Having issued Accident Policy Number GTU 3031879 to cover the eligible individuals of:

   California Institute of Technology

The insurance evidenced by this Certificate provides ACCIDENT insurance only. It does not provide Coverage for sickness. This Certificate describes the main features of the Policy, but the Policy is the only contract under which benefit payments are made. If there is an inconsistency between the Certificate and the Policy, the Policy will govern.
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SECTION I – ELIGIBILITY AND EFFECTIVE DATES

CERTIFICATEHOLDER:

Class I: The Active U.S. President and President Emeritus of the Policyholder, all Active U.S. Officers, of the Policyholder and all Faculty on research assignments authorized by the Policyholder, including research outside of the United States.

Class II: All other Active U.S. Benefit Based Employees, Emeritus Faculty Members and Prospective Employees of the Policyholder and Jet Propulsion Lab (JPL).

Class III: The Spouse/Domestic Partner of a Class I or Class II primary Insured person.

Class IV: The Dependent Child(ren) of a Class I or Class II primary Insured person.

Class V: All Active J-1 Visa Exchange Visitors of the Policyholder.

Class VI: The Spouse/Domestic Partner of a Class V primary Insured person.

Class VII: The Dependent Child(ren) of a Class V primary Insured person.

Class VIII: All Active U.S. Benefit Based Employees of the Policyholder, their Spouse/Domestic Partner, and their Dependent Child(ren).

Note: If You suffer an Injury resulting in a Covered Loss and You are covered under more than one class, We will pay only one benefit, the largest benefit.

SERVICE WAITING PERIOD:

0 days of Active continuous service

YOUR EFFECTIVE DATE OF INSURANCE:

A. For eligible individuals hired prior to January 1, 2019:
   The later of the Policy effective date or upon completion of the required Service Waiting Period, if any, indicated above.

B. For eligible individuals hired on or after January 1, 2019:
   The later of the date of hire or upon completion of the required Service Waiting Period, if any, indicated above.

SECTION II – SCHEDULE

COVERAGES(S):

| 24 Hour Accident Protection, Business & Pleasure, Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-1 | Class I, V, VI, VII & VIII |
| 24 Hour Accident Protection, While on Business Trip, Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-2 | Class II |
| 24 Hour Accident Protection, While on a Specified Trip, Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-3 | Class III & IV |
| Exposure and Disappearance Coverage | All |
| Extra-Ordinary Commutation Coverage | Class II |
| Felonious Assault Coverage | Class II |
| Hijacking or Skyjacking Coverage | Class II |
| War Risk Coverage | Class I, II, III, IV, V, VI & VII |
BENEFITS:

ACCIDENTAL DEATH BENEFIT

Principal Sum:

<table>
<thead>
<tr>
<th>Class</th>
<th>Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td>$250,000</td>
</tr>
<tr>
<td>Class II</td>
<td>$250,000</td>
</tr>
<tr>
<td>Class III</td>
<td>$25,000</td>
</tr>
<tr>
<td>Class IV</td>
<td>$10,000</td>
</tr>
<tr>
<td>Class V</td>
<td>$250,000</td>
</tr>
<tr>
<td>Class VI</td>
<td>$25,000</td>
</tr>
<tr>
<td>Class VII</td>
<td>$10,000</td>
</tr>
<tr>
<td>Class VIII</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Aggregate Limit of Liability per air travel Covered Accident: $5,000,000

ACCIDENTAL DISMEMBERMENT AND PLEGIA BENEFIT

Principal Sum:

Same as above.

Coma Benefit

All

ADDITIONAL BENEFITS:

Carjacking Benefit
Class I, II, III, IV, V, VI & VII

Critical Burn Benefit
Class I, II, III, IV, V, VI & VII

Day Care Benefit
Class I, II, III, V & VI

Hearing Aid or Prosthetic Appliance Benefit
Class I, II, III, IV, V, VI & VII

Higher Education Benefit
Class I, II, III, IV, V & VII

Home Alteration and Vehicle Modification Benefit
Class I, II, III, IV, V, VI & VII

Rehabilitation Benefit
Class I, II, III, IV, V, VI & VII

Seat Belt/Air Bag Benefit
Class I, II, III, IV, V, VI & VII

Spouse/Domestic Partner Retraining Benefit
Class I, II & V

Therapeutic Benefit
Class I, II, III, IV, V, VI & VII

ADDITIONAL ENDORSEMENTS

Enhanced Travel Assistance Plan

Enhanced Travel Assistance Plan
U-VA-125-A CA (12/15) Class VIII

Amendments to the Policy
U-VA-104-A CW (09/06) All

Group Parent Protection
U-VA-200-A CW (12/12) All

EEA Foreign National Loss Payee
U-VA-127-A CW (11/16) All
SECTION III – DEFINITIONS

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place during the Policy term.

Active and Actively at Work describes You if You are able and available for active performance of all of Your regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered Actively at Work provided You are able and available for active performance of all of Your regular duties and were working the day immediately prior to the date of Your absence.

Aggregate Limit of Liability means the total benefits We will pay for a Covered Accident or Covered Accidents set forth in the Schedule or Coverages Section. For purposes of the Aggregate Limit of Liability provision, Covered Accident or Covered Accidents will include a Covered Loss or Covered Losses arising out of a single event or related events or originating cause and includes a resulting Covered Loss or Covered Losses. If the total benefits under the Aggregate Limit of Liability is not enough to pay full benefits to each Insured, We will pay each one a reduced benefit based upon the proportion that the Aggregate Limit of Liability bears to the total benefits which would otherwise be paid.

Certificate means this Certificate for the Group Accident Insurance Policy.

Chartered Aircraft means an aircraft operated by a company with an air carrier or commercial operating certificate issued by the Federal Aviation Administration or the equivalent certificate issued by a foreign government, which the Policyholder has the right to use for no more than ten (10) consecutive days and/or for no more than fifteen (15) days in a one (1) year period.

Controlled by, as used in the Coverages Section, means the Policyholder has the right to use a block of aircraft flight time for 25 or more hours in a one (1) year period or for 100 hours or more without a specified term, from a company which is in the business of providing aircraft for private use. A Chartered Aircraft will not be considered Controlled by the Policyholder.

Coverage(s) means the event or events described in the Hazards of the Policy to which benefits and additional benefits apply. The Hazards are listed in the Coverages Section on the Schedule.

Covered Accident means an Accident that results in a Covered Loss.

Covered Injury means an Injury directly caused by accidental means, which is independent of all other causes, results from a Covered Accident, occurs while the Covered Person is insured under the Policy, and results in a Covered Loss.

Covered Loss means a loss which meets the requisites of one or more benefits or additional benefits, results from a Covered Injury, and for which benefits are payable under the Policy.

Covered Person means any person who has insurance under the terms of the Policy. It includes You.

Dependent means Your Spouse/Domestic Partner and Dependent Child(ren), as defined in this section.

Dependent Child(ren), if used in the Policy, means Your unmarried Child(ren) and, those unmarried Child(ren) of Your legally married Spouse, and those unmarried Child(ren) as defined in the Policyholder’s medical plan as on file and approved by Us of Your Domestic Partner who rely on You for more than 50% of their support, and are either: 1) less than nineteen (19) years of age; 2) less than twenty-six (26) years of age and enrolled on a full-time basis in a college, university, or trade school, or who satisfy neither 1) nor 2), but who prior to his or her termination of coverage became incapable of self-sustaining employment by reason of mental retardation or physical handicap.

Domestic Partner means as defined in the Policyholder's medical plan as on file and approved by Us.

Foreign National means a person who is a citizen of a country or other jurisdiction other than the United States of America and who is not a resident of the United States of America.

Injury means a bodily Injury.
**Insured** means an individual who is eligible for **Coverage** under the **Policy** as provided in the Certificateholder part of the **Eligibility and Classification of Insureds** Section, and who completes the enrollment material, if required.

**Owned Aircraft** means an aircraft in which the **Policyholder** or a related company has legal or equitable title. Fractional ownership in a company which is in the business of providing aircraft for private use will be deemed to be equitable title in the aircraft used by the **Policyholder**.

**Plan** means the **Plan** design as described on the **Schedule**.

**Policy** means the **Group Accident Insurance Policy**.

**Policyholder** means the group named on the front page of the **Policy**.

**Service Waiting Period** means the continuous length of time a person is required to be employed by the **Policyholder** prior to being covered under the **Policy**.

**Specialized Aviation Activity** means an aircraft while it is being used for one or more of the following activities:

- acrobatic or stunt flying
- aerial photography
- banner towing
- bird or fowl herding
- crop dusting
- crop seeding
- crop spraying
- endurance tests
- exploration
- fire fighting
- flight on a rocket-propelled or rocket launched aircraft
- flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted

**Spouse**, if used in the **Policy**, means **Your** legally married **Spouse**.

**Under lease**, as used in the **Coverages** Section, means an aircraft which the **Policyholder** does not own but has the right to use, under a written agreement, for more than ten (10) consecutive days and/or for more than fifteen (15) days in a one (1) year period. A **Chartered Aircraft** will not be considered **Under lease**.

**We**, **Us**, and **Our** refers to Zurich American Insurance Company.

**You**, **Your** refers to the **Insured**.
SECTION IV – COVERAGES

24 HOUR ACCIDENT PROTECTION, BUSINESS AND PLEASURE EXCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER ONLY, H-1

Class I, Class V, Class VI, Class VII and Class VIII:

The Hazards insured against by the Policy are:

A Covered Injury sustained by You anywhere in the world, subject to the terms, conditions, exclusions and limitations under the Policy.

Hazard Limitations:

Air travel Coverage is limited to a loss sustained during a trip, while You are a passenger, riding in or on, boarding or getting off:

A. any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
   1. medical certificate; and
   2. pilot certificate with a proper rating to pilot such aircraft.

B. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Hazard Exclusions:

Coverage is not provided:

A. If You are the pilot, operator, member of the crew or cabin attendant of any aircraft.

B. Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
   1. any aircraft other than those expressly stated in this Coverage;
   2. any aircraft Owned or Controlled by, or Under lease to the Policyholder;
   3. any aircraft Owned or Controlled by, or Under lease to an Insured or a member of an Insured's family or household;
   4. any aircraft operated by the Policyholder or one of the Policyholder's employees including members of an employee’s family or household;
   5. any aircraft engaged in a Specialized Aviation Activity;
   6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.
24 HOUR ACCIDENT PROTECTION WHILE ON BUSINESS TRIP, EXCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER ONLY, H-2

Class II:
The **Hazard**s insured against by the **Policy** are:

A **Covered Injury** sustained by **You** anywhere in the world while on the **Business of the Policyholder** during a business trip, subject to the terms, conditions, limitations and exclusions under the **Policy**.

**Coverage**, subject to limitations and exclusions, is provided between:

A. the later of the time **You** leave the place where **You** normally work or live; and
B. the earlier of the time **You** return to the place where **You** normally work or live.

**Hazard Limitations:**

Air travel **Coverage** is limited to a loss sustained during a trip, while **You** are a passenger, riding in or on, boarding or getting off:

A. any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
   1. medical certificate; and
   2. pilot certificate with a proper rating to pilot such aircraft.
B. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

**Hazard Exclusions:**

**Coverage** is not provided:

A. If **You** are the pilot, operator, member of the crew or cabin attendant of any aircraft. Or
B. For an assignment by the **Policyholder** or relocation that exceeds three hundred sixty-five (365) days in duration. Note: If an assignment exceeds three hundred sixty-five (365) days in duration, the location of the assignment will be considered the place of permanent assignment, and the **Insured** will then have **Coverage** when traveling elsewhere on the **Business of the Policyholder**.
C. Unless **We** have previously consented in writing to the use, **Coverage** is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
   1. any aircraft other than those expressly stated in this **Coverage**;
   2. any aircraft **Owned** or **Controlled** by, or **Under lease** to the **Policyholder**;
   3. any aircraft **Owned** or **Controlled** by, or **Under lease** to an **Insured** or a member of an **Insured's** family or household;
   4. any aircraft operated by the **Policyholder** or one of the **Policyholder's** employees including members of an employee’s family or household;
   5. any aircraft engaged in a **Specialized Aviation Activity**;
   6. any conveyance used for tests or experimental purposes, or in a race or speed test.

**Hazard Definitions:**

- **Business of the Policyholder** means an assignment by or at the direction of the **Policyholder** to further the business of the **Policyholder**. It does not include an accident occurring during usual travel to and from work; bona fide leaves of absence or vacation. It does include a **Personal Deviation** and **Side Trips** of a personal nature.
- **Personal Deviation** means non-business activities undertaken while on the **Business of the Policyholder**, but unrelated to furthering the **Business of the Policyholder**.
- **Side Trip** means non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; 3) is taken during the course of the business trip; and 4) is limited to 336 hours (14 days).

Other Limitations and Exclusions that apply to this **Hazard** are in Section VII General Exclusions and Section VIII General Limitations.
24 HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIED TRIP, INCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER AND CREW, H-3

Class III and Class IV:

The Hazards insured against by the Policy are:

A Covered Injury sustained by You, subject to the terms, conditions, limitations and exclusions under the Policy, during a specified trip to:

While traveling on a business and/or relocation trip* with a primary Insured individual.

* The trip must be approved by and at the expense of the Policyholder.

Coverage, subject to limitations and exclusions, is provided between:

A. the later of the time You leave the place where You normally work or live; and
B. the earlier of the time You return to the place where You normally work or live.

Hazard Limitations:

Air travel Coverage is limited to a loss sustained during the trip, while You are a passenger, pilot, operator, member of the crew or cabin attendant, riding in or on, boarding or getting off:

A. any civilian aircraft with a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government. This aircraft must be operated by a pilot with a current and valid:
   1. medical certificate; and
   2. pilot certificate with a proper rating to pilot such aircraft.
B. any aircraft which is not subject to a certificate of airworthiness; whose design and customary and regular purpose is for transporting passengers; and which is operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Hazard Exclusions:

Coverage is not provided:

A. If You are the pilot, operator, member of the crew or cabin attendant of any aircraft.
B. For travel or activities by You, which deviate from the requirements for making the specified trip, or travel that is an extension of the specified trip. This does not include a Personal Deviation and Side Trips of a personal nature.
C. Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
   1. any aircraft other than those expressly stated in this Coverage;
   2. any aircraft Owned or Controlled by, or Under lease to the Policyholder;
   3. any aircraft Owned or Controlled by, or Under lease to an Insured or a member of an Insured's family or household;
   4. any aircraft operated by the Policyholder or one of the Policyholder's employees including members of an employee’s family or household;
   5. any aircraft engaged a Specialized Aviation Activity;
   6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Hazard Definitions:

- Personal Deviation means non-business activities undertaken while on the specified trip, but unrelated to the specified trip.
- Side Trip means non-business travel of a personal nature that: 1) is incidental to the specified trip; 2) would not have been taken if not for the specified trip; 3) is taken during the course of the specified trip; and 4) is limited to 336 hours (14 days).

Other Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.
EXPOSURE AND DISAPPEARANCE COVERAGE

If You are exposed to weather because of an Accident and this results in a Covered Loss, We will pay the applicable Principal Sum, subject to all Policy terms.

If the conveyance in which You are riding disappears, is wrecked, or sinks, and You are not found within 365 days of the event, We will presume that You lost Your life as a result of Injury. If travel in such conveyance was covered under the terms of the Policy, We will pay the applicable Principal Sum, subject to all Policy terms. We have the right to recover the benefit if We find that You survived the event.

Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.

EXTRA-ORDINARY COMMUTATION COVERAGE

Coverage is extended to include a Covered Injury that You suffer while commuting directly between Your home, and place of regular employment. This can be by car or other conveyance. For this Coverage to take effect, there must be a stop in service due to a strike or major breakdown of one or more public transit systems that You regularly use.

This Coverage begins when You leave Your home or place of work. This Coverage ends when You arrive at Your home or place of work. Except for events beyond Your control, no losses will be covered if You deviate from Your normal route.

This Coverage will not be extended if the operator of the private passenger automobile in which You were riding at the time You incurred such Covered Injury was either:

1. under the influence of alcohol;
   a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.
   b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver’s intoxication. Or,
 2. under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.

Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.

FELONIOUS ASSAULT COVERAGE

Your Coverage is extended if You suffer a Covered Injury as defined under the Accidental Death or Accidental Dismemberment and Covered Loss of Use Benefit, as a direct result of a violent or criminal act committed by someone other than You, a Fellow Employee or a member of Your Family or Household, provided:

1. the Injury is incurred in connection with or related to the Policyholder’s business; and
2. the Injury occurs on the Policyholder’s premises.

For purposes of this Coverage:

Fellow Employee means a person employed by the same employer as You or by an employer that is an affiliated or subsidiary corporation. It will also include any person who was so employed, but whose employment was terminated not more than forty-five (45) days prior to the date on which the defined violent crime/felonious assault was committed.

Family means Your parent, step-parent, Spouse or former Spouse, son, daughter, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, cousins, grandparent, grandchild or stepchild.

Household means a person who maintains residence at the same address as You.

This Coverage applies only to the crimes or attempted crimes of robbery, theft, holdup, kidnapping.

For purposes of this Felonious Assault Coverage, the Aggregate Limit of Liability per Covered Accident is $5,000,000.

Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.
HIJACKING or SKYJACKING COVERAGE

The exclusion for war or any acts of war whether declared or undeclared as found in section VII General Exclusions of the Policy is modified and Covered Injuries directly resulting from a Hijacking or Skyjacking or any attempt at any Hijacking or Skyjacking are covered under the Policy.

Hijacking or Skyjacking means the unlawful seizure or wrongful exercise of control of an aircraft or conveyance or the crew thereof, in which You are traveling as a passenger.

This Coverage will continue beyond the actual Hijacking or Skyjacking while You are:
1. subject to the control of the person(s) making the Hijacking or Skyjacking; and
2. traveling directly to Your home or original destination.

Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.

WAR RISK COVERAGE

The exclusion for war or any acts of war, whether declared or undeclared, as found in Section VII General Exclusions of this Certificate, is modified and Covered Injuries directly resulting from war or any acts of war are covered under the Policy provided:

A. the war or act of war causing the Injury does not occur within any of the states of the United States of America (including the District of Columbia), Afghanistan, Iraq or Your country of residence.

This War Risk Coverage is subject to an Aggregate Limit of Liability of $5,000,000 per Covered Accident.

Limitations and Exclusions that apply to this Hazard are in Section VII General Exclusions and Section VIII General Limitations.

SECTION V – BENEFITS

ACCIDENTAL DEATH BENEFIT

If You suffer a loss of life as a result of a Covered Injury, We will pay the applicable Principal Sum. The death must occur within 365 days of the Covered Injury.

This benefit is subject to the limitations in Section VIII General Limitations.

ACCIDENTAL DISMEMBERMENT AND PLEGIA BENEFIT

If an Injury to You results in any of the following Covered Losses, We will pay the benefit amount shown. The Covered Loss must occur within 365 days of the Accident.

The benefit amounts are based on the Principal Sum of the person suffering the Covered Loss.

