



Travel Accident Plan

Plan Document and
Summary Plan Description



**ST. JOHN'S UNIVERSITY
TRAVEL ACCIDENT PLAN
SUMMARY PLAN DESCRIPTION**

August 1, 2003

Introduction

St. John's University (the "University") maintains the St. John's University Travel Accident Plan (the "Plan") for the exclusive benefit of and to provide travel accident benefits to its eligible employees.

The University fully intends to maintain the Plan indefinitely. However, the Plan Administrator reserves the right, subject to applicable collective bargaining agreements, to terminate, suspend, discontinue or amend the Plan at any time and for any reason.

This document, together with the attached Certificate of Insurance for Insurance Policy Number 10-ETB-111819 issued by Hartford Life Insurance Company (the "Insurance Company") and Travel Assistance Program Guide (together, the "Insurance Documents"), constitutes the Summary Plan Description of the Plan required by ERISA § 102. Copies of the Insurance Documents are attached to this document.

Eligibility and Participation Requirements

To determine whether you are eligible to participate in the Plan, please read the eligibility information contained in the Insurance Documents. The University pays the entire cost of coverage under the Plan. Your eligibility for Plan benefits terminates when you terminate employment with the University.

Summary of Plan Benefits

The Plan provides eligible employees with travel accident insurance. These benefits are provided under a group insurance contract entered into between the University and the Insurance Company. A summary of the benefits provided under the Plan is set forth in the Insurance Documents.

How the Plan Is Administered

The Plan is administered by the Director of Employee Benefits of the University. The principal duty of the Plan Administrator is to see that the Plan is carried out, in accordance with its terms, for the exclusive benefit of persons entitled to participate in the Plan without discrimination among them. The University bears the incidental costs of administering the Plan.

This Plan is fully insured. Claims for benefits are sent to the Insurance Company. The Insurance Company is responsible for paying claims, not the University.

The Insurance Company is responsible for:

- Determining eligibility for and the amount of any benefits payable under the Plan.

- Prescribing claims procedures to be followed and the claims forms to be used by employees pursuant to the Plan.

The Insurance Company also has the authority to require employees to furnish it with such information as it determines is necessary for the proper administration of the Plan.

If you have any general questions regarding the Plan, please contact the Plan Administrator.

Circumstances Which May Affect Benefits

Your eligibility for Plan benefits terminates when you terminate employment with the University.

Amendment or Termination of the Plan

The University, as Plan Sponsor, has the right to amend or terminate the Plan at any time.

The Plan may be amended or terminated by a written instrument signed by the Plan Administrator who is authorized to amend or terminate the Plan and to sign insurance contracts with the Insurance Company or other carriers, including amendments to those contracts.

No Contract of Employment

The Plan is not intended to be, and may not be construed as constituting, a contract or other arrangement between you and the University to the effect that you will be employed for any specific period of time.

Claims Procedures

The Insurance Company is responsible for evaluating all benefit claims under the Plan. The Insurance Company will decide your claim in accordance with its reasonable claims procedures, as required by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Insurance Company has the right to require such evidence as it deems necessary in order to decide your claim.

If the Insurance Company denies your claim, in whole or in part, you will receive a written notification setting forth the reason(s) for the denial. You may appeal to the Insurance Company for a review of the denied claim. The Insurance Company will decide your appeal in accordance with its reasonable claims procedures, as required by ERISA. If you don't appeal on time, you will lose your right to file suit in a state or Federal court, as you will not have exhausted your internal administrative appeal rights (which is generally a prerequisite to bringing a suit in state or Federal court). See the Insurance Documents for more information about the Insurance Company's claims procedures.

Notwithstanding the foregoing, to the extent that the Insurance Documents do not prescribe a claims procedure for benefits that satisfies the requirements of Section 503 of ERISA, the claims procedure below shall apply:

If your claim is denied in whole or in part, the Insurance Company will provide a written notice of denial to you or your authorized representative within a reasonable period of time, but no later than 90 days after the Insurance Company receives your claim. The 90-day period will begin to run once your claim is filed, without regard to whether you have provided all the information necessary to make the benefit determination. If the Insurance Company determines that special circumstances require an extension beyond the initial 90-day period, the Insurance Company will notify you or your authorized representative in writing before the end of the initial 90-day period of the special circumstances that make the extension necessary and the date by which a decision may be expected. Any such extension may not exceed 90 days from the end of the initial 90-day period.

The Insurance Company's notice of denial will explain the reason for the denial, refer to the specific Plan provisions on which the denial is based, describe any additional information or material needed from you to perfect your claim and why this information or material is necessary, and describe the Plan's claims review procedures and time limits.

Within 60 days after receiving the notice of denial, you or your authorized representative may submit a written appeal of the denial to the Insurance Company. You or your authorized representative may, free of charge, review and request copies of relevant documents, records, and other information relevant to your claim. Your appeal may include written comments, documents, records, and other information relating to your claim, regardless of whether the information was submitted or considered as part of your initial claim for benefits.

