cover a loss for which a benefit is otherwise payable, if an Insured Person is unavoidably exposed to the elements due to an accident. It will be deemed that the Insured Person has suffered accidental death if the body has not been found within 1 year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the Insured Person was an occupant.

In no event will any Reduction Schedule provision operate to reduce the percentage payable to less than \$1,000 for loss of life.

Accidental Dismemberment and Paralysis and Coma Benefit. We will pay the percentage shown below of the Maximum Amount shown in the Benefit Schedule above if an Insured Person's Injury results in any one of the Losses specified below, within 90 days of the date of the accident:

| <u>For Loss of</u> | <u>Percentage of Maximum Amount</u> |
|---|-------------------------------------|
| Both Hands or Both Feet..... | 100% |
| Sight of Both Eyes..... | 100% |
| One Hand and One Foot..... | 100% |
| One Hand and the Sight of One Eye..... | 100% |
| One Foot and the Sight of One Eye | 100% |
| Speech and Hearing in Both Ears | 100% |
| One Hand or One Foot..... | 50% |
| The Sight of One Eye..... | 50% |
| Speech or Hearing in Both Ears | 50% |
| Hearing in One Ear | 25% |

| | |
|---|--------------|
| Thumb and Index Finger of Same Hand | 25% |
| For Loss Due to Coma | 1% Per Month |
| Quadriplegia | 100% |
| Paraplegia | 50% |

In no event will any Reduction Schedule provision or percentage of the Maximum Amount operate to reduce the percentage payable to less than \$1,000 for Double Dismemberment or \$500 for single dismemberment.

Double Dismemberment means the Loss of: (1) Both Hands; (2) Both Feet; or (3) One Hand and One Foot.

“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. “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.

“Paralysis” means permanent physical impairment due to a Spinal Cord Injury, which is classified according to the American Spinal Injury Association International Standards for Neurological Classification of Spinal Cord Injury as grade A or B on the ASIA Impairment Scale in effect on the date of the Spinal Cord Injury, or as amended or replaced by a comparable source. The grading must be done by a Physician who is board-certified in Physical Rehabilitation Medicine.

“Spinal Cord Injury” means acute trauma to the spinal cord caused by an external accidental Injury to the body.

“Loss Due to Coma” means a Coma that continues for a period of at least 30 consecutive days.

No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to that Injury, but ceases on the earliest of the date: (1) the Insured Person ceases to be Comatose due to that Injury; (2) the Insured Person dies; or (3) the total amount of monthly Coma benefits paid equals the Maximum Amount. We will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the We are liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

We reserve the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all facts and circumstances, that the Insured Person is Comatose, including but not limited to, requiring an independent medical examination provided at Our expense.

“Coma/Comatose” means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

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.

LIMITATIONS.

Other Insurance in this Insurer. Insurance effective at any one time on an Insured Person under the Policy and another policy or policies providing the same type of benefits issued by Us is limited to the

one policy elected by the Insured Person, or the Insured Person's beneficiary or estate, as the case may be, and We will return all premiums paid for all other such policies.

EXCLUSIONS.

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or autoeroticism;
2. Disease, sickness, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
3. The Insured Person's commission of or attempt to commit a felony;
4. Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
5. Declared or undeclared war, or any act of declared or undeclared war, except if specifically provided by the Policy;
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. 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; or
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person or the Insured Person's employer;
8. The Insured Person being under the influence of intoxicants;
9. The Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician;
10. The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
11. Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
12. The Insured Person riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground;
13. Any loss incurred while outside the United States, its Territories or Canada.

THE POLICY IS GUARANTEED RENEWABLE until Your or Your Insured Spouse's termination age. We cannot change any of the terms of the Policy on its own, except that, in the future, We may increase the premium You pay.

COVERAGE TERMINATES AT AGE 80 OR AS OTHERWISE PROVIDED BY THE POLICY.

**NOTICE TO APPLICANT REGARDING REPLACEMENT
OF ACCIDENT AND SICKNESS INSURANCE**

According to Your application You intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with the Policy delivered herewith issued by National Union Fire Insurance Company of Pittsburgh, PA. Your new Policy provides thirty days within which You may decide without cost whether You desire to keep the Policy. For Your own information and protection You should be aware of and seriously consider certain factors that may affect the insurance protection available to You under the new Policy.