<table>
<thead>
<tr>
<th>Covered Loss of</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Both Hands or Both Feet</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>2. One Hand and One Foot</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>3. One Hand or One Foot plus the loss of Sight of One Eye</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>4. Sight of Both Eyes</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>5. Speech and Hearing</td>
<td>Principal Sum</td>
</tr>
<tr>
<td>6. Speech or Hearing</td>
<td>50% of Principal Sum</td>
</tr>
<tr>
<td>7. One Hand; One Foot; or Sight of One Eye</td>
<td>50% of Principal Sum</td>
</tr>
<tr>
<td>8. Thumb and Index Finger of the same Hand</td>
<td>25% of Principal Sum</td>
</tr>
</tbody>
</table>

Plegia

| 1. Quadriplegia (total paralysis of all four Limbs) | Principal Sum |
| 2. Paraplegia (total paralysis of both lower Limbs) | 75% of Principal Sum |
| 3. Hemiplegia (total paralysis of upper and lower Limbs on one side of the body) | 50% of Principal Sum |
| 4. Uniplegia (total paralysis of one Limb) | 25% of Principal Sum |
For purposes of this benefit:

1. **Covered Loss** means:
   a. For a foot or hand, actual severance through or above an ankle or wrist joint;
   b. Actual severance through or above the metacarpophalangeal joint of a thumb or index finger;
   c. Total and permanent loss of sight;
   d. Total and permanent loss of speech;
   e. Total and permanent loss of hearing.

2. **Plegia** must continue for 12 consecutive months and be determined by Our competent medical authority to be permanent, complete and irreversible paralysis of one or more limbs. A **Limb** means an arm or a leg. Proof of total paralysis may be required by Us on a periodic basis. Benefits are not payable for paralysis caused by a stroke.

This benefit is subject to the limitations in Section VIII General Limitations.

**COMA BENEFIT**

If You suffer an Injury resulting in a Covered Loss within 90 days of a Covered Accident, and such Injury causes You to be in a Coma for at least thirty (30) consecutive days, We will pay a Coma Benefit.

The Coma Benefit will be payable at 1% of Your Principal Sum per month for the first 11 months You remain in a Coma, following the initial thirty (30) day period. At the end of the 11 months of payment, if You remain in a Coma, We will pay a lump sum benefit equal to the Principal Sum payable under the Accidental Death Benefit less the amount of the 11 months of benefit already received.

Coma will be determined by Our duly licensed physician.

This benefit is subject to the limitations in Section VIII General Limitations.

**SECTION VI – ADDITIONAL BENEFITS**

**CARJACKING BENEFIT**

If You suffer an Injury resulting in a Covered Loss which is payable under the Accidental Death or Accidental Dismemberment and Plegia Benefit as a direct result of an Accident that occurs during a Carjacking of a private passenger automobile that You were operating, getting into or out of, or riding in as a passenger, We will pay an additional benefit equal to 10% of the applicable Principal Sum to a maximum of $25,000.

Verification of the Carjacking must be made part of an official police report within twenty-four (24) hours of the Carjacking or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within twenty-four (24) hours or as soon as reasonably possible and such verification must be provided to Us.

For purposes of this benefit, Carjacking means a person other than You taking unlawful possession of a private passenger automobile by means of force or threats against the person(s) then rightfully occupying it.

**CRITICAL BURN BENEFIT**

If You suffer an Injury resulting in a Covered Loss as a result of a Covered Accident which is payable under the Accidental Dismemberment and Plegia Benefit, an additional benefit will be payable equal to the lesser of 10% of the applicable Principal Sum or $10,000, provided all terms and conditions of the Policy are met and:

1. You have received second degree or higher burns over 25% of Your body; and
2. You have undergone reconstructive surgery to treat the burned areas of the body; and
3. the reconstructive surgery has taken place within 365 days of the occurrence of the Injury.

**DAY CARE BENEFIT**

If You suffer an Injury resulting in a Covered Loss which is payable under the Accidental Death Benefit, We will pay an additional benefit for day care expenses to the individual who incurs the expense on behalf of each Dependent Child if:

1. on the date of the Accident, the Dependent Child was enrolled in an Accredited Child Care Facility, or enrolls in such facility within ninety (90) days from the date of loss; and
2. the Dependent Child is under age 13.
The **Day Care Benefit** will be equal to the lesser of:
1. the actual cost of the child care;
2. 10% of Your **Principal Sum**; or
3. $10,000.

The **Day Care Benefit** will be paid annually for four (4) consecutive years if:
1. the **Dependent Child** is under age 13 at the time of each annual payment; and
2. proof, acceptable to Us, is received by Us that verifies that the **Dependent Child** remains enrolled in an **Accredited Child Care Facility**.

An **Accredited Child Care Facility** means:
1. a child care facility that operates pursuant to state and local laws;
2. is licensed by the state for such child care facilities; and
3. has been provided with a Tax Identification Number by the Internal Revenue Service.

An **Accredited Child Care Facility** does not include a hospital; the child’s home; a nursing or convalescent home; a facility for the treatment of mental disorders; an orphanage; or a treatment center for drug and alcohol abuse.

**HEARING AID OR PROSTHETIC APPLIANCE BENEFIT**

If **You** suffer an **Injury** resulting in a **Covered Loss** which is payable under the Accidental Dismemberment and Plegia, We will pay an additional benefit provided:
1. **You** are required to use a hearing aid or prosthetic appliance;
2. the **Injury** that caused the payment of the Accidental Dismemberment and Plegia Benefit is the same **Injury** that requires **You** to use the **Hearing Aid or Prosthetic Appliance**; and
3. the **Hearing Aid or Prosthetic Appliance** was required within one (1) year of the **Injury**.

The amount We will pay will be equal to the one-time cost of the **Hearing Aid or Prosthetic Appliance** that **You** actually paid.

This benefit will not be paid unless:
1. the **Hearing Aid or Prosthetic Appliance** was prescribed by a legally qualified physician or surgeon who is not **Your** spouse, child, or relative; and
2. presentation of proof of payment is provided to Us.

For purposes of this benefit, **Prosthetic Appliance** will include an artificial limb or eye.

No payment will be made for ordinary living, traveling or clothing expenses.

The maximum amount payable under all provisions of this benefit combined will be the lesser of 10% of **Your Principal Sum** or $10,000.

**HIGHER EDUCATION BENEFIT**

If **You** suffer an **Injury** resulting in a **Covered Loss**, which is payable under the Accidental Death Benefit, We will pay an additional benefit for higher education expenses to the individual who incurs the expense for each **Dependent Child**.

A **Dependent Child** is eligible for the **Higher Education** benefit if on the date of the **Accident**:
1. he or she is enrolled as a full-time student in an accredited college, university or trade school; or
2. he or she was at the 12th grade level and enrolls in an accredited college, university or trade school within one (1) year from the date of the **Accident**.

The **Higher Education** will be equal to 10% of **Your Principal Sum**, to a maximum of $10,000. This amount will be paid annually for four (4) consecutive years if **Your Dependent Child** continues his or her education. Before this benefit is paid each year, **Your Dependent Child** must present written proof, acceptable to Us, that he or she is attending an institution of higher learning on a full-time basis.
HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If You suffer an Injury resulting in a Covered Loss, which is payable under the Accidental Dismemberment and Plegia Benefit, We will pay an additional benefit for home alterations and/or vehicle modifications, provided:

1. You are required to use a wheelchair to be ambulatory on a permanent basis; and
2. the Injury that caused the payment of the Accidental Dismemberment and Plegia Benefit is the same Injury that requires You to need the wheelchair.

The amount We will pay will be equal to:

1. the one-time cost of alterations to Your primary residence to make it wheelchair accessible and habitable; and
2. the one-time cost of modifications necessary to Your motor vehicle to make the vehicle accessible or drivable.

Benefits will not be payable unless:

1. alterations and/or modifications are made by a person or persons experienced in such alterations and/or modifications, and are recommended by a recognized organization providing support and assistance to wheelchair users; and
2. presentation of proof of payment is provided to Us.

The maximum amount payable under all provisions of this benefit combined will be the lesser of 20% of Your Principal Sum or $50,000.

REHABILITATION BENEFIT

If You suffer an Injury resulting in a Covered Loss which is payable under the Accidental Dismemberment and Plegia Benefit, We will pay an additional benefit for the Reasonable and Customary expenses actually incurred for Rehabilitation Training in an amount equal to the lesser of:

1. the actual expenses that are incurred within two (2) years from the date of the Accident for the Rehabilitation Training;
2. $25,000; or
3. 10% of Your Principal Sum.

Rehabilitation Training means a treatment program that:

1. is prescribed by a licensed physician acting within the scope of his or her license that is approved by Us prior to the provision of services;
2. is required due to Your Injury; and
3. prepares You for an occupation which You would not have engaged in except for the Injury.

Reasonable and Customary expenses means the common charges made by other health care providers in the same locality for the treatment furnished. If the common charges for a service cannot be determined due to the unusual nature of such service, We will determine the amount based upon:

1. the complexity involved;
2. the degree of professional skill required; and
3. any other pertinent factors.

We reserve the right to make the final determination of what is Reasonable and Customary.

SEAT BELT/AIR BAG BENEFIT

If You suffer an Injury resulting in a Covered Loss, which is payable under the Accidental Death Benefit, and the Injury which caused the accidental death directly resulted from an automobile Accident, We will pay to the beneficiary an additional benefit, which equals 10% of the applicable Principal Sum up to a maximum of $25,000, provided that You were:

1. operating or riding as a passenger in any private passenger automobile designed for use primarily on public roads; and
2. wearing an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the Injury.

Verification of Your actual use of the seat belt or lap and shoulder restraints is required as follows:

1. in the official law enforcement report of the Accident, through certification by the investigating officers; or
2. by other reasonable proof, acceptable to Us.
An additional benefit equal to 10% of Your Principal Sum to a maximum of $25,000, will be paid if You were driving a private passenger automobile with a manufacturer equipped driver-side air bag or riding as a passenger in a private passenger automobile with a manufacturer equipped passenger-side air bag, provided Your seat belt or lap and shoulder restraint was properly fastened at the time of the Accident. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the Accident, through certification by the investigating officers or by other reasonable proof, acceptable to Us.

