Policyholder: The Rector and Visitors of the University of Virginia
Policy Number: PAI 9057429

GROUP ACCIDENT INSURANCE

Policy Amendment No. 5

This Policy Amendment is attached to and made part of the Policy effective January 1, 2013 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents and emergency sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

1) It is hereby understood and agreed that this policy is renewed for the period commencing January 1, 2013 and ending January 1, 2014.

Premiums to be reported monthly

2) It is hereby agreed and understood that the premium rate per $1,000 of Principal Sum is as follows for each class:

<table>
<thead>
<tr>
<th>Class</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only Coverage</td>
<td>$0.015 per Month</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$0.025 per Month</td>
</tr>
</tbody>
</table>

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.
GROUP ACCIDENT INSURANCE

Policy Amendment No. 4

This Policy Amendment is attached to and made part of the Policy effective January 1, 2012 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents and emergency sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

1) It is hereby understood and agreed that this policy is renewed for the period commencing January 1, 2012 and ending January 1, 2013.

   Premiums to be reported monthly

2) It is hereby agreed and understood that the premium rate per $1,000 of Principal Sum is as follows for each class:

<table>
<thead>
<tr>
<th>Class</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only Coverage</td>
<td>$0.015 per Month</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$0.025 per Month</td>
</tr>
</tbody>
</table>

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.
GROUP ACCIDENT INSURANCE

Policy Amendment No. 3

This Policy Amendment is attached to and made part of the Policy effective January 1, 2011 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents and emergency sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

1) It is hereby understood and agreed that this policy is renewed for the period commencing January 1, 2010 and ending January 1, 2011.

Premiums to be reported monthly

2) It is hereby agreed and understood that the premium rate per $1,000 of Principal Sum is as follows for each class:

<table>
<thead>
<tr>
<th>Class</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Employee Only Coverage</td>
<td>$0.015 per Month</td>
</tr>
<tr>
<td>1 + 2 Family Coverage</td>
<td>$0.025 per Month</td>
</tr>
</tbody>
</table>

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.
GROUP ACCIDENT INSURANCE

Policy Amendment No. 2

This Policy Amendment is attached to and made part of the Policy effective January 1, 2010 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents and emergency sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

It is hereby understood and agreed that this policy is renewed for the period commencing January 1, 2010 and ending January 1, 2011.

Premiums to be reported monthly

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.
Chartis U.S.
Privacy and Data Security Notice

1. Your Privacy

In the course of conducting business, we collect information about you in order to properly service the products we sell to you. Accordingly, Chartis U.S. has established practices, procedures and system protections that are designed to help protect the privacy and security of your information.

About This Notice

The term “Personal Information,” as used in this Privacy and Data Security Notice, means information that identifies you, our Customer, personally. Examples of Personal Information include a first and last name, a home or other physical address, an email address, a credit card number, a driver’s license number, or information on your physical condition or health status.

This Privacy and Data Security Notice outlines how we collect, handle, and disclose Personal Information about you. It applies only to your Personal Information obtained by the Companies listed at the end of this Notice, in connection with products or services with which you received this Notice which are primarily for personal, family, or household purposes in the United States.

Information Collection

We may collect Personal Information about you from applications, enrollment forms, your other interactions with us, our Affiliates, and when we process claims or other transactions in connection with the underwriting process. We may also collect Personal Information about you from credit reporting agencies and other third parties in connection with the sale of our products to you.

We will collect Personal Information about you only in accordance with applicable laws or regulations or in response to your request for a product or service from us.

Information Sharing

We may share your Personal Information with Affiliates and Non-Affiliates as described below.

With our Affiliates: We may share customer information with our Affiliates. Our Affiliates may include other insurance companies, insurance holding companies, insurance agents and agencies, claims administrators, marketing companies, e-commerce service providers, and companies providing administrative services.

- We may share your Personal Information with our Affiliates that assist us in servicing your insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share your Personal Information with our Affiliates for the purpose of detecting and preventing fraud, as directed or authorized by you, or as otherwise permitted or required by law.

- We will not share your Personal Information that is of a financial nature with our Affiliates for marketing purposes without first providing you an opportunity to direct that such information not be shared.

- We will not share your Personal Information that is of a health nature with our Affiliates except as directed or authorized by you.