The Insurance Company will review the appeal and make a determination within a reasonable period of time, but no more than 60 days after the Insurance Company receives the appeal. If the Insurance Company determines that special circumstances require an extension, the Insurance Company will notify you or your authorized representative in writing of the special circumstances that make the extension necessary and the date by which a decision may be expected before the end of the initial 60-day period. Any such extension may not exceed 60 days from the end of the initial review period.

The Insurance Company will provide a written determination on appeal which will explain the reasons for the decision, refer to the provisions of the Plan on which the decision is based, and inform you or your authorized representative of any additional rights you may have. The determination on appeal by the Insurance Company is the final determination under this claims procedure.

Statement of ERISA Rights

As a participant in the Plan you are entitled to certain rights and protections under ERISA. ERISA provides that all participants shall be entitled to:

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites, all documents governing the Plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series), if any, filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.

Obtain, on written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the

latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report, if any is required by ERISA to be prepared. The Plan Administrator is required by law to furnish each participant with a copy of any required summary annual report.

In addition to creating rights for plan participants ERISA imposes duties on the people who are responsible for the operation of an employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report (if any) from the Plan Administrator and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$ 110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim if frivolous.

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

General Information About the Plan

Plan Name: St. John's University Travel Accident Plan

Plan Sponsor: St. John's University
8000 Utopia Parkway
Jamaica, New York 11439
Telephone: 718-990-6587

Plan Sponsor's Employer Identification Number: 11-1630830

Plan Number: 502

Type of Plan: Welfare/Travel Accident plan

Type of Plan Administration: Benefits are provided under a group insurance contract entered into between Hartford Life Insurance Company and St. John's University.

Plan Administrator: Director, Employee Benefits
St. John's University
8000 Utopia Parkway
Jamaica, New York 11439
Telephone: 718-990-6587

Agent for Service of Legal Process: General Counsel
St. John's University
8000 Utopia Parkway
Jamaica, New York 11439

Plan Year: January 1 - December 31

Important Disclaimer: *Benefits hereunder are provided pursuant to an insurance contract between the University and the Insurance Company. If the terms of this summary document conflict with the terms of the insurance contract, the terms of the insurance contract will control unless superseded by applicable law.*

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Certificate of Insurance
HARTFORD LIFE INSURANCE COMPANY
 Hartford, Connecticut
 Policyholder: St John's University
 Policy Number: 10- ETB-111819
 Policy Effective Date: August 7, 2002
 Certificate Effective Date: The date you enter a Class



We have issued a policy to the Policyholder. Our name, the Policyholder name and the Policy Number are shown above. The provisions of the policy which are important to you are summarized in this Certificate; consisting of this Certificate and any additional forms which have been made a part of this Certificate. This Certificate replaces all certificates which may have been given to you earlier for the policy. The policy alone is the only contract under which payment will be made. Any difference between the policy and this Certificate will be settled according to the provisions of the policy.

Christine Hayer Repasy

Christine Hayer Repasy, Secretary

Thomas M. Marra

Thomas M. Marra, President

SCHEDULE

Eligible Persons: **Class 1:** All Senior Executives of the Policyholder. **Class 2:** All other employees of the Policyholder. **Effective as of December 4, 2002:** **Class 3:** The Spouse and Dependent Children of the Insured Person while on a Policyholder approved and paid Business Trip.

Class	Hazard:	Benefit:	Amount:
1	C-28	ADD	\$500,000
2	C-12	ADD	\$100,000
	C-49	ADD	\$100,000

Effective as of December 4, 2002:

3	C-12	ADD	Spouse:	\$25,000
			Each Child:	\$10,000

Spouse means your wife or husband who is not legally separated or divorced from You at the date of the accident.

Children means your unmarried child, stepchild, legally adopted or foster child who is less than age 19 (age 23 if attending an institution of higher learning) and primarily dependent upon you for support and maintenance.

If you are covered under more than one Hazard or Class on the date of accident, you will be considered to be covered under the one Hazard or Class with the largest Benefit Amount.

Aggregate Limitation: Hazard: C-28, C-12, C-49

Aggregate Amount: \$3,000,000

\$3,000,000 shall be the total limit of the Company's liability for all benefits payable under the policy because of Injury sustained due to any one accident .

Accidental Death and Dismemberment Reduction on and after Age 70: On the date of your attainment of ages 70, 75, 80, and 85, your amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum shown in the Schedule and applicable to you by the percentage shown below for your attained age:

Insured Person's Age:	Age 70 - 74	Age 75 - 79	Age 80 - 84	Age 85 or over
Percentage of Principal Sum:	65%	45%	30%	15%

If you are age 70 or over, you will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for your attained age.

Benefit Description: Accidental Death and Dismemberment Benefit: Loss Period: 365 days. (For residents of Pennsylvania, the 365 day Loss Period is not applicable for Loss of Life only).

DEFINITIONS: **ADD** means Accidental Death and Dismemberment Benefit. **We, Us** or **Our** means the insurance company named on the face page. **You** mean an Eligible Person while he or she is covered under the policy. **Injury** means, and you are covered for, bodily injury resulting directly and independently of all other causes from accident which occurs: a) while you are covered under; and b) in the manner specified in; a Hazard applicable to your Class. Loss resulting from: a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or b) medical or surgical treatment of a sickness or disease; is not considered as resulting from Injury. **Business Trip** means a bona fide trip: a) while on assignment or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder; b) which begins when you leave your residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; c) which ends when you return to your residence or place of regular employment, whichever first occurs; and d) excluding travel to and from work, bona fide leaves of absence and vacations. **Trip** means a trip which: a) begins when you leave your residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and b) ends when you return to your residence or place of regular employment, whichever first occurs. **Passenger** means a person who is not: a) the operator or driver; or b) the pilot, student pilot, or a crewmember; of a conveyance at the time of accident. **Common Carrier** means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern. **Civil Aircraft** means a civil or public aircraft which: a) has an Airworthiness Certificate; b) is piloted by a person who has: 1) a current pilot certificate with the appropriate aircraft category rating for that aircraft; and 2) a current medical certificate which is appropriate for the operation of that aircraft; and c) is not operated by the militia, or armed forces of any state, national government or international authority. **Scheduled Aircraft** means a Civil Aircraft operated by a scheduled airline which: a) is licensed by the FAA for the transportation of passengers for hire; and b) publishes its flight schedules and fares for regular passenger service. **Military Transport Aircraft** means a transport aircraft operated by: a) the United States Air Mobility Command (AMC); or b) a national military air transport service of any country. **Policyholder Aircraft** means an aircraft which is owned, leased, or operated by or on behalf of the Policyholder.

Airworthiness Certificate means a valid and current "Standard Airworthiness Certificate" issued by the FAA. **FAA** means: a) the Federal Aviation Administration of the United States; or b) the similar aviation authority for the country of the aircraft's registry, if the country is recognized by the United States. **Extra-Hazardous Aviation Activity** means an aircraft while it is being used for one or more of the following activities: Acrobatics or Stunt Flying, Racing or any Endurance Test, Crop Dusting or Seeding, Spraying, Exploration, Pipe or Power Line Inspection, Any Form of Hunting, Bird or Fowl Herding, Aerial Photography or Banner Towing, Any Test or Experiment, Firefighting, Any flight which requires: a) a special permit; or b) waiver; from the FAA, even though granted.

DETERMINATION OF INDIVIDUAL COVERAGE: **Effective Date:** You become an Insured Person on the later of: a) the Policy Effective Date; or b) the date you enter a Class of Eligible Persons. **Termination:** Your coverage terminates on the earlier of: a) the date the policy terminates; or b) the date you do not qualify in any Class of Eligible Person. Termination will not affect any claim for loss due to an accident which occurs before the effective date of the termination. The Policyholder's failure to report that a person ceased to qualify in a Class of Eligible Persons will not continue coverage in that Class beyond the date he or she ceased to qualify. **Hazards and Benefits Determined By Class:** You are covered under the Hazard and for the Benefits applicable to the Class in which you qualify: a) beginning on the date you enter the Class; and b) ending on the date you leave the Class. If you qualify in more than one Class on the date of accident, you will be considered to qualify in the one Class with the largest Benefit Amount.

EXCLUSIONS: **Exclusions:** The policy does not cover any loss resulting from: 1) intentionally self-inflicted Injury, suicide or attempted suicide (in Missouri, while sane); 2) war or act of war, whether declared or undeclared; 3) Injury sustained while in the armed forces of any country or international authority; 4) Injury sustained while on any aircraft, unless, and only to the extent, a Hazard specifically describes such coverage.

AGGREGATE LIMITATION: If: a) two or more persons, in the same or different classes, are injured as the result of any one accident, which occurs in the manner specified in the Hazard(s) identified in the Schedule; and b) the total of all amounts payable for all persons, in the absence of this provision, exceeds the Aggregate Amount shown opposite the Hazard; the amount for each person will be proportionately reduced so that the total will equal the Aggregate Amount.

HAZARD C-28 24-Hour Coverage: Business and Pleasure Coverage: This Hazard covers Injury resulting from accident which occurs anywhere in the world. This Hazard also covers Injury resulting from accident which occurs while you are: a) a passenger on, boarding or alighting from a Civil Aircraft or Military Transport Aircraft; or b) being struck by an aircraft. **Exclusions:** This Hazard does not cover Injury resulting from an accident which occurs while you are on, boarding or alighting from: a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or b) a Policyholder Aircraft. Refer to the Definitions and Exclusions sections for limitations and exclusions affecting this coverage.

HAZARD C-12 24-Hour Coverage: Business Trip This Hazard covers Injury resulting from an accident which occurs anywhere in the world during a Business Trip, including: a) an injury resulting from an accident which occurs while you are a passenger on, boarding, or alighting from a Civil Aircraft or Military Transport Aircraft; or b) injury resulting from being struck by an aircraft. **Exclusions:** This Hazard does not cover injury resulting from an accident which occurs while you are on, boarding, or alighting from: a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or b) a Policyholder Aircraft. Refer to the Definitions and Exclusions sections for limitations and exclusions affecting this coverage.

HAZARD C-49 Sojourn or Personal Deviation Business Trip This Hazard covers injury resulting from an accident which occurs anywhere in the world during a Sojourn or Personal Deviation from a covered Business Trip. **Sojourn or Personal Deviation from a Business Trip** means personal trips taken by you: a) during a Business Trip; and b) which are not assignments for or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder. Refer to the Definitions and Exclusions sections for limitations and exclusions affecting this coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: If your Injury results in any of the following losses within the Loss Period after the date of accident, we will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident. Your amount of Principal Sum and the Loss Period are shown in the Schedule.

For Loss of:	Life	The Principal Sum
	Both Hands or Both Feet or Sight of Both Eyes	The Principal Sum
	One Hand and One Foot	The Principal Sum
	Speech and Hearing	The Principal Sum
	Either Hand or Foot and Sight of One Eye	The Principal Sum
	Movement of Both Upper and Lower Limbs (Quadriplegia)	The Principal Sum
	Movement of Both Lower Limbs (Paraplegia)	Three-Quarters The Principal Sum
	Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia)	One-Half The Principal Sum
	Either Hand or Foot	One-Half The Principal Sum
	Sight of One Eye	One-Half The Principal Sum
	Speech or Hearing	One-Half The Principal Sum
	Thumb and Index Finger of Either Hand	One-Quarter The Principal Sum

Loss means with regard to: a) hands and feet, actual severance through or above wrist or ankle joints; b) sight, speech or hearing, entire and irrecoverable loss thereof; c) thumb and index finger, actual severance through or above the metacarpophalangeal joints; d) movement of limbs, complete and irreversible paralysis of such limbs. **EXPOSURE:** Exposure to the elements will be presumed to be Injury if: a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which you were an occupant at the time of the accident; and b) the policy would have covered Injury resulting from the accident.

DISAPPEARANCE: You will be presumed to have suffered loss of life if: a) your body has not been found within one year after the disappearance of a conveyance in which you were an occupant at the time of its disappearance; b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and c) the policy would have covered Injury resulting from the accident.

CLAIMS: Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary, or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include your name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent. **Claim Forms:** When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim. If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us. **Proof of Loss:** Proof of loss must be sent to us in writing within 90 days after: a) the end of a period of our liability for periodic payment claims; or b) the date of the loss for all other claims. If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. **Time of Claim Payment:** We will pay any daily, weekly or monthly benefit due: a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or b) immediately after we receive the proof of loss following the end of our liability. We will pay any other benefit due immediately, but not later than 60 days, after we receive the proof of loss. **Payment of Claims:** We will pay any benefit due for loss of your life: a) according to the beneficiary designation in effect at the time of your death; or to the survivors, in equal shares, in the first of the following classes to have a survivor at your death: 1) spouse, 2) children, 3) parents, 4) brothers and sisters. If there is no survivor in these classes, payment will be made to your estate. All other benefits due and not assigned will be paid to you, if living. Otherwise, the benefits will be paid according to the above.

If a benefit due is payable to: a) your estate; or b) you or a beneficiary who is either a minor or not competent to give a valid release for the payment; we may pay up to \$1,000 (\$3,000 for residents of Florida) of the benefit due to some other person. The other person will be someone related to you or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense: a) to have the person who has a loss examined by a physician when and as often as is reasonably necessary; and b) in case of death to make an autopsy, where it is not forbidden by law.

Legal Actions: No legal action may be taken against us: a) before 60 days following the date proof of loss is sent to us; b) after 3 years (6 years for residents of South Carolina) following the date proof of loss is due (for Florida residents, after the expiration of the applicable statute of limitations following the date proof of loss is due).

Naming a Beneficiary: You may name a beneficiary or change a revocably named beneficiary by giving your Written Request to the Policyholder. Your request takes effect on the date you execute it, regardless of whether you are living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received your request.

Assignment: The insurance under the policy is not assignable, but benefits may be assigned in accordance with the Payment of Claims provision of the Claims section of the policy.

TRAVEL ASSISTANCE PROGRAM GUIDE

This travel assistance program guide is effective August 7, 2002 and issued to St. John's University (Policyholder).

It is the Policyholder's intent to provide travel assistance services to those of its employees who are covered under Accident Insurance Policy Number ETB-111819. Hartford Life Insurance Company has arranged to have these services provided to the Policyholder by Worldwide Assistance Services, Inc. (WAS) based in Washington, D.C. pursuant to an Agreement entered into between WAS and Hartford Life Insurance Company.

The travel assistance program guide is not part of and shall in no way change or affect the insurance issued under the above captioned Accident Insurance Policy.

IDENTIFICATION CARDS SCOPE OF COVERAGE

A covered employee shall be eligible for WAS' services when that person is traveling 100 miles from his/her permanent residence and during the period of time the Travel Assistance Program is in effect with the Policyholder.

Hartford agrees to arrange for travel assistance services, to correspond with the Group Travel Accident coverage issued to the Policyholder. This means that if 24-hour business and pleasure coverage is provided to a covered employee under the Group Travel Accident Policy, then travel assistance shall be provided to that covered employee on a 24-hour business and pleasure basis. If 24-hour business travel only coverage is provided to a covered employee under the Group travel accident Policy, then travel assistance shall be provided to that covered employee on a 24-hour business travel only basis.

The Policyholder agrees to adhere to instructions regarding issuance of identification cards. Failure to follow these instructions will invalidate WAS travel assistance coverage.

Identification cards contain the toll free telephone numbers which enable the covered employee to contact WAS. There are separate cards for the 24-hour business only coverage and for the 24-hour business and pleasure coverage.

If the captioned Group Travel policy provides 24-hour business only coverage, the Policyholder shall issue an ID card to only full-time business travelers, providing business travel assistance services. The Policyholder shall issue ID card identified by form number 402332 Rev..

If the captioned Group Travel policy provides full 24-hour business and pleasure coverage, the Policyholder shall issue each covered employee an ID card providing full 24-hour business and pleasure travel assistance services. The Policyholder shall issue ID card identified by form number 402348 Rev..

The Policyholder shall fill in policy number ETB-111819 on the ID card, prior to the issuance of ID cards to covered employees. The Policyholder shall order ID cards from its agent.

RE-ISSUANCE OF IDENTIFICATION CARDS

The Policyholder agrees that if it adds new covered employees who are eligible for an ID card or if the Policyholder needs to replace lost or stolen ID cards, the Policyholder shall order these ID cards from the agent.

If the Policyholder changes insurance coverage on covered employees holding an ID card, the Policyholder agrees to obtain and destroy the covered employee's old ID card and issue a new ID card that corresponds the travel assistance coverage with the covered employee's new Group Travel insurance coverage.

WAS SERVICE VERIFICATION

The ID Card contains toll-free 800 numbers for the covered employee to call for travel assistance.

Assistance will be rendered by the WAS international customer service agent after the caller identifies the Policyholder's name and the code appearing on the ID card (#25499 for business only coverage; #25500 for business and pleasure coverage).

TERMINATIONS

In the event an employee in possession of an ID card terminates employment or is no longer eligible for travel assistance, the Policyholder agrees to endeavor to secure and destroy the covered employee's ID card in order to avoid unauthorized card use.

WAS will provide travel assistance services until the captioned policy's expiration date or cancellation date, whichever occurs first.

ADVERTISING OF TRAVEL ASSISTANCE PROGRAM

The Policyholder shall agree that all advertising text must be pre-approved by Hartford Life Insurance Company before its use. All printing costs and costs of any descriptive material will be the responsibility of the Policyholder.

LIMITATIONS

The following described assistance services currently are available in every country except Afghanistan, Bhutan, Bosnia, Haiti, Rwanda, Somalia and Yemen. This list is subject to change. The covered person should contact WAS to inquire whether a country is 'open' for assistance prior to his or her departure and during his or her stay.

WAS also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit WAS to fully provide services. In the event a covered person travels in any area in which there is a rebellion, riot, military uprising, war, labor disturbance or strike, WAS will, however, endeavor to provide its services to the best of its ability.

DESCRIPTION OF WAS SERVICES

Covered employees will have toll-free access to the WAS Customer Service Center 24 hours a day from anywhere in the world. Covered employees may call toll-free from within the United States and Canada, collect from outside the United States or Canada, or via telex or facsimile transmission. Covered employees may access the following services while traveling 100 or more miles away from home.

MEDICAL ASSISTANCE SERVICES

Medical Referral/Medical Monitoring

When WAS is notified of a medical emergency resulting from an unexpected illness or injury of a covered employee, its multilingual staff will, whenever appropriate in the judgment of WAS or a physician designated by WAS, attempt to establish communication with local attending medical personnel in order to obtain a full understanding of the covered employee's situation and to attempt to monitor his or her condition. In addition, whenever appropriate in the judgment of WAS or a physician designated by WAS, WAS will continue to monitor the status of the covered employee's case by telephone through contacts with attending medical personnel and will remain in communication with the covered employee and the covered employee's family.

Upon request, WAS shall use its best efforts to provide the name, address and telephone number of physicians (including both general practitioners and specialists), hospitals, dentists, and dental clinics in the area in which the covered employee is traveling, and when requested WAS will attempt to confirm the availability of the applicable medical or dental professional, ascertain required payments by the participant, and make arrangements to expedite treatment. WAS shall not be responsible for determining the appropriate medical specialty for handling the covered employee's particular problem, nor for providing medical diagnosis or treatment.