We will not pay a Seat Belt or Air Bag Benefit if the driver of the private passenger automobile in which You were riding was either:

1. under the influence of alcohol;
   a. A driver will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle.
   b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver’s intoxication. Or,
2. under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage.

SPOUSE/DOMESTIC PARTNER RETRAINING BENEFIT

If You suffer an Injury resulting in a Covered Loss, which is payable under the Accidental Death Benefit, We will pay to, or on behalf of Your Spouse/Domestic Partner, the actual cost of any professional or trade-training program in which the Spouse/Domestic Partner enrolls, provided:

1. the purpose of the training program is to obtain an independent source of support and maintenance;
2. the actual cost is incurred within thirty (30) months from Your death; and
3. the professional or trade training program is licensed by the state.

The maximum amount payment under this benefit will be the lesser of 10% of Your Principal Sum or $10,000.

THERAPEUTIC COUNSELING BENEFIT

If You suffer an Injury resulting in a Covered Loss, which is payable under the Accidental Dismemberment and Plegia Benefit, and You require Therapeutic Counseling, We will reimburse the actual expense for such counseling to the individual who incurs the expense, provided:

1. all terms and conditions of the Policy are met;
2. Therapeutic Counseling begins within ninety (90) days of the Covered Accident;
3. Therapeutic Counseling must be incurred within one (1) year from the date of the Covered Loss.

Therapeutic Counseling means treatment or counseling provided by a licensed therapist or counselor who is registered or certified to provide psychological treatment or counseling.

The maximum amount payable under this benefit is $25,000 for any one Covered Accident.

SECTION VII – GENERAL EXCLUSIONS

A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods:
5. participation in the commission or attempted commission of any felony;
6. parasailing, bungee jumping;
7. being intoxicated while operating a motor vehicle.
   a. You will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
   b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of Your intoxication.
8. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
9. travel or flight in any aircraft except to the extent stated in the Coverage Section.

SECTION VIII – GENERAL LIMITATIONS

Limitation on Multiple Covered Losses. If You suffer more than one loss as a result of the same Accident, We will pay only one benefit, the largest benefit.

Limitation on Multiple Benefits. If You can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Plegia Benefit, Coma Benefit as a result of the same Accident, the most We will pay for these benefits in total is Your Principal Sum.

Limitation on Multiple Hazards. If You suffer a Covered Loss that is covered under more than one Hazard, We will pay only one benefit, the largest benefit unless there is a specific written exception in the Policy.

Aggregate Limit. We will not pay more than the Aggregate Limit of Liability stated in the Schedule or a specific Hazard(s).

SECTION IX - TERMINATION OF INSURANCE

Your insurance automatically terminates on the earliest of:

1. the date the Policy is terminated;
2. the date You cease to be eligible for insurance;
3. the expiration date of the period for which required premium has been paid for You;
4. the date You fail to pay the required premium, if You are so required;
5. the date You retire.

SECTION X - HOW TO FILE A CLAIM

A. Notice. You or Your beneficiary, or someone on Your behalf, must give Us written notice of the Covered Loss within ninety (90) days of such Covered Loss. The notice must name You, and the Policy Number. To request a claim form, You or Your beneficiary, or someone on Your behalf may contact Us at 1-866-841-4771. The notice must be sent to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041, or any of Our agents. Notice to Our agents is considered notice to Us.

B. Claim Forms. We will send the claimant proof of Covered Loss forms within fifteen (15) days after We receive notice. If the claimant does not receive the proof of Covered Loss form within fifteen (15) days after submitting notice, he or she can send Us a detailed written report of the claim and extent of Covered Loss. We will accept this report as a proof of Covered Loss if sent within the time fixed below for filing a proof of Covered Loss.

C. Proof of Covered Loss. Written proof of Covered Loss, acceptable to Us, must be sent within ninety (90) days of the Covered Loss. Failure to furnish proof of Covered Loss acceptable to Us within such time will neither invalidate nor reduce any claim if it was not reasonably possible to furnish the proof of Covered Loss and the proof was provided as soon as reasonably possible.

SECTION XI - PAYMENT OF CLAIMS

A. Time of Payment. We will pay claims for all Covered Losses, other than Covered Losses for which the Policy provides any periodic payment, immediately upon receipt of written proof of loss that is acceptable to Us. Unless an optional periodic payment is stated or chosen, any Covered Loss to be paid in periodic payments will be paid at the end of each four-week period. The unpaid balance, which remains when Our liability ends, will then be paid when We receive the proof of Covered Loss that is acceptable to Us.
B. Who We Will Pay.

1. Your Loss of Life. Covered Losses resulting from Your death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as You, We will pay the benefit to the beneficiary named by You for the Policyholder’s Group Life Insurance policy. If there is no beneficiary named by You for the Policyholder’s Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as You, We will pay the benefit to Your survivors in the following order:
   a. Your legally married Spouse or Domestic Partner;
   b. Your Child(ren);
   c. Your parents;
   d. Your brothers and sisters;
   e. Your estate.

2. All Other Claims. Benefits are to be paid to You.

3. If a Foreign National is entitled to benefits for a Covered Loss and We are unable to make payment directly to him or her because of legal restrictions in the country or jurisdiction where such Foreign National is located, We will either (1) pay the benefits to a bank account owned by the Foreign National in the United States of America or (2) if no such bank account is established or maintained, We will pay the benefits to the Policyholder on behalf of the Foreign National. It will then be the responsibility of the Policyholder to remit the benefit to such Foreign National. Payment of the benefit to the Policyholder will release Us from any further liability to the Foreign National. If the Policyholder does not remit the payment to the Foreign National, the Policyholder will indemnify Us and hold Us harmless against any and all liability incurred by Us including, but not limited to, interest, penalties and attorneys’ fees in connection with, arising or resulting from such failure to remit payment. The Policyholder will not be considered the beneficiary under the Policy if payment is made to the Policyholder in accordance with this provision.

C. Physical Examination and Autopsy. We have the right to examine You when and as often as We may reasonably request while the claim is pending. Such examination will be at Our expense. We can have an autopsy performed unless forbidden by law.

D. Choice of Service Provider. You have the sole right to choose Your duly licensed physician and hospital.

SECTION XII - GENERAL POLICY CONDITIONS

A. Beneficiaries. You have the sole right to name a beneficiary. The beneficiary has no interest in the Policy other than to receive certain payments. You may change the beneficiary at any time unless You have assigned the interest in the Policy. In such case, the person to whom You have assigned the interest in the Policy may have the right to change the beneficiary. Consent to a change by a prior beneficiary is not needed unless the previous beneficiary was designated as irrevocable. Any beneficiary designation must be in writing on a form acceptable to Us.

B. Change or Waiver. A change or waiver of any terms or conditions of the Policy must be issued by Us in writing and signed by one of Our executive officers. No agent has authority to change or waive Policy terms or conditions. A failure to exercise any of Our rights under the Policy will not be deemed as a waiver of such rights in the same or future situations.

C. Clerical Error. A clerical error or omission will not increase or continue Your Coverage which otherwise would not be in force. If You apply for insurance for which You are not eligible, We will only be liable for any premiums paid to Us.

D. Conformity with Statute. Terms of the Policy that conflict with the laws of the state where it is delivered are amended to conform to such laws.

E. Suit Against Us. No action on the Policy may be brought until sixty (60) days after written proof of Covered Loss has been sent to Us. Any action must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina and Wisconsin) of the date the written proof of Covered Loss was required to be submitted. If the law of the state where You live makes such limit void, then the action must begin within the shortest time period permitted by law. In those states where binding arbitration is allowed, binding arbitration will supersede this provision.

F. Assignment of Interest. A transfer of interest is binding when We receive written notice on a form acceptable to Us. We have no duty to confirm that a transfer is valid.
G. Arbitration. Any contest to a claim denial under the **Policy** will be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction. The arbitration will occur at the offices of the American Arbitration Association nearest to **You**. The arbitrator(s) will not award consequential or punitive damages in any arbitration under this section. This provision does not apply if **You** are a resident of a state where the law does not allow binding arbitration in an insurance policy, but only if the **Policy** is subject to its laws. In such a case, binding arbitration does not apply. This provision bars **You** from instituting a lawsuit.

In Witness Whereof, **We** have caused this **Policy** to be executed and attested, and, if required by state law, this **Policy** will not be valid unless countersigned by **Our** authorized representative.

Mark E. Knipfer  
President  
Zurich American Insurance Company

Dennis Kerrigan  
Corporate Secretary  
Zurich American Insurance Company

**NON-PARTICIPATING**

**California Institute of Technology**  
**GTU 3031879**  
**Effective: January 1, 2019**  

Version: January 2019
AMENDATORY ENDORSEMENT
Enhanced Travel Assistance Plan

ZURICH AMERICAN INSURANCE COMPANY
1299 Zurich Way
Schaumburg, Illinois 60196

This endorsement, effective January 1, 2019, forms a part of Policy No. GTU 3031879, issued to California Institute of Technology.

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

Applies to Class I, Class II, Class III, Class IV, Class V, Class VI and Class VII:

This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy/Certificate:

ENHANCED TRAVEL ASSISTANCE PLAN

This Enhanced Travel Assistance Plan will apply to the following Covered Persons when on a Covered Trip: the Insured and his or her Spouse or Domestic Partner and/or Dependent Child(ren) if the Spouse or Domestic Partner and/or Dependent Child(ren) are with the Insured while he or she is covered under the Policy. The Spouse or Domestic Partner and/or Dependent Child(ren) will not be covered while making a trip without the Insured. The transportation and/or services provided under this Enhanced Travel Assistance Plan must be pre-authorized by Us or Our Assistance Provider. This Enhanced Travel Assistance Plan consists of the following benefits:

ENHANCED TRAVEL ASSISTANCE PLAN BENEFITS

Medical Evacuation Benefit

If a Covered Person is Injured or Ill on a Covered Trip and is being treated in a hospital, medical facility, clinic or by a medical provider which, based upon Our or Our Assistance Provider’s evaluation, cannot provide medical care in accordance with Western Medical Standards, We or Our Assistance Provider will arrange for, and cover the cost for, the transport of the Covered Person to the nearest hospital or medical facility which can provide such care. We or Our Assistance Provider must be contacted prior to the transport and We or Our Assistance Provider must pre-authorize the transport for this Medical Evacuation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Based on all the circumstances, We or Our Assistance Provider will determine the standard of care of a hospital or medical facility, clinic or medical provider for the limited purpose of determining Our liability.