(1) Health conditions that You may presently have (preexisting conditions) may not be immediately or fully covered under the new Policy. This could result in denial or delay of a claim for benefits under the new Policy, whereas a similar claim might have been payable under Your present Policy.

(2) You may wish to secure the advice of Your present insurer or its agent regarding the proposed replacement of Your present policy. This is not only Your right, but it is also in Your best interests to make sure You understand all the relevant factors involved in replacing Your present coverage.

(3) If, after due consideration, You still wish to terminate Your present policy and replace it with new coverage, read the copy of the application attached to Your new Policy and be sure that all questions are answered fully and correctly. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to National Union Fire Insurance Company of Pittsburgh, Pa at Program Administrative Office, 2219 Rimland Drive, Suite 301, Bellingham, WA 98226 within ten days if any information is not correct and complete, or if any past medical history has been left out of the application.

National Union Fire Insurance Company of Pittsburgh, Pa.

Direct Response Solicitation

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT
CAREFULLY.**

ENDORSEMENT #

This endorsement, effective 12:01 A.M. _____ forms a part of Policy No. _____
issued to _____ by National Union Fire Insurance Company of Pittsburgh, Pa.

ECONOMIC SANCTIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.



President



Secretary

BENEFICIARY DESIGNATION REQUEST FORM

Customer Name:

Street Name:

City, St Zip:

Customer Number:

Accidental Death and Dismemberment Plan

BENEFICIARY(IES) DESIGNATION: Print full name of each beneficiary, their relationship to the Insured, their address and the percentage of any proceeds that they should receive.

The Insured hereby designates the beneficiary(ies) named below and also reserves the right to revoke and change hereafter any beneficiary not designated as "Irrevocable." If the Primary beneficiary(ies) does not survive to receive payment, the proceeds will be paid to the Contingent beneficiary(ies).

| | Name of Primary Beneficiary | Relationship to Insured | Address | Percentage (%)* |
|---|------------------------------------|--------------------------------|----------------|------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

| | Name of Contingent Beneficiary | Relationship to Insured | Address | Percentage (%)* |
|---|---------------------------------------|--------------------------------|----------------|------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

*** Percentage of Proceeds** (If left blank, National Union Fire Insurance Company of Pittsburgh, Pa. ("National Union") will assume equal distribution among named Beneficiaries of each class). Percentages in each class must equal 100%.

It is agreed that the designations requested above must be received and reviewed for completeness by National Union. Once reviewed and recorded the designation of Beneficiary(ies) will take effect as of the date the request is signed.

Signature of Insured

Date

Witness Signature

Please Mail to: Goose Insurance Services Inc. · Program Administrative Office · 2219 Rimland Drive, Suite 301, Bellingham, WA 98226 or Email to: support@gooseinsurance.com.

The insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. (National Union).

(_____)_____

Address and Phone Number of Insured

NOTICE CONCERNING COVERAGE UNDER THE TENNESSEE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Insurance companies and health maintenance organizations (HMOs) licensed in this state to write life insurance, annuities or health insurance are members of the Tennessee Life and Health Insurance Guaranty Association. The purpose of this association is to provide a safety-net of coverage, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in the state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The state law that provides for this safety-net coverage is called the Tennessee Life and Health Insurance Guaranty Association Act. The following is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law or describe all of the conditions and limitations relating to coverage. This summary does not in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, HMO contract, or an annuity, or if they are insured under a group insurance contract issued by an insurer authorized to conduct business in Tennessee. Health insurance includes disability and long term care policies. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Guaranty Association if:

- (1) they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insured who live outside that state);
- (2) the insurer was not authorized to do business in this state;
- (3) their policy was issued by a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does not provide coverage for:

- (1) any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- (2) any policy of reinsurance (unless an assumption certificate was issued);
- (3) interest rate yields that exceed an average rate;
- (4) dividends;
- (5) credits given in connection with the administration of a policy by a group contractholder;

(6) employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);

(7) unallocated annuity contracts (which give rights to group contractholder, not individuals).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Guaranty Association is obligated to pay out. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. For any one insured life, the Guaranty Association guarantees payments up to a stated maximum no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. These aggregate limits per life are as follows:

- \$300,000 for policies and contracts of all types, except as described in the next point
- \$500,000 for basic hospital, medical and surgical insurance and major medical insurance issued by companies that become insolvent after January 1, 2010.