78052 (Rev. 10/1/09)
**With Non-Affiliates:** We may also share customer information with Non-Affiliated companies.

1. We may share your Personal Information with Non-Affiliates that assist us in servicing your insurance policies. Examples are administration (billing and collections), risk management, underwriting, and claims handling. We may also share your Personal Information with Non-Affiliates for the purpose of detecting and preventing fraud, as directed or authorized by you, or as otherwise permitted or required by law.

2. We may enter into joint marketing agreements with Non-Affiliates to share your non-health Personal Information as permitted by law. These Non-Affiliates may include providers of financial products or services such as insurance companies, financial institutions, and securities firms.

Because we do not share customer information in any other way, there is no need for an opt-out process in our privacy procedures.

For California and Vermont Residents: If it becomes necessary to share your Personal Information with Non-Affiliates other than as specifically allowed by law, we will not do so without first obtaining your permission.

**II. Information Protection**

We maintain physical, electronic, and procedural safeguards designed to protect your Personal Information. Only authorized employees, insurance agents and administrators are permitted to have access to that information.

We expect any Non-Affiliates that serve our Customers on our behalf to adhere to our privacy policy. Those non-affiliates are legally bound to use your Personal Information received from us only for the purposes for which it was provided and to not disclose it or use it in any other way. These Non-Affiliates are also subject to and governed by federal and state privacy laws and regulations. We are not responsible for their misuse of information.

To help prevent unwarranted disclosure of your Personal Information and secure it from theft, we utilize secure computer networks. Access is restricted to those individuals who need to use your Personal Information to provide products or services to you.

**III. Maintaining Information**

We also maintain procedures to ensure that the information we collect is accurate, up-to-date, and as complete as possible. If you believe the information we have about you in our records or files is incomplete or inaccurate, you may request that we make additions or corrections, or if it is feasible, that we delete this information from our files. You may make this request in writing to (include your name, address and policy number):

Chief Privacy Officer  
Chartis U.S.  
175 Water Street, 17th Floor  
New York, NY 10038  
Fax: 212 468-7081  
E-Mail: CIPrivacy@chartisinsurance.com

Special Notice: You can obtain access to any non-public Personal Information we have about you if you properly identify yourself and submit a written request to the address above describing the information you want to review. We will also tell you the identity, if recorded, of persons to whom we have disclosed your non-public Personal Information within the preceding two years.

You may request that we correct, amend or delete any information about you. If we do so, we will notify organizations that provided us with that information and, at your request, persons who received that information from us within the preceding two years. If we refuse to correct, amend or delete the information, you may give us a written statement of the reasons you disagree, which we will place in your file and give to the same parties who would have been notified of the requested change.

78052 (Rev. 10/1/09)
Our Customers Can Depend on Us

We are committed to maintaining our trusted relationship with our Customers. We consider it our privilege to serve our Customers' insurance and financial needs and we value the trust they have placed in us. Our Customers' privacy is a top priority with us and thus we will continue to monitor our privacy practices in order to protect and respect that privacy and will comply with state privacy laws that require more restrictive practices than those set out in this notice.

Important Information Concerning the Applicability and Future Changes to this Privacy and Data Security Notice

Although we may change this Privacy and Data Security Notice at any time, you will be notified of any changes as required by law.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement #1

This endorsement, effective January 1, 2009 12:01 A.M. forms a part of Policy No.: PAI 9057429 issued to The Rector and Visitors of the University of Virginia by National Union Fire Insurance Company of Pittsburgh, PA.

COVERAGE TERRITORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control (“OFAC”).

[Signatures]

President

Secretary
Policyholder: The Rector and Visitors of the University of Virginia
Policy Number: PAI 9057429

MASTER APPLICATION FOR
GROUP ACCIDENT INSURANCE POLICY

Application is hereby made for a plan of accident insurance based on the following statements and representations:

1. **Identification of Policyholder:**

   Name of Policyholder: The Rector and Visitors of the University of Virginia
   Address of Policyholder: 914 Emmet Street, Box 400127, Charlottesville, VA 22906
   Type of Business or Purpose of Organization:
   Policy Number: PAI 9057429

2. **Classification of Eligible Persons:**

   Class  Description of Class
   I       All active full-time employees of The Rector and Visitors of the University of Virginia working at least 20 hours per week.
   II      All Eligible Spouses and Eligible Dependent Children of Class I Insureds.