Medical Repatriation Benefit

If a Covered Person is Injured or Ill on a Covered Trip and has sufficiently recovered to travel in a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel with minimal risk to his or her health, We or Our Assistance Provider will arrange for, and cover the cost for, the transport of the Covered Person to his or her Principal Residence, in such transportation. We or Our Assistance Provider must be contacted prior to the transport and We or Our Assistance Provider must pre-authorize the transport for this Medical Repatriation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Based on all the circumstances, for the limited purpose of determining Our liability, We or Our Assistance Provider will determine the appropriateness of the scheduling and the mode of transportation as well as what special equipment and/or personnel are covered.
Non-Medical Repatriation Benefit

If a Covered Person is Injured or Ill on a Covered Trip and has sufficiently recovered to travel in a regularly scheduled economy class air flight without special equipment or personnel with minimal risk to his or her health, We or Our Assistance Provider will arrange for, and cover the cost to change the travel date on the return air flight and/or for an upgrade in the seating, to his or her Principal Residence. We or Our Assistance Provider must be contacted prior to the transport and We or Our Assistance Provider must agree to the change in the travel date and/or upgrade for this Non-Medical Repatriation Benefit to be payable. No change or upgrade will be made without the prior recommendation of the attending physician.

Return of Remains Benefit

If a Covered Person dies while on a Covered Trip, We or Our Assistance Provider will make arrangements and pay for the local preparation of the body for transport or cremation (not including the cost of cremation), travel clearances and authorizations, standard shipping container (not including urn or coffin) and transportation of the body or remains to its country of destination. We or Our Assistance Provider must be contacted prior to the preparation and transportation of the body and We or Our Assistance Provider must pre-authorize the services and transportation for this Return of Remains Benefit to be payable.

Visit to Hospital Benefit

If a Covered Person is scheduled to be hospitalized for more than seven (7) consecutive days while on a Covered Trip, We or Our Assistance Provider will arrange for, and cover the cost of, a regularly scheduled round trip economy class air flight and accommodations (including hotel/lodging and meals; but excluding personal comfort or convenience items) of the person for as many as two (2) people chosen by the Covered Person to visit the Covered Person while he or she is hospitalized. We or Our Assistance Provider must pre-authorize the transportation for this Visit to Hospital Benefit to be payable.

Return of Child Benefit

If a Covered Person is traveling with a Dependent Child(ren), who is under nineteen (19) years of age or a Dependent Child(ren) who prior to age nineteen (19) became incapable of self-sustaining employment by reason of mental or physical handicap and remains chiefly dependent upon the Covered Person for support and maintenance, while on a Covered Trip, and due to the Illness of or Injury to the Covered Person, such Dependent Child(ren) is left unattended, We or Our Assistance Provider will arrange for, and cover the cost of, the transport of the Dependent Child(ren) by a regularly scheduled economy class air flight to the location chosen by the Covered Person, and for an attendant, if applicable. We or Our Assistance Provider must pre-authorize the transportation of the Dependent Child(ren) and attendant, if applicable, for this Return of Child Benefit to be payable.

Return of Companion Benefit

If a Covered Person is traveling with a companion while on a Covered Trip, and due to the Illness of or Injury to the Covered Person the Covered Person cannot complete the Covered Trip as scheduled, We or Our Assistance Provider will arrange for, and pay for, the lesser of the change fee for the companion’s return air flight or a one way economy class flight. We or Our Assistance Provider must pre-authorize such costs for this Return of Companion Benefit to be payable.

Escort Services Benefit

If a Covered Person is traveling with a companion while on a Covered Trip, and due to Illness or Injury the Covered Person qualifies for medical evacuation, medical repatriation, non-medical repatriation or return of remains transportation and/or services, We or Our Assistance Provider will arrange for, and cover the cost for, the companion to join the Covered Person during the Covered Person’s transport. We or Our Assistance Provider must pre-authorize such costs for this Escort Services Benefit to be payable.

Based on all the circumstances, for the limited purpose of determining Our liability, We or Our Assistance Provider will determine the appropriateness of the companion joining the Covered Person during the Covered Person’s transport.
Dispatch of a Physician or Specialist Benefit

If a Covered Person is Injured or Ill on a Covered Trip and, based on the information available, We or Our Assistance Provider cannot adequately assess whether or not medical care can be provided in accordance with Western Medical Standards and/or medical evacuation, medical repatriation or non-medical repatriation transportation and/or services are necessary, We or Our Assistance Provider will arrange for, and cover the cost of, a physician’s or specialist’s travel to the Covered Person’s location, as well as the medical services provided on location by such physician or specialist, to make the assessment. We or Our Assistance Provider must pre-authorize such costs for this Dispatch of a Physician or Specialist Benefit to be payable.

Security Evacuation Benefit

If, as a result of an Event that takes place while a Covered Person is on a Covered Trip, the Covered Person requires extrication from a location in which he or she is traveling due to an imminent physical danger, We or Our Assistance Provider will arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the Covered Person; but excluding personal comfort and convenience items) of the Covered Person to the nearest place of safety. We or Our Assistance Provider must be contacted prior to the transport and We or Our Assistance Provider must pre-authorize the transport for this Security Evacuation Benefit to be payable. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, We or Our Assistance Provider will make every effort to maintain contact with the Covered Person.

We or Our Assistance Provider will also arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the Covered Person; but excluding personal comfort and convenience items) of the Covered Person within seven (7) days of the Covered Person’s extrication from a location in which he or she was traveling due to an imminent physical danger back to the location in which the Covered Person was traveling, provided return is safe and permitted, or the Covered Person’s Principal Residence.

Based on all the circumstances, for the limited purpose of determining Our liability, We or Our Assistance Provider will determine the necessity of the extrication, the feasibility of the extrication and the appropriateness of the scheduling, as well as what mode of transportation and special equipment and/or personnel are covered. The maximum amount We will pay for this Security Evacuation Benefit is $100,000.

TRAVEL ASSISTANCE PLAN EXCLUSIONS

We will not provide this Enhanced Travel Assistance Plan if the Coverage is excluded under Section VII – General Exclusions of the Policy, or if:

1. the Covered Trip was undertaken for the specific purpose of securing medical treatment;
2. We or Our Assistance Provider did not pre-authorize the transportation and/or services;
3. the Covered Trip was undertaken against the advice of a physician or medical practitioner;
4. the costs incurred are not necessary and/or are excessive. We or Our Assistance Provider will make that determination based on all the circumstances;
5. with respect to the Medical Evacuation Benefit, the medical care which is being provided is consistent with Western Medical Standards. We or Our Assistance Provider will make that determination based on all the circumstances;
6. with respect to the Medical Evacuation Benefit, it is not medically necessary to transport the Covered Person to another hospital or medical facility. We or Our Assistance Provider will make that determination based on all the circumstances;
7. based upon the medical condition of the Covered Person and/or the local conditions and circumstances, We or Our Assistance Provider determines that the medical evacuation or repatriation or non-medical repatriation is not appropriate. We or Our Assistance Provider will make that determination based on all the circumstances;
8. with respect to the Security Evacuation Benefit, the Covered Person has violated the laws or regulations of the location of his or her Principal Residence or the location in which he or she is traveling while on a Covered Trip;
9. with respect to the Security Evacuation Benefit, the **Covered Person** fails to produce or maintain immigration, work, residence or similar visas, permits or other relevant documentation for the location in which he or she is traveling while on a **Covered Trip**;

10. with respect to the Security Evacuation Benefit, the expenses incurred are solely due to the repossession of the **Policyholder's** or **Covered Person's** property by a titleholder or other interested party, to satisfy any debt, insolvency, financial failure or other financial obligation of the **Policyholder** or **Covered Person**;

11. with respect to the Security Evacuation Benefit, the expenses incurred are solely due to the **Policyholder** or **Covered Person** failing to honor any contractual obligation, bond or specific performance condition in a license;

12. with respect to the Security Evacuation Benefit, the **Covered Person** is a citizen of the country in which he or she is traveling while on a **Covered Trip**;

13. with respect to the Security Evacuation Benefit, the conditions leading to the **Covered Person's** departure were in existence prior to the **Covered Person** entering the location in which he or she was traveling while on a **Covered Trip** or such conditions were reasonably foreseeable prior to the **Covered Person** entering the location in which he or she was traveling while on a **Covered Trip**.

**ENHANCED TRAVEL ASSISTANCE PLAN DEFINITIONS**

For purposes of this Enhanced Travel Assistance Plan only, the following additional definitions apply:

- **Assistance Provider** means International SOS.

- **Covered Trip** means travel more than 100 miles from the **Covered Person's Principal Residence** and such travel is covered under the **Policy**.

- **Event** means any of the following situations in which the **Covered Person** finds himself or herself while on a **Covered Trip**:
  1. Expulsion from a location in which the **Covered Person** is traveling or being declared persona non-grata on the written authority of the recognized government of the location in which the **Covered Person** is traveling;
  2. Political, social, or military events involving the location in which the **Covered Person** is traveling which result in the appropriate government authority(ies) of the **Covered Person’s** location of **Principal Residence** or the location in which the **Covered Person** is traveling issuing a formal recommendation that citizens of the **Covered Person's** country of **Principal Residence** or the country in which the **Covered Person** is traveling leave the location in which the **Covered Person** is traveling;
  3. Storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate government authority(ies) of the location in which the **Covered Person** is traveling and such area is deemed to be uninhabitable or dangerous;
  4. Confirmed (by documentation and/or physical evidence) attack or threat of attack against the **Covered Person's** health and safety by a third party;
  5. Deemed kidnapped or a missing person by local or international authorities and, when found, the **Covered Person's** health and/or safety are in question within seven (7) day(s) of his or her being found.