Within these overall limits, the Guaranty Association cannot guarantee payment of benefit greater than the following:

- life insurance death benefits - \$300,000
- life insurance cash surrender value - \$100,000
- present value of annuity benefits for companies insolvent before July 1, 2009 - \$100,000
- present value of annuity benefits for companies insolvent after June 30, 2009 - \$250,000
- health insurance benefits for companies declared insolvent before January 1, 2010 - \$100,000
- health insurance benefits for companies declared insolvent on or after January 1, 2010:
 - \$100,000 for limited benefits and supplemental health coverages
 - \$300,000 for disability and long term care insurance
 - \$500,000 for basic hospital, medical and surgical insurance or major medical insurance

NOTE

The Tennessee Life and Health Insurance Guaranty Association may not provide coverage for this policy.

If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Tennessee. You should not rely on coverage by the Tennessee Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

Tennessee Life and Health Insurance Guaranty Association
P.O. Box 190434
Nashville, TN 37219
Website: www.tnlifega.org

Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243

FACTS

Why?

What?

How?

WHAT DOES AMERICAN INTERNATIONAL GROUP, INC. (AIG) DO WITH YOUR PERSONAL INFORMATION?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIG chooses to share; and whether you can limit this sharing.

| Reasons we can share your personal information | Does AIG share? | Can you limit this sharing? |
|--|-----------------|-----------------------------|
| For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus | Yes | No |
| For our marketing purposes — to offer our products and services to you | Yes | No |
| For joint marketing with other financial companies | Yes | No |
| For our affiliates' everyday business purposes — information about your transactions and experiences | Yes | No |
| For our affiliates' everyday business purposes — information about your creditworthiness | No | We don't share |
| For nonaffiliates to market to you | No | We don't share |

Questions?

For AIG Insurance Companies: Call 866-244-4786; Fax: 212-458-7081 or E-Mail: CIPrivacy@aig.com

For Pet insurance sold by AIG Insurance Companies: Call 866-937-7387 or E-Mail: CIPrivacy@aig.com

For LiveTravel, Inc., Travel Guard Group, Inc. or AIG Travel Assist, Inc.: Call 866-244-4786 or E-Mail: CIPrivacy@aig.com

Who we are

| | |
|--------------------------------------|---|
| Who is providing this notice? | The insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, life insurance and related services and certain marketing subsidiaries of AIG listed below. |
|--------------------------------------|---|

What we do

| | |
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| How does AIG protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information. |
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| How does AIG collect my personal information? | <p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • apply for insurance or pay insurance premiums • file an insurance claim or give us your income information • provide employment information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p> |
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| | |
|---------------------------------------|--|
| Why can't I limit all sharing? | <p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes— information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p> |
|---------------------------------------|--|

Definitions

| | |
|------------------------|---|
| Affiliates | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include the member companies of American International Group, Inc., such as National Union Fire Insurance Company of Pittsburgh, Pa.</i> |
| Nonaffiliates | <p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>AIG does not share with nonaffiliates so they can market to you.</i> |
| Joint marketing | <p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.</i> |

Other important information

This notice is provided by American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; AIU Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; (collectively the "AIG Insurance Companies"). This notice is also provided by certain marketing subsidiaries of AIG, including Morefar Marketing, Inc., LLC, Travel Guard Group, Inc., AIG Travel Assist, Inc. and LiveTravel, Inc. who market insurance or non-insurance products and services to consumers.

For Vermont Residents only. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents Only. We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. You may contact the applicable customer service department using the contact information above or by writing to us at Privacy Officer, 1271 Ave of the Americas, FL 37, New York, NY 10020-1304.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: Privacy Officer, CIPrivacy@aig.com.

Effective Date: March 23, 2019

AIG COMPANIES

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice is provided to you for informational purposes only.

You are not required to call or take any action in response to this Notice.

This Notice tells you about the ways in which AIG Companies¹ (referred to as “we,” “us,” “our”) may use and disclose your protected health information (PHI) and your rights concerning your PHI. PHI is information about you, including demographic information (like your name, address, or gender), whether oral or recorded in any form or medium, that can reasonably be used to identify you. This information may be collected from you or from members of the health care industry (like doctors or employee benefit plans) and relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of PHI, and to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your PHI. We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

You are receiving this notice because you have insurance under an AIG Companies insurance policy from one of the subsidiaries or affiliates of American International Group, Inc. (collectively, the “AIG Companies” or “we”) listed on this notice.

If the insurance policy you have does not provide payment for the cost of medical care, then this HIPAA Notice does not apply to you. In that case, you will have also received a separate Privacy Notice from us that describes our privacy practices and your rights under state and federal laws related to personal health, financial and other personal information we may have collected about you in the course of conducting business with you.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use and disclose your PHI for different purposes. As may be appropriate for the particular insurance or plan, the examples below are provided to illustrate the types of uses and disclosures we may make without your authorization as permitted by law for claims payment, health care operations and treatment.

- **Claims Payment.** We use and disclose your PHI to health care providers (physicians), insurance carriers, the state or others for benefit verification and in order to pay for your covered health expenses. For example, we may share your PHI with a health care provider to assist with processing claims or to another health plan to coordinate and/or seek reimbursement for benefit payments. We will share the least amount of information so that payment can be made. Usually, this involves identifying you, your diagnosis and the treatment provided.
- **Health Care Operations.** We use and disclose your PHI in order to perform our health care activities including, but not limited to, quality assessment activities, underwriting, premium rating, premium collection, reinsurance, legal, compliance, actuarial, auditing, or other administrative activities, including data analysis and management or customer service. We may review your health information if it is time for us to reestablish your eligibility for coverage or to conduct reassessments for case review. HIPAA, however, prohibits any use or disclosure of PHI that is genetic information for underwriting purposes. Genetic information means information about (1) your or your family members’ genetic tests, (2) manifestation of a disease or disorder in your family members, or (3) your or your family members’ requests for, or receipt of, a genetic test, counseling or education, or participation in clinical research which includes such test, counseling or education.

¹ For purposes of this Notice, the AIG Companies include and the pronouns “we,” “us,” “our” and “plan” refer to American General Life Insurance Company,* The United States Life Insurance Company in the City of New York, and National Union Fire Insurance Company of Pittsburgh, Pa..

- **Treatment.** While we do not provide treatment, we may use and disclose your PHI to assist your health care providers (doctors, dentists, pharmacies, hospitals and others) in your diagnosis and treatment. For example, we may disclose your PHI to providers to provide information about alternative treatments.
- **Plan Sponsor.** We may disclose your PHI to the plan sponsor for purposes that are described in the document that governs the specific plan. However, prior to any such disclosure, the plan sponsor will be required to certify that it will use your PHI in accordance with regulations governing the privacy of your PHI.
- **Enrolled Dependents and Family Members.** We will mail explanation of benefits forms and other mailings containing PHI to the address we have on record for the person who is enrolled in the health plan.
- **Health Claim Vendors.** We may contract with individuals or vendors who are sometimes called “Business Associates” to perform various functions on our behalf or to provide certain types of services. In order to perform these functions on our behalf or to provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards and maintain the privacy of your PHI. For example, we may disclose your PHI to a Business Associate to administer claims or to provide support services, such as underwriting services, actuarial services, legal services, care coordination services, utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a written agreement with us.

OTHER USES OR DISCLOSURES PERMITTED WITHOUT YOUR AUTHORIZATION

- **As Required by Law.** We may disclose PHI about you when required or allowed by law to do so.
- **To Persons Involved With Your Care, Your Child’s Care or Payment For That Care.** We may disclose PHI to a person involved with your care, your minor child’s care or payment for health care, such as a family member or your legal designee, when you are incapacitated, unavailable, facing an emergency medical situation, or when permitted by law. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you. You have the right to stop or limit these disclosures. Unless you inform us otherwise before your death, we may disclose PHI about you to your family members, other relatives or close personal friends to the extent relevant to such person’s involvement, prior to your death, in your care or payment for health care.
- **Public Health Activities.** We may disclose PHI to public health agencies that gather certain information for statistical purposes, for example, the Center for Disease Control, a state department of health, the Federal Food and Drug Administration, for reasons such as preventing or controlling disease, injury or disability.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose PHI to government agencies authorized to receive such reports about abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose PHI to government oversight agencies for activities authorized by law, such as audits or inspections.
- **Judicial and Administrative Proceedings.** We may disclose PHI in response to a court or administrative order. We may also disclose PHI about you in certain cases in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may disclose PHI under limited circumstances to a law enforcement official in response to a warrant, court order or similar process; to identify or locate a suspect, fugitive, material witness or missing person; or to provide information about the victim of a crime. We may also disclose PHI to a correctional institution if you are to become an inmate of a correctional institution.
- **Fraud/Misrepresentation.** We may disclose your PHI to non-affiliated organizations or persons such as other insurance institutions, agents, insurance support organizations, or law enforcement and governmental authorities as necessary to prevent criminal activity, fraud, material misrepresentation, or material nondisclosure in connection with your coverage or application for coverage.
- **Coroners, Funeral Directors, Organ Donation.** We may release PHI about death to coroners, funeral directors, medical examiners or the register of deeds as necessary to allow them to carry out their duties. We may also disclose PHI for procurement, banking or transplantation of organs, eyes or tissue. In the case of organ donation, information must be shared to get a match.

- **Research.** Under certain circumstances, we may disclose PHI about you for research purposes that we have approved, provided certain measures have been taken to protect your privacy.
- **To Avert a Serious Threat to Health or Safety.** We may disclose PHI about you, with some limitations, to the necessary authorities, when necessary to lessen or avoid a serious threat to your health or safety, or the health or safety of the public or another person.
- **Special Government Functions.** We may disclose information as required by military authorities or to authorized federal officials for national security, intelligence activities and disaster relief purposes.
- **Workers' Compensation.** We may disclose PHI to the extent necessary to comply with state law for workers' compensation programs.
- **Military and Veterans.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to appropriate foreign military authority.
- **Government Audits.** We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services (HHS) when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- **Schools.** We may disclose proof of immunization to a school where the school is legally required to obtain proof of an individual's immunizations before admitting the individual as a student, but only with the parent's consent (or, if the student is old enough, the student's consent).

USES OR DISCLOSURES REQUIRING AN AUTHORIZATION

- **Psychotherapy Notes.** We must obtain your authorization for any use or disclosure of psychotherapy notes, except in cases of (1) use by the originator of the psychotherapy notes for treatment, (2) use or disclosure by us to defend ourselves in a legal action or other proceeding brought by you, (3) use or disclosure when required for government audits (see *Government Audits*) or when required by law (see *As Required by Law*), (4) use or disclosure for health oversight activities regarding the originator of the psychotherapy notes (see *Health Oversight Activities*), (5) disclosure to coroners or medical examiners (see *Coroners, Funeral Directors, Organ Donation*), or (6) use or disclosure to avert a serious threat to health or safety (see *To Avert a Serious Threat to Health or Safety*).
- **Marketing.** We must obtain your authorization for any use or disclosure of your PHI to make a communication promoting a product or service, except for communications in the form of (1) any face-to-face communication we have with you or (2) a promotional gift of nominal value that we provide. If marketing involves our receipt of any payment from or on behalf of a third party whose product or service is being described, the authorization will state that such payment is involved.
- **Sale of PHI.** We must obtain your authorization before any sale of PHI, and such an authorization will state that the disclosure will result in our receipt of remuneration. It is not considered a sale of PHI, however, if the disclosure is required by law or is for purposes of (1) a sale, transfer, merger or consolidation of all or part of us with or into another HIPAA-covered entity, (2) our subcontractors (or others on their behalf) performing legitimate services and receiving payment from us only for the performance of such services, or (3) for any other purpose permitted by the HIPAA privacy rule where the only remuneration we (or our business associates) receive is a reasonable cost-based fee for preparing and transmitting the PHI or such other fee expressly permitted by law.

All other uses or disclosures of your PHI not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time in writing, but such revocation will not apply to the extent that we have already taken action in reliance on your authorization. To the extent the authorization was obtained as a condition of obtaining insurance coverage, other law may provide the insurer with the right to contest a claim under the policy or the policy itself.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have certain rights regarding your PHI that we maintain about you.

- **Right To Access Your PHI.** You have the right to review or obtain copies of your PHI, with some limited exceptions. Your request to review and/or obtain a copy of your PHI records must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance. We may also deny such request. If you are denied access, you may ask that our denial be reviewed. You have a right to receive electronic copies of your PHI, but only to the extent it is electronically maintained.
- **Right to Amend Your PHI.** You have a right to amend your PHI with a written request specifying the reason you are seeking the amendment. We have the right to deny your request to amend your PHI records if (1) we did not create the record, unless you provide a reasonable basis for us to believe that the originator of the PHI is not available to act on the requested amendment, (2) you ask us to amend information that is not part of your record, (3) you ask us to amend information that is not available for inspection under HIPAA, or (4) you ask to amend a record that we determine to be accurate and complete. If we deny your request to amend, we will notify you in writing and include the reason for the denial. You then have the right to submit to us a written statement of disagreement with our decision which will be added to your records, and we have the right to rebut that statement. If we agree to amend the records as requested, we will inform you the amendment has been accepted. We will also make reasonable efforts to inform others, including specific parties named by you of the changes.
- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI made by us during the six years prior to your request. The accounting will not include disclosures of information: (1) made more than 6 years prior to your request; (2) for treatment, payment and health care operations; (3) to you or pursuant to your authorization; (4) to correctional institutions or law enforcement officials; and (5) other disclosures that federal law does not require us to provide an accounting. The first accounting that you request within a 12-month period will be free. For additional accountings within the same time period, we may charge for providing the accounting, but we will tell you the cost in advance. Your request must be made in writing and must state the period of time for which you are requesting an accounting.
- **Right To Request Restrictions on the Use and Disclosure of Your PHI.** You have the right to request that we restrict or limit how we use or disclose your PHI for treatment, payment or health care operations. We may not agree to your request, except where the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service that you (or others, other than the insurer, on your behalf) paid for in full out-of-pocket. If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must clearly state (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.
- **Right To Receive Confidential Communications.** You have the right to request that we use a certain method to communicate with you or that we send information to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all or part of the communication from us in the usual manner could endanger you. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice.** You have a right at any time to request a paper copy of this Notice, even if you had previously agreed to receive an electronic copy. You may obtain a copy of this Notice by contacting our HIPAA Privacy Officer. See the end of this Notice for the contact information.
- **Contact Information for Exercising Your Rights.** You may exercise any of the rights described above by contacting our HIPAA Privacy Officer. See the end of this Notice for the contact information.
- **Breach Notification Requirements.** AIG Companies will comply with the requirements of the Health Information Technology for Economic and Clinical Health Act (“HITECH”) and its implementing regulations, including the final HIPAA Rules, to provide notification to affected individuals, HHS, and the media (when required) if we or one of our business associates discovers a breach of unsecured PHI. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time, effective for PHI that we already have about you as well as any information that we receive in the future. We will provide you with a copy of the new Notice whenever we make a material change to the privacy practices described in this Notice and post a copy on our website. You may also use the contact information below to obtain a copy of this Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint, in writing, to the HIPAA Privacy Officer listed at the end of this Notice. Please include your policy number in any complaint. Alternatively, you may file a complaint with the Secretary of the HHS. ***We will not retaliate against you or penalize you for filing a complaint.***

CONTACTING THE HIPAA PRIVACY OFFICER

If you have any complaints or questions about this Notice or you want to submit a written request as required in any of the previous sections of this Notice, please contact:

Address: HIPAA Privacy Officer
2919 Allen Parkway L3-20
Houston, TX 77019

Email: hipaaquestions@aig.com

Telephone:

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| American General Life Insurance Company (AGL) and The United States Life Insurance Company in the City of New York (US Life) | 1-800-888-2452 |
| AIG's Group Benefits | 1-800-346-7692 please follow prompt for claims |
| Long Term Care | 1-888-565-3769 |
| National Union Fire Insurance Company of Pittsburgh, Pa. | 1-866-244-4786 |

GREAT NEWS!

Your Accidental Death Plus includes important money-saving services you can use every day.

VALUABLE NON-INSURANCE SERVICES

In addition to important insurance benefits, your Plan also includes the following valuable services you can use anytime. Take a moment to review the services available to you in the following pages. Simply follow the easy "How to access" instructions provided and start enjoying your services today!

Everest Funeral Planning



Planning for a funeral can be stressful and traumatic. Everest Funeral Planning services help relieve this stress, so you have more time to be with your loved ones. Everest provides you with 24-hour access to expert advisors who are licensed funeral directors and the only nationwide funeral home pricing database in order to better assist you in making the most informed decisions about all funeral-related issues.



As a member, you will have access to two complimentary Everest PriceFinder Reports, a seven-page customized report that compares itemized prices for up to eight funeral homes within a ZIP code and mile radius that you select.

The Everest PriceFinder Reports will outline three types of services offered by funeral homes and assist you in comparing prices for each of them.

- Traditional funerals
- Cremations with memorial services
- Direct cremations

You are also entitled to purchase lifetime Everest membership at a special price, giving you access to Everest's full suite of services.