   **Eligible Spouse** - as used above, means the Insured's legal spouse.

   **Eligible Dependent Child(ren)** - as used above, means the Insured's unmarried children, including natural, step, foster or adopted children from the moment of placement in the home of the Insured, under age 19 (26 if attending an accredited institution of higher learning on a full time basis) and primarily dependent on the Insured for support and maintenance.

Any unmarried Eligible Dependent Child(ren) of the Insured covered under the Policy before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under the Policy beyond that age limit for as long as the Policy is in force, but only if they remain continuously covered under the Policy. The Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s incapacity and dependency to the Company within 60 days before the Eligible Dependent Child(ren) reach the age limit specified above. If the Insured fails to furnish the requested proof before the Eligible Dependent Child(ren) reach the age limit, coverage for the Eligible Dependent Child(ren) will not be extended past the age limit. If coverage is extended, the Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s continued incapacity and dependency to the Company on an annual basis. If the Insured fails to furnish the requested proof within 31 days of the request, coverage for the Eligible Dependent Child(ren) will terminate at the end of that 31-day period.
Continuation of Eligibility. If premium payments are continued on a basis that precludes individual selection, an Insured who ceases to be a member of any eligible class of persons as described above may still be regarded as in an eligible class of persons as follows: (1) if the Insured is on temporary lay-off or leave of absence (other than an authorized family or medical leave), for the full period of the lay-off or leave, but not for more than 3 months in a row; or (2) if the Insured is absent from work due to an authorized family or medical leave, for the full period of the leave, but not for more than 3 months in a row unless a longer period is agreed to by the Company and the Policyholder.

The portion of premium payments paid by the Insured, if any, must continue to be paid during any period of leave as described above for coverage to remain in force.

3. Principal Sum:

<table>
<thead>
<tr>
<th>Class</th>
<th>Amount of Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>not less than $25,000 nor more than $500,000 in increments of $25,000.</td>
</tr>
<tr>
<td>II</td>
<td>(See the following description.)</td>
</tr>
</tbody>
</table>

Insured, Insured Spouse and Insured Dependent Children Family Coverage Bundled:

For an Insured Dependent Child. If an Insured Dependent Child suffers a loss for which a benefit is payable under the Policy and there is an Insured Spouse on the date of the accident causing the loss, the Insured Dependent Child's Principal Sum is the lesser of $50,000 or 15% of the Insured's Principal Sum on the date of the accident causing the loss. If there is no Insured Spouse on the date of the accident causing the loss, the Insured Dependent Child's Principal Sum is the lesser of $50,000 or 20% of the Insured's Principal Sum on the date of the accident causing the loss.

For an Insured Spouse. If an Insured Spouse suffers a loss for which a benefit is payable under the Policy and there is an Insured Dependent Child on the date of the accident causing the loss, the Insured Spouse's Principal Sum is 50% of the Insured's Principal Sum on the date of the accident causing the loss. If there is no Insured Dependent Child on the date of the accident causing the loss, the Insured Spouse's Principal Sum is 60% of the Insured's Principal Sum on the date of the accident causing the loss.

In the event that a person is covered under the Policy as an Insured and as an Insured Dependent, the combined Principal Sum on that person may not exceed $500,000.

Principal Sum amounts above $250,000 may not exceed 10 times the Insured's Annual Salary. "Annual Salary" means the Insured's base annual salary excluding overtime, bonuses, tips, commission, and special compensation.
4. **Policy Benefits and Coverages:**

Check one and only one:

- Accidental Death Benefit Only
- Both Accidental Death and Accidental Dismemberment Benefits

The following Riders are attached to and made part of the Policy as of the Policy Effective Date. Each Rider is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider.