- **Ill** or **Illness** means a sickness or disease, which impairs the normal functions of the body and which first manifests itself during a **Covered Trip**.

- **Injured**, **Injury** or **Injuries** means a bodily injury or injuries.

- **Principal Residence** means the legal domicile of the **Covered Person**. If the **Covered Person** has dual citizenship, his or her country of citizenship is the country of the passport he or she used to enter the location in which he or she is traveling.

- **Western Medical Standards** means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.

For the purpose of this Enhanced Travel Assistance Plan, if there are any differences in the definition of a term between this Enhanced Travel Assistance Plan and the **Policy**, the definition in this Enhanced Travel Assistance Plan will govern.
ENHANCED TRAVEL ASSISTANCE PLAN - OTHER PROVISIONS

For purposes of this benefit only, the following additional conditions apply:

Changes to the Enhanced Travel Assistance Plan

The Policyholder shall notify all Covered Persons of any changes to this Enhanced Travel Assistance Plan within a reasonable time of such change.

Coverage Territory

We will not provide this Enhanced Travel Assistance Plan if any local, state, country or international law prohibits the provision of the transportation or services provided for under this Enhanced Travel Assistance Plan. We will be fully and completely excused from performance and discharged from any contractual obligation under this Enhanced Travel Assistance Plan.

Reservation of Rights

We may suspend, curtail or limit coverage under this Enhanced Travel Assistance Plan in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, act of God or the refusal of authorities to permit Us or Our Assistance Provider to provide services, or in any location for which a travel warning has been issued by the appropriate government authority(ies) of the Covered Person's location of Principal Residence or the location in which the Covered Person is traveling.

Scope

Illness, as defined under this Enhanced Travel Assistance Plan, is solely covered under this Enhanced Travel Assistance Plan and in no way supersedes or modifies the other coverages and/or benefits provided under the Policy.

CLAIM DENIAL

If a claim under this Rider is denied in whole or in part, We will provide a notice of Our decision, which shall include the specific factual bases for the decision, and details of the process for disputing a denied claim (including but not limited to the address to which a grievance should be sent, time limits on when a grievance must be filed, and time frames in which to expect a response).

INDEPENDENT MEDICAL REVIEW PROGRAM

An Insured may apply to the California Department of Insurance for an independent medical review of a decision to deny, modify, or delay health care services, based in whole or in part on a finding that the disputed health care services are not Medically Necessary, within six months of the decision. The commissioner may extend the application deadline beyond six months if the circumstances of a case warrant the extension.

Note: With regard to this Enhanced Travel Assistance Plan, the following applies:

1. When the Travel Assistance Plan is referenced in this Policy, the service is administered by International SOS. Contact information may be found in material provided by International SOS.

2. Benefits for and Medically Necessary Expenses will be payable to Zurich Travel Assistance provider (ISOS) upon receipt of any required proof. Any payment made in good faith to the Travel Assistance Provider (ISOS) will end our liability to the extent of the payment.

Endorsement No. 1

Effective Date: January 1, 2019 Attached to and forming a part of Policy No. GTU 3031879

Signed for by Zurich American Insurance Company:

[Signature] January 1, 2019

President Date
This endorsement, effective January 1, 2019, forms a part of Policy No. GTU 3031879, issued to California Institute of Technology.

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

Applies to Class VIII:
This endorsement modifies insurance provided under the Group Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy/Certificate:

ENHANCED TRAVEL ASSISTANCE PLAN
This Enhanced Travel Assistance Plan will apply to the following Covered Persons when on a Covered Trip: the Insured and his or her Spouse or Domestic Partner and/or Dependent Child(ren) if the Spouse or Domestic Partner and/or Dependent Child(ren) are with the Insured while he or she is covered under the Policy. The Spouse or Domestic Partner and/or Dependent Child(ren) will not be covered while making a trip without the Insured. The transportation and/or services provided under this Enhanced Travel Assistance Plan must be pre-authorized by Us or Our Assistance Provider. This Enhanced Travel Assistance Plan consists of the following benefits:

ENHANCED TRAVEL ASSISTANCE PLAN BENEFITS

Medical Evacuation Benefit
If a Covered Person is Injured or Ill on a Covered Trip and is being treated in a hospital, medical facility, clinic or by a medical provider which, based upon Our or Our Assistance Provider's evaluation, cannot provide medical care in accordance with Western Medical Standards, We or Our Assistance Provider will arrange for, and cover the cost for, the transport of the Covered Person to the nearest hospital or medical facility which can provide such care. We or Our Assistance Provider must be contacted prior to the transport and We or Our Assistance Provider must pre-authorize the transport for this Medical Evacuation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Based on all the circumstances, We or Our Assistance Provider will determine the standard of care of a hospital or medical facility, clinic or medical provider for the limited purpose of determining Our liability.

Medical Repatriation Benefit
If a Covered Person is Injured or Ill on a Covered Trip and has sufficiently recovered to travel in a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel with minimal risk to his or her health, We or Our Assistance Provider will arrange for, and cover the cost for, the transport of the Covered Person to his or her Principal Residence, in such transportation. We or Our Assistance Provider must be contacted prior to the transport and We or Our Assistance Provider must pre-authorize the transport for this Medical Repatriation Benefit to be payable. No transport will be arranged for and/or covered without the prior recommendation of the attending physician.

Based on all the circumstances, for the limited purpose of determining Our liability, We or Our Assistance Provider will determine the appropriateness of the scheduling and the mode of transportation as well as what special equipment and/or personnel are covered.
Non-Medical Repatriation Benefit

If a Covered Person is Injured or Ill on a Covered Trip and has sufficiently recovered to travel in a regularly scheduled economy class air flight without special equipment or personnel with minimal risk to his or her health, We or Our Assistance Provider will arrange for, and cover the cost to change the travel date on the return air flight and/or for an upgrade in the seating, to his or her Principal Residence. We or Our Assistance Provider must be contacted prior to the transport and We or Our Assistance Provider must agree to the change in the travel date and/or upgrade for this Non-Medical Repatriation Benefit to be payable. No change or upgrade will be made without the prior recommendation of the attending physician.

Return of Remains Benefit

If a Covered Person dies while on a Covered Trip, We or Our Assistance Provider will make arrangements and pay for the local preparation of the body for transport or cremation (not including the cost of cremation), travel clearances and authorizations, standard shipping container (not including urn or coffin) and transportation of the body or remains to its country of destination. We or Our Assistance Provider must be contacted prior to the preparation and transportation of the body and We or Our Assistance Provider must pre-authorize the services and transportation for this Return of Remains Benefit to be payable.

TRAVEL ASSISTANCE PLAN EXCLUSIONS

We will not provide this Enhanced Travel Assistance Plan if the Coverage is excluded under Section VII – General Exclusions of the Policy, or if:

1. the Covered Trip was undertaken for the specific purpose of securing medical treatment;
2. We or Our Assistance Provider did not pre-authorize the transportation and/or services;
3. the Covered Trip was undertaken against the advice of a physician or medical practitioner;
4. the costs incurred are not necessary and/or are excessive. We or Our Assistance Provider will make that determination based on all the circumstances;
5. with respect to the Medical Evacuation Benefit, the medical care which is being provided is consistent with Western Medical Standards. We or Our Assistance Provider will make that determination based on all the circumstances;
6. with respect to the Medical Evacuation Benefit, it is not medically necessary to transport the Covered Person to another hospital or medical facility. We or Our Assistance Provider will make that determination based on all the circumstances;
7. based upon the medical condition of the Covered Person and/or the local conditions and circumstances, We or Our Assistance Provider determines that the medical evacuation or repatriation or non-medical repatriation is not appropriate. We or Our Assistance Provider will make that determination based on all the circumstances.

ENHANCED TRAVEL ASSISTANCE PLAN DEFINITIONS

For purposes of this Enhanced Travel Assistance Plan only, the following additional definitions apply:

Assistance Provider means International SOS.

Covered Trip means travel more than 100 miles from the Covered Person’s Principal Residence and such travel is covered under the Policy.

Ill or Illness means a sickness or disease, which impairs the normal functions of the body and which first manifests itself during a Covered Trip.

Injured, Injury or Injuries means a bodily injury or injuries.

Principal Residence means the legal domicile of the Covered Person. If the Covered Person has dual citizenship, his or her country of citizenship is the country of the passport he or she used to enter the location in which he or she is traveling.

Western Medical Standards means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.
For the purpose of this Enhanced Travel Assistance Plan, if there are any differences in the definition of a term between this Enhanced Travel Assistance Plan and the Policy, the definition in this Enhanced Travel Assistance Plan will govern.

**ENHANCED TRAVEL ASSISTANCE PLAN - OTHER PROVISIONS**

For purposes of this benefit only, the following additional conditions apply:

**Changes to the Enhanced Travel Assistance Plan**

The Policyholder shall notify all Covered Persons of any changes to this Enhanced Travel Assistance Plan within a reasonable time of such change.

**Coverage Territory**

We will not provide this Enhanced Travel Assistance Plan if any local, state, country or international law prohibits the provision of the transportation or services provided for under this Enhanced Travel Assistance Plan. We will be fully and completely excused from performance and discharged from any contractual obligation under this Enhanced Travel Assistance Plan.

