

ACCIDENT POLICY

Summary of Coverage for Volunteer Labor

GROUP POLICYHOLDER:
General Conference of Seventh-day Adventist and its affiliates

POLICY NUMBER:
9907-34-39

POLICY TERM:
June 1, 2023–June 1, 2024

ADMINISTERED BY:



Adventist Risk Management, Inc.

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BENEFITS

ELIGIBILITY & COVERAGE:

CLASS	DESCRIPTION
1	All US resident volunteers of the Policyholder from age 16 to 65.
2	All US resident volunteers of the Policyholder from age 66 to 70.
3	All US resident volunteers of the Policyholder under age 16 and over age 70.
4	All non-US resident volunteers of the Policyholder from age 16 to 65.
5	All non-US resident volunteers of the Policyholder from age 66 to 70.
6	All non-US resident volunteers of the Policyholder under age 16 and over age 70.

CLASS	Accidental Death & Dismemberment Principal Sum	Accident Medical Principal Sum (Excess)	Deductible	Dental Expense	Medical Evacuation & Repatriation	Temporary Total Disability
1	\$50,000	\$50,000	\$0	included	included	included
2	\$25,000	\$25,000	\$0	included	included	included
3	\$10,000	\$10,000	\$0	included	included	included
4	\$50,000	\$50,000	\$0	included	included	included
5	\$25,000	\$25,000	\$0	included	included	included
6	\$10,000	\$10,000	\$0	included	included	included

100% of the Principal Sum 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 that occurs as the result of an accident. 75% of the Principal Sum is payable for paraplegia occurring as the result of an accident. 50% of the Principal Sum is payable for accidental loss of hand, foot or sight of one eye (any one of each); hemiplegia that occurs as the result of an accident; loss of speech or loss of hearing. 25% of the Principal Sum is payable for uniplegia that occurs as the result of an accident; or loss of thumb and index finger of the same hand.

TEMPORARY TOTAL DISABILITY:

Classes 1, 2 and 3 Temporary Total Disability Benefit

If an accidental bodily injury causes an Insured Person to suffer a temporary total disability that continues for 14 days and is expected to be of continuous and indefinite duration as determined by a physician, then this benefit will pay \$475 per week or 80% of weekly earnings (whichever is less) for up to 52 weeks.

Class 4, 5 and 6 Temporary Total Disability Benefit

After one day of disablement the benefit per week is the lesser of (1) \$400; or (2) 80% of weekly earnings. It is payable for up to a maximum of 52 weeks. **Coordination with other Income Benefits applies.*

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MEDICAL EVACUATION: Unlimited

REPATRIATION: Unlimited

If accidental bodily injury, disease or illness causes an Insured Person to require medical evacuation and/ or repatriation while on a covered trip more than 100 miles from home and lasting no more than 180 days, this coverage will pay for covered expenses. The medical evacuation or repatriation must be ordered by a physician and arranged by the Assistance Services Administrator.

AGGREGATE LIMIT: \$500,000

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. If an Accident results in Benefit Amounts becoming payable, which when totaled, exceed the applicable Aggregate Limit of Insurance shown, then the Aggregate Limit of Insurance will be divided proportionally among the Insured Persons, based on each applicable Benefit Amount.

COVERAGE:

While participating in any scheduled, sponsored and supervised activity and traveling to and from such activity. All persons performing voluntary labor and services for a named member institution of the Policyholder as shown in the Policy, provided such person has been duly authorized by the Local Pastor, a Denominational conference-employed individual, the Head Elder at the local Church, recognized official or administrator of the insured institution.

RATES

	RATE PER PERSON PER YEAR
A. Conference Members	\$0.24 per person, per year
B. Union Members*	\$0.24 per person, per year
C. Hospital Volunteers	\$0.24 per person, per year \$22 minimum per Hospital
D. Institutional Volunteers	\$37.00 per year, 1–49 Volunteers \$75.00 per year, 50 or more Volunteers
E. College Volunteers**	\$0.24 per person, per year \$22.00 minimum per College per year
F. Volunteer Laborers	\$1.45 per person, per day

* If all Conferences in the Union subscribe to this policy, no charge for the Union

** If all Conferences in the geographical are of the College or University subscribe to this policy, no charge to the College or University

EXCLUSIONS

The following exclusions apply to all benefits or Hazards under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits or Hazards.

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Owned Aircraft, Leased Aircraft, or Operated Aircraft

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, an Insured Person being in, entering, or exiting any aircraft:

- 1) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or
- 2) operated by an employee of the Policyholder on the Policyholder's behalf.

Aircraft Pilot or Crew

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, an Insured Person 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.

Disease or Illness

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, 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 thereof.

This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.

Incarceration

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly any occurrence while an Insured Person is incarcerated after conviction.

Intoxication Exclusion

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, an Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.

Narcotic Exclusion

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, 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.

Service in the Armed Forces

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, 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.

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Suicide or Intentional Injury

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, an Insured Person's suicide, attempted suicide or intentionally self-inflicted injury.

War

This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, a declared or undeclared War.

CLAIM NOTICE

Written Claim Notice must be given to Us or any of Our brokers or appointed insurance producers within twenty (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 twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

CLAIM PROOF OF LOSS

For claims involving disability, complete Proof of Loss must be given to Us within thirty (30) days after commencement of the period for which We are liable. Subsequent written proof of the continuance of such disability must be given to Us at such intervals as We may reasonably require.

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 (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity.

For all claims except those involving disability, complete Proof of Loss must be given to Us within ninety (90) days after the date of Loss, or as soon as reasonably possible.

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