<table>
<thead>
<tr>
<th>FORM NO.</th>
<th>DESCRIPTION</th>
<th>CLASS(ES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C11664DBG</td>
<td>Coma Benefit Rider</td>
<td>I, II</td>
</tr>
<tr>
<td>C11666(REV 3-99)DBG</td>
<td>Common Disaster Benefit Rider</td>
<td>II</td>
</tr>
<tr>
<td>C11667DBG</td>
<td>Conversion Privilege Rider</td>
<td>I, II</td>
</tr>
<tr>
<td>C11668(REV 3-99)DBG</td>
<td>Day Care Benefit Rider</td>
<td>II</td>
</tr>
<tr>
<td>C11669DBG</td>
<td>Emergency Evacuation Benefit Rider</td>
<td>I, II</td>
</tr>
<tr>
<td>C11671(REV 3-99)DBG</td>
<td>Family Coverage Rider</td>
<td>II</td>
</tr>
<tr>
<td>C11673DBG</td>
<td>Family Income Benefit Rider</td>
<td>II</td>
</tr>
<tr>
<td>C11676DBG</td>
<td>Group Medical/Dental Premium Continuation Reimbursement Benefit Rider</td>
<td>II</td>
</tr>
<tr>
<td>C11679DBG</td>
<td>Paralysis Benefit Rider</td>
<td>I, II</td>
</tr>
<tr>
<td>C11683DBG</td>
<td>Rehabilitation Benefit Rider</td>
<td>I, II</td>
</tr>
<tr>
<td>C11684(REV 3-99)DBG</td>
<td>Repatriation of Remains Benefit Rider</td>
<td>I, II</td>
</tr>
<tr>
<td>C11687(REV 3-99)DBG</td>
<td>Seat Belt and Air Bag Benefit Rider</td>
<td>I, II</td>
</tr>
<tr>
<td>C11688(REV 3-99)DBG</td>
<td>Tuition Benefit Rider</td>
<td>II</td>
</tr>
<tr>
<td>C11689DBG</td>
<td>Waiver of Premium Benefit Rider</td>
<td>I</td>
</tr>
<tr>
<td>C22244DBG</td>
<td>Occupational HIV Benefit Rider</td>
<td>I</td>
</tr>
<tr>
<td>C22569DBG</td>
<td>Home Alteration and Vehicle Modification Benefit Rider</td>
<td>I, II</td>
</tr>
<tr>
<td>C30080DBG</td>
<td>Injury Definition And Exclusions Amendatory Endorsement</td>
<td>I, II</td>
</tr>
</tbody>
</table>
5. **Premiums:**

   It is hereby agreed and understood that the premium rate per $1,000 of Principal Sum is as follows for each class described above:

<table>
<thead>
<tr>
<th>Class</th>
<th>Coverage Type</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Employee Only Coverage</td>
<td>$0.015 per Month</td>
</tr>
<tr>
<td>I + II</td>
<td>Family Coverage</td>
<td>$0.025 per Month</td>
</tr>
</tbody>
</table>

   Such premiums are due and payable in the following manner: Monthly as of the end of the month immediately following the end of the month for which the premium is being paid.

6. **Coverage Effective Date:**

   Subject to the Policy provisions regarding the effective date of coverage for individuals, insurance will become effective as to each eligible person for whom enrollment has been received by the Policyholder, if applicable, and for whom premium has been paid on the following date: the later(est) of: (1) the Policy Effective Date; or (2) On the day the Policyholder receives a completed and signed enrollment form from the eligible employee.

   A change in coverage due to a change in the eligible person’s class or Annual Salary or election of Principal Sum amount will become effective on the latest of the following dates: (1) if individual enrollment for the change is required, the date the written enrollment form requesting the change is received by the Policyholder; or (2) if the change requires a change in premium, the date the first changed premium is paid when due. A change in coverage applies only with respect to accidents that occur on or after the effective date of the change.

7. **Policy Effective Date:** January 1, 2009

8. **Policy Termination Date:** January 1, 2010

   ____________________________
   Signed for the Policyholder

   ____________________________
   Title

   ____________________________
   Date

   ____________________________
   Signed by Licensed Resident Agent
   (Where Required by Law)
Policyholder: The Rector and Visitors of the University of Virginia
Policy Number: PAI 9057429

GROUP ACCIDENT INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder (herein called Insured Person(s)) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Classification of Eligible Persons section of the Master Application.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application, which is attached to and made part of this Policy, and in the individual enrollment forms, if any.

This Policy begins on the Policy Effective Date shown in the Master Application and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates in effect at the time of renewal.