WAS cannot guarantee the quality of the medical service provider or the medical facility, and the final selection of a medical service provider or medical facility and medical expenses shall be the responsibility of the covered employee.

Emergency Medical Evacuation/Return Home

In the event of a medical emergency, when a covered employee so requests and a physician designated by WAS in consultation with a local attending physician determines that it is medically necessary for a covered employee to be transported under medical supervision to a different hospital or treatment facility or be repatriated to his/her place of residence for treatment, WAS will arrange and pay up to \$50,000.00 for the transport under proper medical supervision.

If a covered employee requests a transport related to a condition for which a transport has not been deemed medically necessary by a physician designated by WAS in consultation with a local attending physician, and the Policyholder agrees to be financially responsible for all expenses related to that transport, WAS will arrange but not pay for such transport to a medical facility or to the covered employee's residence and will make such arrangements using the same degree of care and completeness as if WAS were providing service under these accounts.

As part of a medical evacuation, WAS will also make all necessary arrangements for ground evacuation. The medical equipment and the medical personnel to be used and the final destination are medical decisions which will be made by WAS' designated physicians in consultation with a local attending physician based on medical factors and their decision shall be conclusive in determining the need for such services.

Return of Traveling Companion

If a covered employee's traveling companion loses previously made travel arrangements due to a delay by the covered employee's medical emergency, WAS will assist the covered employee's traveling companion in making new economy class travel arrangements by the most direct route to the companion's destination. WAS will pay for additional travel expenses related to the delay.

Return of Dependent Children

If any dependent children under the age of 16 traveling with a covered employee are left unattended because the member is hospitalized, WAS will arrange and pay for their economy class transportation home. Should transportation with an attendant be necessary, WAS will arrange and pay for a qualified escort to accompany the children.

Visit of a Family Member or Friend

If the covered employee is traveling alone and must be hospitalized for ten (10) consecutive days, WAS will arrange and pay for economy class round trip transportation for one (1) member of the covered employee's immediate family or one (1) friend designated by the covered employee from his/her home to the place where the covered employee is hospitalized.

Emergency Medical Payments

When necessary to obtain needed medical services for a covered employee, upon request WAS will advance up to \$5,000 to cover on-site medical expenses. The advance of funds will be made to the medical provider after WAS has secured funds from the covered employee or his/her family.

Repatriation of Remains

In the event a covered employee dies while traveling, WAS will arrange for all necessary government authorization, including a container appropriate for transportation, and arrange and pay for the return of the remains to the covered employee's place of residence for burial.

Replacement of Medication and Eyeglasses

If a covered employee has an unexpected need for prescription medication while traveling; loses, forgets, or runs out of prescription medication; breaks, loses or has eyeglasses stolen while traveling, WAS will attempt to locate the medication, eyeglasses or their equivalent and attempt to arrange for the covered employee to obtain it locally, where it is available or to have it shipped to the covered employee at the covered employee's expense, subject to local laws, if it is not available locally.

CONDITIONS AND AVAILABILITY

WAS will provide and pay up-front costs for the emergency medical evacuation/return home benefit. To qualify for the services covered by this benefit, a covered employee, or if a covered employee is physically unable to do so a representative of such person, must contact WAS. WAS will not cover expenses for any services not arranged by WAS personnel.

WAS shall be required to provide these services only when an authorized Policyholder official expressly verifies that the person is covered under the above reference policy. **It is the responsibility of the Policyholder to designate three company officials to be available, to be contacted at all times by WAS or Hartford Life Insurance Company in order to determine the covered person's eligibility for the Emergency Medical Evacuation/Return Home benefit.**

Only Emergency Medical Evacuation expenses not payable under any other Group Plan are covered.

LIMITATIONS

WAS also shall not be obligated to provide its services with regard to any injury or sickness that results from or is caused by suicide or attempted suicide, war, acts of war or insurrections, the influence of drugs (unless prescribed by a physician), participation in illegal activity, while legally intoxicated from the use of alcohol, or when travel is undertaken for the specific purpose of securing medical treatment.

If a covered employee requests transport related to a condition for which a transport has not been deemed medically necessary by a physician designated by WAS in consultation with a local attending physician or to any condition excluded hereunder, and the Policyholder agrees to be financially responsible for all expenses related to that transport, WAS will arrange but not pay for such transport to a medical facility or to the covered person's residence and will make such arrangements using the same degree of care and completeness as if WAS were providing service under this account.

Neither WAS nor Hartford Life Insurance Company shall be responsible for any claim, damage, loss, cost, liability or expense which arises in whole or in part as a result of WAS' inability to contact the Policyholder's authorized representative for any reason beyond WAS' or Hartford Life Insurance Company's control or as a result of the failure and/or refusal of the Policyholder to authorize the services proposed by WAS.

PERSONAL ASSISTANCE

Emergency Message Relay

Covered employees may send and receive emergency messages toll-free 24 hours a day through the WAS Customer Service Center. This service is staffed by multilingual professionals and is available to covered employees for contact with relatives, friends and business associates.