**Reservation of Rights**

We may suspend, curtail or limit coverage under this Enhanced Travel Assistance Plan in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, act of God or the refusal of authorities to permit Us or Our Assistance Provider to provide services, or in any location for which a travel warning has been issued by the appropriate government authority(ies) of the Covered Person's location of Principal Residence or the location in which the Covered Person is traveling.

**Scope**

Illness, as defined under this Enhanced Travel Assistance Plan, is solely covered under this Enhanced Travel Assistance Plan and in no way supersedes or modifies the other coverages and/or benefits provided under the Policy.

**CLAIM DENIAL**

If a claim under this Rider is denied in whole or in part, We will provide a notice of Our decision, which shall include the specific factual bases for the decision, and details of the process for disputing a denied claim (including but not limited to the address to which a grievance should be sent, time limits on when a grievance must be filed, and time frames in which to expect a response).

**INDEPENDENT MEDICAL REVIEW PROGRAM**

An Insured may apply to the California Department of Insurance for an independent medical review of a decision to deny, modify, or delay health care services, based in whole or in part on a finding that the disputed health care services are not Medically Necessary, within six months of the decision. The commissioner may extend the application deadline beyond six months if the circumstances of a case warrant the extension.

**Note:** With regard to this Enhanced Travel Assistance Plan, the following applies:

1. When the Travel Assistance Plan is referenced in this Policy, the service is administered by International SOS. Contact information may be found in material provided by International SOS.

2. Benefits for and Medically Necessary Expenses will be payable to Zurich Travel Assistance provider (ISOS) upon receipt of any required proof. Any payment made in good faith to the Travel Assistance Provider (ISOS) will end our liability to the extent of the payment.
Endorsement No. 2

Effective Date: January 1, 2019 Attached to and forming a part of Policy No. GTU 3031879

Signed for by Zurich American Insurance Company:

[Signature]

January 1, 2019

President

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

This endorsement modifies insurance provided under the Basic Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy:

For purposes of this endorsement only, SECTION – II SCHEDULE is amended to include the following:

International Program Structure

The international program consists of the following policies, which, all for themselves and interrelated, are an integral part of the international program issued to the Policyholder:

1. Master Policy.

For purposes of this endorsement only, SECTION III – DEFINITIONS is amended to include the following:

Group Person(s) means a person who is located or employed by a Subsidiary and/or Affiliate in a Prohibited Jurisdiction that would qualify as an Insured or Covered Person under the Master Policy but for the fact that it is located in a Prohibited Jurisdiction. Such person is not a party to, nor a Covered Person or a beneficiary under this Master Policy and has no rights and no obligations under this Master Policy.

Group Person Relevant Loss means loss that is deemed to be the legal or contractual obligation of:

1. the Policyholder to indemnify a Group Person;
2. the Policyholder to indemnify a Subsidiaries and/or Affiliates for such entity’s contractual obligation to a Group Person; or
3. Subsidiaries and/or Affiliates for such entity’s contractual obligation to a Group Person;

for loss that would have been covered under the terms of this Master Policy if incurred by a Covered Person. The Group Person Relevant Loss amount will not exceed the amount of the Principal Sum amounts that would have been paid to the Group Person had the Group Person been a Covered Person under this Policy.

Local Compulsory Insurance means any insurance that is required to be purchased under the laws of any jurisdiction.

Master Policy means this Policy no.: GTU 3031879.

Prohibited Jurisdiction means any country or political subdivision in which We are not authorized to insure risks and where doing so would violate insurance laws and regulations of such jurisdictions.

Subsidiaries and/or Affiliates mean those subsidiaries and affiliates in which the Policyholder, directly or indirectly, has a controlling interest of 50% or more, or over which the Policyholder undertakes actual management within a company and thereby essentially determines decision-making by the respective company.

For purposes of this endorsement only, SECTION IV – COVERAGE is amended to include the following:

Group Parent Protection. We will indemnify the Policyholder for loss under this Master Policy as set forth below:

1. Where the Policyholder holds shares or any other financial interest as, by way of example but not by way of limitation, any participation, controlling interest, voting rights, management control or investment, under applicable laws, in the Subsidiaries and/or Affiliates in a Prohibited Jurisdiction, if the Policyholder suffers devaluation of such shares or financial interest as a result such Subsidiaries and/or Affiliates incurring and paying for a Group Person Relevant Loss, this constitutes the Policyholder’s insurable interest under this section;
2. Where the Policyholder agrees to contractually indemnify a Subsidiary and/or Affiliate for a Group Person Relevant Loss, the Policyholder’s insurable interest arises by virtue of the loss that the Policyholder incurs in indemnifying the Subsidiary and/or Affiliate; or

3. Where the Policyholder agrees to contractually indemnify a Group Person, for loss that would have been a Covered Loss under the terms of this Master Policy if incurred by a Covered Person, the Policyholder’s insurable interest arises by virtue of the loss that the Policyholder incurs in indemnifying the Group Person.

For the purposes of this section of the Master Policy, the amount of the Policyholder’s loss is deemed to be equal in amount to the Group Person Relevant Loss.

For the purpose of this section of the Master Policy, Subsidiary and/or Affiliate shall include any Subsidiaries and/or Affiliates as well as branches acquired or newly formed following the effective date of this Master Policy.

The terms of this section shall prevail in the event of conflict with any other provisions of this Master Policy.

For purposes of this endorsement only, SECTION VIII – GENERAL LIMITATIONS is amended to include the following:

The Group Person Relevant Loss amount will not exceed the amount of the Principal Sum that would have been paid to the Group Person had the Group Person been a Covered Person under this Policy.

Local Compulsory Insurance. This Master Policy is not a substitute for any Local Compulsory Insurance. If Local Compulsory Insurance is not arranged, this Master Policy will respond as if the Local Compulsory Insurance has been obtained.

Exchange Rate. Should We and/or Our cooperative partners provide benefits in a foreign currency, the "daily exchange rate" (Source: Bloomberg®) of the day on which the booking is made by Us will apply for the currency conversion.

For the purposes of this endorsement only, SECTION XI – PAYMENT OF CLAIMS is amended to include the following:

Claim Payment. Group Persons are not entitled to make any claim against Us for payment of benefits under this Master Policy.

The coverage afforded to the Policyholder will not exceed the amount of the Principal Sum that would have been paid to the Group Person had the Group Person been a Covered Person subject to any Difference in Conditions or Difference in Limits under this Policy.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the Policy to which it is attached.

Effective Date: January 1, 2019 Attached to and forming a part of Policy No. GTU 3031879

Signed for by Zurich American Insurance Company:

[Signature]

President

January 1, 2019

Date
AMENDATORY ENDORSEMENT
EEA Foreign National Loss Payee

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Basic Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy/Certificate:

For purposes of this endorsement only, Section III – Definitions is amended to include the following:

Loss payee means a person who is employed by the Policyholder, is domiciled in the European Economic Area (EEA), and would qualify as a Covered Person under this Policy but for the fact that the Loss Payee is located in the EEA. Loss Payees are neither a party to nor Covered Persons under this Policy; a Loss Payee's only right under this Policy is to receive such benefit in the capacity of a Loss Payee as described below.

For purposes of this endorsement only, Paragraph 3. of SECTION XI.B. Who We Will Pay shall not apply to Foreign Nationals domiciled in the EEA. Where an amount is paid directly to an Insured who is a Foreign National residing in the EEA, the Insured receives such benefit in the capacity of a Loss Payee only.

For purposes of this endorsement only, the following is added to SECTION XII.I. Suit Against Us:

A Loss Payee may only bring an action under this policy in the state found in the Contract Situs section of the first page of this Policy.

This endorsement shall prevail in the event of conflict with any other provisions of the Policy or endorsements thereto.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the Policy to which it is attached.

Effective Date: January 1, 2019 Attached to and forming a part of Policy No. GTU 3031879

Signed for by Zurich American Insurance Company:

[Signature]

President

January 1, 2019
Date
Revised Definition of Spouse Endorsement

ZURICH AMERICAN INSURANCE COMPANY
1299 Zurich Way
Schaumburg, Illinois 60196

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the California Institute of Technology Policy/Certificate.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy/Certificate:

**PURPOSE:** California law provides that registered domestic partners have the same rights, protections, and benefits, and are subject to the same responsibilities, obligations, and duties under law, whether they derive from statutes, administrative regulations, court rules, government policies, common law, or any other provisions or sources of law, as are granted to and imposed upon spouses. Existing law requires, where necessary to implement the rights of registered domestic partners, gender-specific terms referring to spouses to be construed to include domestic partners.

**DEFINITIONS, TERMS, CONDITIONS AND PROVISIONS:**
The definitions, terms, conditions or any other provisions of the policy, contract, certificate and/or riders and endorsements to which this mandatory endorsement is attached are hereby amended and superseded as follows:

"Spouse" includes a Registered Domestic Partner.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the Policy/Certificate to which it is attached.

Effective Date: January 1, 2019

Attached to and forming a part of Policy/Certificate No. GTU 3031879

Signed for Zurich American Insurance Company by: [Signature]

Date: January 1, 2019
This endorsement, effective January 1, 2019, forms a part of Policy/Certificate No. GTU 3031879, issued to California Institute of Technology.

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Group Accident Policy/Certificate.

It is hereby understood and agreed that the following changes are made and incorporated into the Policy/Certificate.

SECTION IX - TERMINATION OF INSURANCE paragraph A. Policy Termination is deleted and replaced in its entirety with the following:

SECTION IX - TERMINATION OF INSURANCE

A. Policy Termination.

Termination by Policyholder. The Policyholder may terminate this Policy on the first renewal date or at any time after that date by delivering to Us a written notice to end this Policy at least thirty (30) days in advance of such termination. We will calculate and return the unearned premium, if any, on a pro rata basis. The Policyholder will send Us any additional amounts owed, if any, between the Policy's paid to date and the official date of termination.