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:

[Signatures]

President

Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy
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DEFINITIONS

Injury - means bodily injury caused by an accident occurring while this Policy is in force as to the person whose injury is the basis of claim and resulting directly and independently of all other causes in a covered loss.

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) who has enrolled for coverage under this Policy, if required; (3) for whom premium has been paid; and (4) while covered under this Policy. However, an Insured does not include any person covered under this Policy solely as an Insured Dependent as defined in the Family Coverage Rider.

Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Insured Person - means an Insured or an Insured Dependent as defined in the Family Coverage Rider.

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. Either the Company or the Policyholder may terminate this Policy on any premium due date by giving 30 days advance written notice to the other party. This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the earlier of: 1) the Policy Termination Date shown in the Master Application; or 2) the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date the first premium for the Insured's coverage is paid in accordance with the Premiums section of the Master Application; (3) if individual enrollment is required, the date written enrollment is received by the Policyholder; (4) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or (5) the Coverage Effective Date described in the Master Application.

Termination Date. An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated; (2) the premium due date if premiums are not paid when due; (3) the date the Insured requests, in writing, that his or her coverage be terminated; or (4) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Master Application.
Termination of coverage will not affect a claim for a covered loss that occurred while the insured's coverage was in force under this Policy.

**PREMIUM**

**Premiums.** Premiums are payable to the Company at the rates and in the manner described in the Premium section of the Master Application. The Company may change the required premiums due on any premium due date, by giving the Policyholder at least 31 days advance written notice. The Company may also change the required premiums as a condition of any renewal of this Policy.

**Grace Period.** A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

**BENEFITS**

**Principal Sum.** As applicable to each Insured, Principal Sum means the amount of insurance in force under this Policy as described in the Insured's enrollment form. Principal Sum amounts above $250,000 may not exceed 10 times the Insured's Annual Salary as defined in the Principal Sum section of the Master Application.

**Reduction Schedule.** The amount payable for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss with respect to any Benefit provided by this Policy where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured Person's loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

<table>
<thead>
<tr>
<th>AGE ON DATE OF ACCIDENT</th>
<th>PERCENTAGE OF AMOUNT OTHERWISE PAYABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 - 74</td>
<td>65%</td>
</tr>
<tr>
<td>75 - 79</td>
<td>45%</td>
</tr>
<tr>
<td>80 - 84</td>
<td>30%</td>
</tr>
<tr>
<td>85 and older</td>
<td>15%</td>
</tr>
</tbody>
</table>

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

“Age” as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.
Limitation on Multiple Benefits. If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit, Paralysis Benefit, Coma Benefit.

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

<table>
<thead>
<tr>
<th>For Loss of</th>
<th>Percentage of Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>Hearing in One Ear</td>
<td>25%</td>
</tr>
<tr>
<td>Thumb and Index Finger of Same Hand</td>
<td>25%</td>
</tr>
</tbody>
</table>

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.
EXCLUSIONS

This Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;

2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning;

3. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
   a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
   b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft;
   c. riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured Person's employer;

4. declared or undeclared war, or any act of declared or undeclared war;

5. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.); or

6. the Insured Person being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.
CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at AIG Domestic Claims, Inc. A&H Claims Department, PO Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured Person suffering the loss. If an Insured Person dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding $1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.
GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Master Application, a copy of which will be attached to this Policy at issue; the individual enrollment forms, if any, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured Person will be considered representations and not warranties. No written statement made by an Insured Person will be used in any contest unless a copy of the statement is furnished to the Insured Person or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

After an Insured Person has been insured under this Policy for two year(s) during his lifetime, no statement made by the Insured Person, except a fraudulent one, will be used to contest a claim under this Policy. The Company may only contest coverage if the misstatement is made in a written instrument signed by the Insured Person and a copy is given to the Policyholder, the Insured Person or the beneficiary.

Certificates of Insurance. The Company will provide certificates of insurance for delivery to each Insured describing the coverage provided, any limitations, reductions, and exclusions applicable to the coverage, and to whom benefits will be paid.

Insured’s Beneficiary Designation and Change. The Insured’s designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder’s group life insurance policy as shown on the Policyholder’s records kept on that policy, unless the Insured has named a beneficiary specifically for this Policy as shown on the Company’s or, if agreed upon in advance by the Company, the Policyholder’s records kept on this Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing the Company or, if agreed upon in advance by the Company, the Policyholder with a written request for change. When the request is received by the Company or, if agreed upon in advance by the Company, the Policyholder, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary or no designated beneficiary is living after the Insured’s death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured’s (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured’s estate.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.
Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may assign all of his or her rights, privileges and benefits under this Policy without the consent of his or her designated beneficiary. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.

New Entrants. This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the class(es) of Insured Persons originally insured under this Policy.

Misstatement of Age. If premiums for the Insured Person are based on age and the Insured Person has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured Person is insured are based on age and the Insured Person has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Claims Experience; Disclosure. The Company, upon request, shall provide the Policyholder with a complete record of the Policyholder's claims experience incurred under this Policy. This record shall be made available promptly to the Policyholder upon request made not less than thirty (30) days prior to the date upon which the premiums or contractual terms of the Policy may be amended.
IMPORTANT INFORMATION REGARDING YOUR INSURANCE

In the event you need to contact someone about this insurance for any reason, please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions, you may contact the insurance company issuing the insurance at the following address and telephone number:

National Union Fire Insurance Company of Pittsburgh, PA
Customer Service
600 King Street
Wilmington, DE 19801
1-800-551-0824

If you have been unable to contact or obtain information from the company or the agent, you may contact the Virginia State Corporation Commission’s Bureau of Insurance at:

Bureau of Insurance
State Corporation Commission
P.O. Box 1157
Richmond, Virginia 23218
Toll-free number for Virginia residents: 800-552-7945
Out of State calls: 804-371-9741

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Policyholder: The Rector and Visitors of the University of Virginia
Policy Number: PAI 9057429

COMA BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

**Coma Benefit.** If Injury renders an Insured Person Comatose within 90 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Principal Sum. No benefit is provided for the first 30 days of Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Comatose due to that Injury; (2) the date the Insured Person dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

**Coma/Comatose** - as used in this Rider, means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]

President

Secretary

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COMMON DISASTER BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Common Disaster Benefit. If an Insured with Family Coverage in effect under the Policy and his or her Insured Spouse both suffer accidental death in the same accident within 90 days of the accident such that an Accidental Death benefit is payable under the Policy for both persons and the Insured Spouse's Principal Sum is less than $1,000,000, the Insured Spouse’s Principal Sum is increased to equal the lesser of: (1) $1,000,000 or (2) 100% of the Insured's Principal Sum.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]

President

Secretary
CONVERSION PRIVILEGE RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to individual coverage that ends on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Conversion Privilege (Applies to the Accidental Death Benefit and Accidental Dismemberment Benefit only). If an Insured Person’s coverage ends (prior to age 70) because he or she is no longer a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Master Application, coverage may be converted to an individual accidental death and dismemberment policy (herein called an Individual Policy). However, an Insured Dependent may convert only if he or she is the age of majority or over on the date coverage ends.

The Company must receive a written application and payment of the required premium within 31 days after coverage ends under the Policy. No evidence of insurability is required to obtain the Individual Policy. The Individual Policy will be a type the Company regularly makes available on its effective date. The initial premium for the Individual Policy will be based on the Insured Person’s attained age, risk class, and amount of insurance provided, at the time of application for the Individual Policy.

Coverage under the Individual Policy will take effect on the later of: (1) the date the application and required premium payment are received by the Company; or (2) the date that the Insured Person’s coverage under the Policy ends. In the event that the application and required premium are not received prior to termination of coverage under the Policy, coverage is not provided from the date coverage ends under the Policy until the date coverage under the Individual Policy becomes effective. Coverage under the Individual Policy may not be less than $100,000 and may not exceed the greater of: (1) the amount for which the Insured Person was covered under the Policy; or (2) $500,000.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]

President

Secretary
DAY CARE BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Day Care Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay a benefit on behalf of any Insured Dependent Child under age 13 who was insured under the Policy on the date of the accident causing death and who: (1) is enrolled in a Day Care Center on the date of the Insured's death; or (2) enrolls in a Day Care Center within 365 days after the Insured's death. The benefit is payable for each year of the Insured Dependent Child's enrollment in a Day Care Center. The total amount of the benefit each year is equal to the least of:

1. the actual cost of care for that Insured Dependent Child charged by that Day Care Center for that year;
2. 5% of the Insured's Principal Sum on the date of the accident causing death; or
3. $5,000.