Emergency Travel Arrangements

WAS will make new reservations for airlines, hotels, and other travel services in the event of an emergency.

Emergency Cash

WAS will advance up to \$250 in emergency funds to a covered employee with satisfactory guarantee of reimbursement. The method of delivery of emergency funds will vary according to the covered employee's need in a given situation. A satisfactory guarantee of reimbursement is the ability to debit a covered employee's credit card and then arrange for the delivery of the advance.

Lost Baggage Assistance and Location of Lost Items

WAS will assist covered employees in the location of lost luggage, documents and personal items. Airlines, government authorities and credit card issuers are among those who will be contacted if necessary.

Legal Assistance and Advance Bail

WAS will assist covered employees in the location of local attorneys and will advance up to \$5,000 in bail funds, where permitted by law, with satisfactory guarantee of reimbursement. A satisfactory guarantee of reimbursement is the ability to debit a covered employee's credit card in the amount required and then arrange for the delivery of the advance.

Interpretation and Translation Service

The multilingual staff at the WAS Customer Service Center in Washington, D.C. will assist covered employees with foreign language and interpretation problems over the telephone.

Return of Vehicle

WAS will assist a covered employee who is ill or injured and unable to operate his or her owned or rented vehicle to return the vehicle to the proper rental agency or to his or her place of residence.

PRE-TRIP ASSISTANCE

The following pre-trip information will be available to covered employees before they depart.

Visa, Passport and Inoculation Requirements

WAS will provide information concerning visa, inoculation, passport or immunization requirements of the foreign countries in which covered employees will be traveling.

Cultural Information

WAS will provide information concerning cultural information and other events if available in the areas in which the covered employee is traveling.

Temperature and Weather Conditions

WAS will provide covered employees with weather forecasts and temperatures for major cities around the world as well as domestic and international ski condition reports for major ski areas, if available.

Embassy and Consular Referrals

WAS will provide covered employees with the address and telephone number of the nearest American Consulates or Embassy, as appropriate.

Foreign Exchange Rates

WAS will provide information of foreign exchange rates between the U.S. and most major currencies. The rates are updated Monday through Friday and may vary slightly from rates posted by local financial institutions. The rates provided by WAS are meant as general guidelines.

Travel Advisories

When requested, WAS will provide travel advisories to covered employees as they are updated by the U.S. State Department if available. Important information such as crime alerts, currency regulations, drug penalties, health advisories, medical facilities and areas of instability are contained in their reports.

The medical professionals and/or attorneys suggested and/or designated by WAS and/or providing direct services pursuant under this program are not employees or agents of WAS or Hartford Life Insurance Company and therefore, neither WAS nor Hartford Life Insurance Company is responsible or liable for their negligence or other acts or omission.

WAS is the sole provider of services described herein and is not affiliated with Hartford Life Insurance Company. Hartford Life Insurance Company shall not be held liable or responsible for any acts or omissions by WAS in connection with or arising under this travel assistance program.

- **Legal Assistance/Bail** – Worldwide Assistance will locate an attorney and advance up to \$5,000 bail bond, where permitted by law, with satisfactory guarantee of reimbursement from the employee. (The employee pays attorney fees.)
- **Interpretation/Translations** – Worldwide Assistance will provide telephone translation or locate interpreters for all major languages.

Pre Trip Information

Worldwide Assistance offers a wide range of informational services before you leave home, including:

- VISA, Passport, Inoculation and Immunization Requirements
- Cultural Information
- Temperature and Weather Conditions
- Embassy and Consular Referrals
- Foreign Exchange Rates
- Travel Advisories

Who Is Responsible To Pay For The Services?

After your coverage has been verified, Worldwide Assistance will pay for the following services up to the program limit described above:

Medical Evacuation/Return Home
 Traveling Companion Assistance
 Dependent Children Assistance
 Visit by a Family Member or Friend
 Return of Mortal Remains

Payment by Worldwide Assistance for any of the above services will be made only when Worldwide Assistance has been contacted, has arranged and has pre-approved the expenses needed.

For any other services, if there are costs involved in providing the services you are responsible to pay for those costs. Normally Worldwide Assistance will ask for your credit card number and debit your card for the amount required.

Worldwide Assistance will not charge you for their internal expenses, such as telephone costs, medical monitoring fees, or time dedicated to working on your case.

Worldwide Assistance Services Provides Valuable Assistance In Almost Any Type Of Emergency

For emergency assistance, call 24 hours a day.

- *From inside the U.S., Canada, the Philippines, Jamaica and the Dominican Republic*
1-800-368-7878
- *From other locations*
202-331-1596 (call collect)
- *From Mexico*
95-800-368-7878

Other toll-free numbers:

- *From Germany*
0800-817-6080
- *From France*
0800-90-1570
- *From UK*
0800-89-4035
- *From Australia*
800-553-303
- *From Italy*
167-870-820

Wallet-size ID cards with toll-free access telephone numbers are provided to employees for their convenience.

Travel assistance services are available in every country except Afghanistan, Bosnia, Haiti, Rwanda, Yemen, Bhutan and Somalia. The list is subject to change. It is the employee's responsibility to ask if the country is "open" for assistance prior to or during the trip.

Worldwide Assistance Services, Inc. is not affiliated with Hartford Life Insurance Company. Neither Worldwide Assistance Services, Inc. nor Hartford Life Insurance Company are liable for negligence or other acts of omission by any recommended medical professionals or facilities.

This provides a general explanation of Worldwide Assistance services and is subject to actual provisions contained in the Travel Assistance Program Guide issued to Wellman, Inc.

Worldwide Assistance services have been arranged through:

Hartford Life Insurance Company
 Hartford Plaza
 Hartford, CT 06115.

Worldwide Assistance

When you're traveling, the unexpected can occur. Emergencies do happen. Help is now only a phone call away. This service is available absolutely free as part of your Group Accident insurance plan.

What is Worldwide Assistance?

It is a 24-hour toll free emergency service that can help you access emergency assistance while you're traveling 100 miles or more from your home. Worldwide Assistance is there when a crisis strikes. Over 250,000 multilingual service professionals stand ready to assist travelers in over 200 countries worldwide.

In a recent year, Worldwide Assistance Services, Inc...

- Completed 331 emergency medical transports;
- Provided 235 medical referrals;
- Monitored 11,667 medical conditions;
- Attempted to find 204 lost items;
- Advanced emergency funds for 219 stranded travelers;
- Supplied destination information 44,484 times;
- Handled 185,371 cases and 394,395 calls.

What Services Are Offered?

Under Worldwide Assistance Services, you can receive three kinds of services – Emergency Medical Assistance, Emergency Personal Services, and Pre-Trip Information.

Emergency Medical Assistance

- **Medical Referrals** – Worldwide Assistance will refer you to physicians, dentists and medical facilities.
- **Medical Monitoring** – During the course of a medical emergency, professional case managers, including physicians and nurses, will make sure the appropriate level of care is maintained, or determine if further intervention, medical transportation or possible repatriation is needed.
- **Medical Evacuation/Return Home** – In the event of a medical emergency, when an employee so requests and a physician designated by Worldwide Assistance in consultation with a local attending physician determines that is medically necessary for an employee to be transported under medical supervision to the nearest hospital or treatment facility or be returned to his/her place of residence for treatment, Worldwide Assistance will arrange and pay up to \$50,000 for the transport under proper medical supervision.

All decisions as to the medical need for evacuation and/or return home, the means and/or timing of any evacuation, the medical equipment and the medical personnel to be used and the final destination are medical decisions which will be made by physicians designated by Worldwide Assistance in consultation with a local attending physician based on medical factors and their decisions shall be final in determining the need for such services.

- **Traveling Companion Assistance** – If a travel companion loses previously made travel arrangements due to the employee's medical emergency, Worldwide Assistance will assist the employee's traveling companion in making new economy class travel arrangements by the most direct route to the companion's destination. Worldwide Assistance will pay for additional travel expenses related to the delay.
- **Dependent Children Assistance** – If any dependent children under the age of 16 traveling with a member are left unattended because the member is hospitalized, Worldwide Assistance will arrange and pay for their economy class transportation home. Should transportation with an attendant be necessary, Worldwide Assistance will arrange and pay for a qualified escort to accompany the children.
- **Visit by a Family Member or Friend** – If a covered employee is traveling alone and must be hospitalized for (10) consecutive days, Worldwide Assistance will arrange and pay for economy class round trip transportation for (1) member of the employee's immediate family or (1) friend designated by the employee, from his or her home to the place where the employee is hospitalized.
- **Emergency Medical Payment Assistance** – When necessary to obtain needed medical services for a covered employee, upon request Worldwide Assistance will advance up to \$5,000 to cover on-site medical expenses. The advance of funds will be made to the medical provider after Worldwide Assistance has secured funds from the covered employee or his/her family.
- **Return of Mortal Remains** – In the event an employee dies while traveling, Worldwide Assistance will arrange and pay for all necessary government authorization, including a container appropriate for transportation and for the return of the remains to the employee's place of residence for burial.
- **Replacement of Medication and Eyeglasses** – Worldwide Assistance will arrange to fill a prescription that has been lost, stolen or used up, subject to local law, whenever possible. Costs associated with this service are the responsibility of the employee.

Emergency Personal Services

- **Sending and Receiving Emergency Messages** – Emergency messages can be relayed to and from friends, relatives and business associates.
- **Emergency Travel Arrangements** – If appropriate, Worldwide Assistance will change airline, hotel and car rental reservations.
- **Emergency Cash** – Worldwide Assistance will advance up to \$250, upon satisfactory guarantee of reimbursement from the employee.
- **Locating Lost or Stolen Items** - Worldwide Assistance will assist in locating and replacing lost or stolen luggage, documents, and personal possessions.