Everest members will receive:

- Unlimited PriceFinder Reports: Provides detailed, local funeral home price comparisons.

- Online Planning Tools: 10-Key Decisions Planner, "My Wishes" Planning Guide and Reference Guides.
- Family Assistance and Plan Implementation: 24-hour family assistance that provides communication between the funeral home and your family, helping relieve your family from a sales-focused environment.
- Negotiation Assistance: Helps your family compare prices and negotiate funeral service pricing with local funeral.

The team of knowledgeable, highly trained advisors is dedicated to ensuring you receive personalized assistance to prepare for, organize and deal with all aspects of a funeral.

How to Access:

- Visit <https://everestfuneral.com/AIG>
 - Click Complimentary PriceFinder Reports. At no cost, you will be able to run two reports while you have an active AIG policy.
 - Click "Purchase a Lifetime Everest membership" to learn more about your special price and Everest's full suite of services.
- Access Everest services by using your Careington Membership ID.
- Create your unique username and password, giving you access to all online funeral planning tools, or call 800-913-8318 for 24-hour assistance.

Your Accidental Death Plus Insurance cards are included on the welcome letter and provide the information necessary to access your plan services. The customer service number for your plan is 888-374-6673.

Terms and Conditions

Your services are marketed to you by Goose Insurance Services Inc., provided and administered through Careington International Corporation ("Careington"). **These services are not insurance or an insurance policy.** Careington is not a licensed insurer. Customers enrolled in the Plan (Participants) receive the above referenced services or products through participating Third Parties who Careington contracts with to offer and provide the services or products. Expenses incurred by you for any goods or services provided by the third parties are your responsibility.

Limitations, Exclusions & Exceptions: Third Parties are subject to change without notice, and services may vary in some states. It is the Participant's responsibility to verify that the Third Party is a participant in the Plan. At any time, Careington has the right to eliminate a Third Party and may substitute Third Parties at its sole discretion. Careington cannot guarantee the continued participation of any Third Party. If a Third Party leaves the Plan, the Participant will select another Third Party from the options provided by Careington.

Service Availability: This Plan does not guarantee that products, services or facilities are available in every geographic region of the United States.

Complaint Procedure: Plan Participants may submit complaints or inquiries in writing to: Goose Insurance Services Inc., Attn: Program Administrator, 2219 Rimland Drive, Suite 301, Bellingham, WA 98226.

Termination Conditions: Careington reserves the right to terminate plan participants from its plan for any reason, including non-payment. If Careington terminates the plan or your service for a reason other than non-payment, you will receive a pro-rata refund of your plan fees.

DEPENDENT CHILDREN REQUEST FORM

Customer Name:
Street Name:
City, St Zip:
Customer Number:

Accidental Death and Dismemberment Plan

Please identify below the Dependent Child(ren) you wish to cover under your family coverage. If you have more Dependent Children to list, please attach a blank page with the same information as requested on this page for any additional Dependent Children. Be sure to include your Name and Customer Number on any additional pages submitted.

| | | | | |
|----|------------|-----------|--------------|---------------|
| 1. | _____ | _____ | _____ | _____ |
| | First Name | Last Name | Relationship | Date of Birth |
| 2. | _____ | _____ | _____ | _____ |
| | First Name | Last Name | Relationship | Date of Birth |
| 3. | _____ | _____ | _____ | _____ |
| | First Name | Last Name | Relationship | Date of Birth |
| 4. | _____ | _____ | _____ | _____ |
| | First Name | Last Name | Relationship | Date of Birth |
| 5. | _____ | _____ | _____ | _____ |
| | First Name | Last Name | Relationship | Date of Birth |
| 6. | _____ | _____ | _____ | _____ |
| | First Name | Last Name | Relationship | Date of Birth |

I have read this Dependent Children Request form and I understand the information I have been asked to provide. I have provided all of the information requested on this form, or on any additional page as needed, and I agree to notify Goose Insurance Services Inc. of any changes regarding the information I have provided. I affirm all of the information I have provided is true.

Customer's Signature

Date (Month/Day/Year)

Signature must be from the individual to who the attached letter is addressed.

Please Mail to: Goose Insurance Services Inc. • Program Administrative Office • 2219 Rimland Drive, Suite 301, Bellingham, WA 98226 or Email to: support@gooseinsurance.com.

This Plan is administered and sold by Goose Insurance Services Inc.
Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.