Termination by Us. We may terminate this Policy by giving the Policyholder at least thirty (30) days' notice of Our intent to terminate. Such notice will state the exact date the Policy will terminate. We may also end this Policy for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. We will mail a notice of such termination to the Policyholder's last address shown in Our records.

Except for the above, this amendatory endorsement does not vary, alter, waive, or extend any of the terms of the Policy/Certificate to which it is attached.

Signed for by Zurich American Insurance Company  Mark E. Kempfer  Date: January 1, 2019
NOTICE OF PROTECTION PROVIDED BY
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

COVERAGE

- **Persons Covered**
  Generally, an individual is covered by the Association if the insurer was a member of the Association and the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

- **Amounts of Coverage**
  The basic coverage protections provided by the Association are as follows.

- **Life Insurance, Annuities and Structured Settlement Annuities**
  For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

  - **Life Insurance**
    80% of death benefits but not to exceed $300,000
    80% of cash surrender or withdrawal values but not to exceed $100,000

  - **Annuities and Structured Settlement Annuities**
    80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed $250,000

  The maximum amount of protection provided by the Association to an individual, for **all** life insurance, annuities and structured settlement annuities is $300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**
  The maximum amount of protection provided by the Association to an individual, as of April 1, 2011, is $470,125. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer.
COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state.
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- 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 certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance Guarantee Association
P.O Box 16860,
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927-4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.
Advisory notice to policyholders regarding the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") regulations

No coverage is provided by this policyholder notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided.

This notice provides information concerning possible impact on your insurance coverage due to directives issued by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Please read this Notice carefully.

OFAC administers and enforces sanctions policy based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons." This list can be located on the United States Treasury's web site – http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC restrictions. When an insurance policy is considered to be such a blocked or frozen contract, no payments or premium refunds may be made without authorization from OFAC. Other limitations on premiums and payments also apply.
Privacy Notice
We Take Important Steps to Protect the Personal Information We Collect About You

Dear Customer:  

We care about your privacy. That is why we believe in your right to know what nonpublic personal information we collect about you and what we do with that information. This Privacy Notice describes the nonpublic personal information we collect about you and how we handle the information as it relates to individuals who either own or are covered by insurance we issue, or who use other financial products or services we provide.

Overview  
UNDERSTANDING HOW WE USE YOUR PERSONAL INFORMATION

Why are you receiving this Notice?  
Financial institutions, which include the Company, choose how they share your personal nonpublic information. Federal and state law gives consumers the right to limit some but not all sharing of that information. Federal law also requires us to tell you how we collect, share and safeguard your nonpublic personal information. You are receiving this Privacy Notice because our records show either that you are the owner of an insurance policy or you are (or are authorized to act on behalf of) a current insured, future beneficiary and/or claimant under a policy, product or services issued by the Company.

What types of Information do we collect?  
The types of nonpublic personal information we collect and share depend on the product or service you have with us. For example, this information can include:

- Information about you we receive from you on applications or other forms, such as your name, address, telephone number, date of birth, your social security number, employment information, information about your income, medical information;
- Information about your transactions with the Company and its affiliates;
- Information about your claims history;
- Data from insurance support organizations, government agencies, insurance information sharing bureaus;
- Property information and similar data about you or your property; and
- Information we receive from a consumer reporting agency, such as a credit report.

When your relationship with us ends, we may continue to share information about you as described in this Privacy Notice.

What do we do with the nonpublic personal information we collect?  
WE SHARE YOUR NONPUBLIC PERSONAL INFORMATION IN THE COURSE OF SUPPORTING YOUR INSURANCE COVERAGE OR NON-INSURANCE PRODUCTS OR SERVICES, AS AUTHORIZED BY LAW, OR WITH YOUR CONSENT. THIS INCLUDES SHARING, AS PERMITTED BY LAW, YOUR NONPUBLIC PERSONAL INFORMATION WITH AFFILIATED PARTIES AND NONAFFILIATED THIRD PARTIES, AS APPLICABLE, IN THE COURSE OF SUPPORTING YOUR INSURANCE COVERAGE OR NON-INSURANCE PRODUCTS. IN THE SECTION BELOW, WE LIST THE REASONS WE CAN SHARE YOUR NONPUBLIC PERSONAL INFORMATION, WHETHER WE ACTUALLY SHARE YOUR NONPUBLIC PERSONAL INFORMATION, AND WHETHER YOU CAN OPT OUT OF THIS SHARING (OR IF YOU ARE A RESIDENT OF VERMONT, WHETHER YOU HAVE THE RIGHT TO OPT IN TO ALLOWING THIS SHARING).
<table>
<thead>
<tr>
<th>Reasons we may share your personal information</th>
<th>Does Company Share?</th>
<th>Can you opt out of this sharing or limit this sharing or is your authorization required for this sharing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>For our everyday business purposes – to affiliates and non-affiliates to process your transactions, administer insurance coverage, products or services, maintain your account and report to credit bureaus</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For our marketing purposes or for joint marketing with other financial companies</td>
<td>No</td>
<td>We don't share</td>
</tr>
<tr>
<td>For our affiliates’ everyday business purposes – transaction and experience information</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For our affiliates’ everyday business purposes – creditworthiness</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>For our affiliates to market to you</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>For non-affiliates to market to you</td>
<td>No</td>
<td>We don't share</td>
</tr>
</tbody>
</table>

**Collecting and safeguarding information**

**How often does the Company notify me about their practices?**

We must notify you about our sharing practices when you receive your policy, open an account or purchase a service, and each year while you are a customer, or when significant or legal changes require a revision.

**Why and how does the Company collect my nonpublic personal information?**

We collect nonpublic personal information when you apply for insurance or file an insurance claim to help us provide you with our insurance products and services, and determine your insurability or other eligibility. We may also ask you and others for information to help us verify your identity in order to prevent money laundering and terrorism. We collect personal information from:

- Applications, forms and telephone, web site or written contact with you. This information can include social security number, driver's license number and income.
- Your transaction(s) with us, our affiliates and other non-affiliated third parties. Transactional information includes such things as your insurance coverage, premiums, claims and payment history. Non-affiliated third parties may include appraisers, investigators, insurance companies, etc.
- Information from physicians, hospitals and other medical providers. We collect this information only in connection with the issuance of individual or group insurance policies on your life or health, and with the processing and adjustment of claims under that insurance.
- Information in a report prepared by an insurance support organization may be retained by that organization and provided to others.

**What nonpublic personal information does the Company disclose?**

We may provide to an affiliated or non-affiliated party the same nonpublic personal information listed above in the section entitled, "What information do we collect?"
**How does the Company safeguard my nonpublic personal information?**

Employees who have access to your nonpublic personal information are required to maintain and protect the confidentiality of that information. Access to your personal information may be needed to conduct business on your behalf or to service your insurance coverage. In addition, we maintain physical, electronic and procedural measures to protect your personal information in compliance with applicable laws and regulatory standards.

**FOR RESIDENTS OF ARIZONA, CALIFORNIA, CONNECTICUT, GEORGIA, ILLINOIS, MAINE, MASSACHUSETTS, MINNESOTA, MONTANA, NEW JERSEY, NEVADA, NORTH CAROLINA, OHIO, OREGON, OR VIRGINIA:**

You have the following individual rights under state law:

Except for certain documents related to claims and lawsuits, you have the right to access the recorded personal information that we have collected about you which we reasonably can locate and retrieve. To access your recorded personal information you must submit a written request reasonably describing the information you seek, and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com. If you would like a copy of your recorded personal information that we reasonably can locate and retrieve, we may charge you a reasonable fee to cover the costs incurred in providing you a copy of the recorded information. If you request medical records, we may elect to supply that information to you through your designated medical professional. We may also direct you to a consumer reporting agency to obtain certain consumer report information.

Generally, most of the recorded nonpublic personal information we collect about you and have in our possession is from policy applications or enrollment forms you submit to obtain our products and services, and is reflected in your statements and other documentation you receive from us. If you believe that the personal information we have about you in our records is incomplete or inaccurate, please let us know at once in writing, and we will investigate and correct any errors we find.

You also have the right to request the correction, amendment, or deletion of recorded personal information about you that we have in our possession. You must make your request in writing and send your written request to: Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.

**FOR RESIDENTS OF MASSACHUSETTS ONLY:** You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate or terminate your coverage.

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**Key words and phrases**

**TERMS YOU SHOULD KNOW**

**Definitions**

**Everyday business purposes**

The actions necessary for financial companies like the Company to conduct business and manage customer accounts, such as:

- Processing transactions, mailing and auditing services
- Administering insurance coverage, product, services or claims
- Providing information to credit bureaus
- Protecting against fraud
- Responding to court/governmental orders or subpoenas and legal investigations
- Responding to insurance regulatory authorities

**Affiliates**

Financial or nonfinancial companies related by common ownership or control.

*Company affiliates include insurance and non-insurance companies under common ownership with the Company and that provide insurance and non-insurance products or services.*
Non-affiliates | Financial or nonfinancial companies not related by common ownership or control. We do not rent or sell your nonpublic personal information. However, we may share your information with companies that we hire to perform business services for us, such as data processing, computer software maintenance and development, and transaction processing. When we disclose information to others to perform these services, they are required to take appropriate steps to protect this information and use it only for purposes of performing the business services.
- *Company does not share information with non-affiliates to market to you.*

Joint marketing | A formal agreement between non-affiliated financial companies that together market financial products or services to you.
- *Company does not jointly market.*

Changes to this Privacy Notice; contact us | We may change the policies, standards and procedures described in this Notice at any time to comply with applicable laws and/or to conform to our current business practices. We will notify you of material changes.

If you have any questions about your contract with us, you should contact your agent.

If you have questions specific to our Privacy Notice, contact our Privacy Office via mail (Zurich – Privacy Office, 1299 Zurich Way, Schaumburg, IL 60196) or via email at privacy.office@zurichna.com.

This Privacy Notice is sent on behalf of the following affiliated companies: