

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, and you must be engaging in one of the Covered Activities described below.

**Who is eligible for this protection?**

All AFT general membership excluding retirees.

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

**Covered Activities**

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

**Business Coverage** - We will pay the benefits described in the Policy when you suffer an Accident during the course and scope of your employment that is related to your membership with the AFT.

**Exposure & Disappearance** - Coverage includes exposure to the elements as the result of an Accident. If You have not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which you were an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of the policy, that you have suffered Loss of Life insured under the policy.

**Principal Sum**

Covered Activity	Benefit Amount
24-Hour Coverage	\$5,000
Business Coverage	\$10,000

**Description of Benefits**

**Accidental Death and Dismemberment Benefits** - If your Injury results, within 365 days from the date of an Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident. Benefits will be reduced at age 70.

**Schedule of Covered Losses**

Covered Loss	Benefit Amount
Loss of Life	100%
Loss of Speech and Loss of Hearing	100%
Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%

Hemiplegia	50%
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (Any One of each)	50%
Loss of Speech or Loss of Hearing	50%
Uniplegia	25%
Loss of Thumb and Index Finger of the same hand	25%

**Coma Benefit** - If your injury causes you to lapse into a Coma within 30 days after the Accident, and you remain in a Coma for 30 consecutive days, and you are confined to a hospital or other licensed facility to receive medically necessary treatment for a Coma within 30 days of the Accident, we will pay a monthly Benefit Amount of 1% of the Principal Sum. The maximum benefit amount is 100% of the Principal Sum.

Brief lapses from Coma will not be considered an interruption of the consecutive thirty (30) day period, or cause a discontinuance in Our payment, if the lapses and subsequent Coma recurrences are due to the same Accident.

The Coma monthly payment will be made until the earliest of the date: 1) you die; 2) you are no longer in a Coma; or 3) total payments equal 100% of the Principal Sum. If you die within 365 days after the Accident, then We will pay a lump sum equal to your Principal Sum, less any Benefit Amount for Coma already paid.

**Aggregate Limit of Insurance** - \$2,500,000 per Accident

If more than one (1) Insured Person suffers a Loss in the same Accident, then We will not pay more than the Aggregate Limit of Insurance shown above. If an Accident results in Benefit Amounts becoming payable, which when totaled, exceed the applicable Aggregate Limit of Insurance shown above, then the Aggregate Limit of Insurance will be divided proportionally among the Insured Persons, based on each applicable Benefit Amount.

### **What is not covered?**

No benefits will be paid for any Accident, Accidental Bodily Injury or Loss caused by or resulting from any of the following:

- 1) you being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf;
- 2) you riding as a passenger in, 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) your emotional trauma, mental or physical illness, disease, normal pregnancy, normal childbirth or elective abortion, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof; except infections which result from Accidental Bodily Injuries. This exclusion does not apply to a bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria;
- 4) your commission or attempted commission of any illegal act including but not limited to any felony;
- 5) Loss caused by or resulting from any occurrence while you are incarcerated after conviction;
- 6) your being intoxicated while operating a motor vehicle at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs;
- 7) your 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;
- 8) your 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;
- 9) your suicide, attempted suicide or intentionally self-inflicted injury;
- 10) a declared or undeclared war.

Benefits will not be paid for any Accident, Accidental Bodily Injury or Loss when the United States of America has imposed any trades sanctions prohibiting the insurance, or there is any other legal prohibition against providing the insurance.

**Definitions: “Accident”** means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) arises from a source external to you; 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 4) occurs while you are insured under the policy which is in force; and 5) is the direct cause of loss. **“Accidental Bodily Injury”** means bodily injury, which: 1) is Accidental; 2) the direct cause of a loss; and 3) occurs while you are insured under the policy, which is in force. **“We, Our, Us”** means the insurance company underwriting this insurance or its authorized agent.

You must notify Chubb within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, your financial institution, and the Policy Number.

Policy Number: 9908-81-09, Underwritten by Federal Insurance Company, 202B Hall's Mill Road, P.O. Box 1650 Whitehouse Station, New Jersey 08889-1650. For complete terms and conditions, please refer to the Policy or Certificate.

**Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact the Benefit Administrator at [aftplus@aft.org](mailto:aftplus@aft.org) or 800-238-1133 ext 8643 or 202-393-8643.**

**Payment of Claims** – For all benefits payable under the policy except those for disability, We will pay you or your beneficiary the applicable Benefit Amount within sixty (60) days after We receive complete proof of loss if you, the Policyholder and beneficiary, where applicable, have complied with all the terms of the policy.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance underwritten and provided by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.chubb.com](http://www.chubb.com). All products may not be available in all states or certain terms may be different where required by state law. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.