

Accident Insurance Underwritten by:
Federal Insurance Company,
a member insurer of the Chubb Group of Insurance Companies
15 Mountain View Road, PO Box 1615
Warren, NJ 07061-1615

Important Notice - Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, 9906-88-75.

POLICY INFORMATION

POLICYHOLDER: Federation of American Consumers and Travelers

GROUP POLICY NO.: 9906-88-75

MEMBER ELIGIBILITY

ELIGIBILITY – All Elite Members, their spouses/domestic partners, and unmarried dependent children.

EFFECTIVE DATE OF INSURANCE – Insurance becomes effective on the latest of 1) the effective date of the policy which is 11/01/2010, 2) the Sixty First day following the Insured Person's enrollment date in the Federation of American Consumers and Travelers.

DATE INSURANCE ENDS - Insurance will end at the earliest of: 1) the date the group policy ends, 2) the end of the period for which required premium has been paid for an Insured Person's insurance, or 3) the date on which an Insured Person ceases to meet the eligibility criteria.

BENEFITS

We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must occur while the Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one year after the Accident.

Accidental Death and Dismemberment Benefit: Insured Persons are covered for a Benefit Amount of \$25,000 24 hours a day, 365 days a year, while on business or pleasure. Insured Persons are covered for a Benefit Amount of \$50,000 while traveling in, entering or exiting a Common Carrier.

100% of the Benefit Amount is payable for Accidental: loss of life; loss of speech and loss of hearing; loss of speech and one of: loss of hand, foot or sight of one eye; loss of hearing and one of: loss of hand, foot or sight of one eye; loss of both hands, both feet, loss of sight or any combination thereof; quadriplegia. 75% of the Benefit Amount is payable for Accidental paraplegia. 50% of the Benefit Amount is payable for Accidental: loss of hand, foot or sight of one eye (any one of each); loss of speech or loss of hearing; hemiplegia. 25% of the Benefit Amount is payable for Accidental: loss of thumb and index finger of the same hand; uniplegia.

If an Insured Person suffers multiple Losses as the result of one **Accident**, then We will only pay the single largest **Benefit Amount** applicable to all such Losses.

Enhanced In-Hospital Benefit: Pays a daily benefit of \$100 per day up to a maximum of 5 days, after an elimination period of 3 days, for each day you spend in the hospital as the result of an Accident. Pays an additional daily intensive care benefit amount of \$200 up to a maximum of 5 days if you are receiving the enhanced in-hospital benefit and are confined to the intensive care unit of the hospital.

EXCLUSIONS

Insurance does not apply to any Accident, Accidental Bodily Injury or Loss when the United States of America has imposed any trade sanctions prohibiting the insurance, or there is any other legal prohibition against providing the insurance. In addition no benefits will be paid for any Accident, Accidental Bodily Injury or Loss caused by or resulting from any of the following: 1) An Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Sponsoring Organization or on the Sponsoring Organization's behalf; or b) operated by an employee of the Sponsoring Organization on the Sponsoring Organization's behalf. 2) an Insured Person entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency. 3) an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment or diagnosis thereof. This exclusion does not apply to the Insured Person's bacterial infection caused by an Accident or

by Accidental consumption of a substance contaminated by bacteria. 4) while the Insured Person is incarcerated. 5) an Insured Person being intoxicated, while operating a motorized vehicle at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. 6) an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician. 7) an Insured Person participating in parachute jumping from an aircraft. 8) an Insured Person being engaged in or participating in a motorized vehicular race or speed contest. 9) an Insured Person participating in any professional sporting activity for which the Insured Person received a salary or prize money. 10) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority. 11) an Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities. Specialized Aviation Activity means use of a properly certified aircraft for the following: acrobatic or stunt flying, exploration, racing, pipeline inspection, any endurance tests, power line inspection, any flight on a rocket propelled or rocket launched aircraft, livestock herding, bird flock management, crop dusting, aerial photography, crop seeding, banner towing, crop spraying, or any test for experimental purpose 12) an Insured Person's suicide, attempted suicide or intentionally self-inflicted injury. 13) This insurance does not apply to any Accident, Accidental Bodily Injury, Loss, Covered Loss or Loss of Property caused by or resulting from, directly or indirectly, a declared or undeclared War

DEFINITIONS

Accident or Accidental means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 3) occurs while the Insured Person is insured under this policy which is in force; and 4) is the direct cause of loss. **Accidental Bodily Injury** means bodily injury, which is: 1) Accidental; 2) the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not include conditions caused by repetitive motion injuries, or cumulative trauma not a result of an Accident, including, but not limited to: 1) Osgood-Schlatter's Disease; 2) bursitis; 3) Chondromalacia; 4) shin splints; 5) stress fractures; 6) tendinitis; and 7) Carpal Tunnel Syndrome. **Benefit Amount** means the amount stated which applies: 1) at the time of an Accident; 2) to an Insured Person; and 3) for an applicable Hazard. **Common Carrier** means any motorized land, water or air Conveyance, operated by an organization other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. Common Carrier does not include travel on cruise ships that extends beyond forty-eight (48) hours, sight seeing tours or any Conveyance used for recreational activities. **Company** means Federal Insurance Company. **Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. **Hemiplegia** means complete and irreversible loss of all motion and all practical use of one arm and one leg on the same side of the body that lasts longer than 365 days as determined by a Physician approved by Us. **Insured Person** means a person, qualifying as a Class member: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. **Loss** means Accidental: Loss of Foot; Loss of Hand; Loss of Hearing; Loss of Life; Loss of Sight; Loss of Sight of One Eye; Quadriplegia; Paraplegia; Hemiplegia; Loss of Speech; Uniplegia; Loss of Thumb and Index Finger; Loss must occur within one (1) year after the Accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hand** means complete severance, as determined by a Physician, of at least four fingers at or above the metacarpal phalangeal joint on the same hand or at least three fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. **Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Speech** means the permanent, irrecoverable and total Loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Operated Aircraft** means any aircraft not owned by the Policyholder but over which the Policyholder exercises control. Operated Aircraft includes an aircraft for which the Policyholder pays operating expenses. **Owned Aircraft** means any aircraft to which the Policyholder holds legal or equitable title. **Paraplegia** means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a Physician approved by Us. **Policyholder** means Federation of American Consumers and Travelers. **Proof of Loss** means written evidence acceptable to Us that an Accident, Accidental Bodily Injury or Loss has occurred. **Quadriplegia** means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a Physician approved by Us. **Uniplegia** means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a Physician approved by Us. **War means**: 1) hostilities following a formal declaration of war by a governmental authority; 2) in the absence of a formal declaration of War by a governmental authority armed, open and continuous hostilities between two countries;

or 3) armed, open and continuous hostilities between two factions, each in control of territory, or claiming jurisdiction over the geographic area of hostility. **We, Us and Our** means Federal Insurance Company

BENEFICIARY

A) **Designation** - The Insured Person has the right to designate a beneficiary. The Primary Insured Person shall have the sole right to designate a beneficiary for any child who is a minor. All beneficiary designations must be:

- 1) in writing;
- 2) filed with the Policyholder or the Policyholder's designated representative; and
- 3) provided to Us at the time of claim or at such other time as We may require.

B) **Change** - The Insured Person, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary except as set forth above. The Insured Person does not need the consent of anyone to do so. All beneficiary changes must be:

- 1) in writing;
- 2) filed with the Policyholder or the Policyholder's designated representative; and
- 3) provided to Us at the time of claim or at such other time as We may require.

We do not assume any responsibility for the validity of these changes.

C) **Payment** - The Benefit Amount for covered Loss of Life will be paid to the beneficiary designated by the Insured Person. Any Benefit Amount payable due to the Loss of Life of a Dependent Child will be paid to the Primary Insured Person, absent any beneficiary designation by the Dependent Child.

If the Insured Person has not chosen a beneficiary or if there is no beneficiary alive when the Insured Person dies, then We will pay the Benefit Amount for Loss of Life to the first surviving party in the following order:

- 1) the Insured Person's Spouse or Domestic Partner;
- 2) in equal shares to the Insured Person's surviving children;
- 3) in equal shares to the Insured Person's surviving parents;
- 4) in equal shares to the Insured Person's surviving brothers and sisters;
- 5) the Insured Person's estate.

CLAIM PROVISIONS

Claim Notice: Written Claim Notice must be given to Us or any of Our brokers or appointed agents within 20 days after the occurrence or commencement of any Loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within 15 days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made. **Claim Proof of Loss:** Complete Proof of Loss must be given to Us within 90 days after the date of Loss, or as soon as reasonably possible. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity. **Claim Payment:** For benefits payable involving disability, We will pay the Insured Person the applicable Benefit Amount no less frequently than monthly during the period for which We are liable. All payments by Us are subject to receipt of complete Proof of Loss. For all benefits payable under this policy except those for disability, We will pay the Insured Person or beneficiary the applicable Benefit Amount within sixty (60) days after We receive complete Proof of Loss if the Insured Person, the Policyholder and beneficiary, where applicable, have complied with all the terms of this policy.

HOW TO FILE A CLAIM

To obtain a claim form contact the Policy Administrator or go to Our website (www.chubb.com), click on "Report a Loss", click on "Accident and Health", select the appropriate claim form and print. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to: CHUBB GROUP OF INSURANCE COMPANIES, CLAIMS SERVICE CENTER, 600 INDEPENDENCE PARKWAY, P.O. BOX 4700, CHESAPEAKE, VA 23327-4700, PHONE NUMBER 1-800-252-4670 Fax Number 1-800-300-2538.

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

This policy is governed by the laws of the jurisdiction in which it is delivered to the Policyholder. Any terms of this policy which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which this policy is delivered are amended to conform to such statutes, laws or regulations. Any terms of a Description of Coverage which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the Description of Coverage is delivered are amended to conform to the statutes, laws or regulations of the jurisdiction.