The applicable portion of the yearly benefit for each period of enrollment is payable upon receipt of due proof of enrollment, but not more frequently than monthly.

The benefit is not payable for any period of enrollment in a Day Care Center before the date of the accident that caused the Insured's death. The benefit is not payable for any period of enrollment after the earlier of: (1) the date the Insured Dependent Child reaches 13 years of age; or (2) the date four (4) years after the later of the date of the Insured's death or the date the Insured Dependent Child first enrolls in a Day Care Center.

Day Care Center - as used in this Rider, means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with applicable laws and regulations of the jurisdiction.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]

President

Secretary
EMERGENCY EVACUATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents and Emergency Sicknesses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Emergency Evacuation Benefit. The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to a maximum of $100,000 for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured Person's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

AIG Assist must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact AIG Assist in advance.

The Exclusions section of the Policy does not apply with respect to this Rider.

Covered Emergency Evacuation Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Emergency Evacuation - as used in this Rider, means, if warranted by the severity of the Insured Person's Injury or Emergency Sickness: (1) the Insured Person's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured Person's Transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place their life in jeopardy; (2) the severe or acute symptom occurs
suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom.

**Medically Necessary Emergency Evacuation Service** - as used in this Rider means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured Person.

**Transportation** - as used in this Rider means moving the Insured Person during an Emergency Evacuation by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

\[\text{Signature}\]

\[\text{Signature}\]

President

Secretary
FAMILY COVERAGE RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Insured Dependent’s Effective Date. An Insured Dependent’s coverage under the Policy begins on the latest of: (1) the date the Insured’s coverage under the Policy begins (or the date this Rider becomes effective, if later); (2) the date the first premium for the Insured Dependent’s coverage is paid when due; (3) if individual enrollment is required, the date the Insured enrolls the dependent for Family Coverage; (4) the date the person becomes a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or (5) the Coverage Effective Date described in the Master Application.

If a husband and wife are both eligible to enroll for coverage under the Policy, one, but not both, may purchase Family Coverage. The other spouse may elect single coverage only.

Insured Dependent’s Termination Date. An Insured Dependent’s coverage under the Policy ends on the earliest of: (1) the date the Insured’s coverage under the Policy ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; (3) the date the Insured requests, in writing, that coverage for the Insured Dependent be terminated; or (4) the date the Insured Dependent ceases to be a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Master Application.

Insured Dependent’s Principal Sum. As applicable to each Insured Dependent, Principal Sum means the amount of insurance in force under the Policy as described in the Insured’s enrollment form.

In the event that a person is covered under the Policy as an Insured and as an Insured Dependent, the combined Principal Sum on that person may not exceed $500,000.

Insured Dependent’s Beneficiary Designation and Change. The Insured Dependent’s beneficiary is the Insured unless the Insured has named (a) different beneficiary(ies) for the Insured Dependent’s coverage as shown on the Company’s or, if agreed upon in advance by the Company, the Policyholder’s records kept on the Policy.
An Insured over the age of majority and legally competent may change the beneficiary designation for an Insured Dependent's coverage at any time, unless an irrevocable beneficiary designation has been made, without the consent of the Insured Dependent or the designated beneficiary(ies), by providing the Company or, if agreed upon in advance by the Company, the Policyholder with a written request for change. When the request is received by the Company, or, if agreed upon in advance by the Company, the Policyholder, whether the Insured or the Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If no beneficiary is living on the date of an Insured Dependent's death, the beneficiary is the Insured's estate.

**Insured Dependent Child** - means the Insured's Eligible Dependent Child as described in the Classification of Eligible Persons section of the Master Application: (1) whom the Insured has elected to cover under the Policy; (2) for whom premium has been paid; and (3) while covered under the Policy.

**Insured Dependent** - means an Insured Spouse or an Insured Dependent Child.

**Insured Spouse** - means the Insured's Eligible Spouse as described in the Classification of Eligible Persons section of the Master Application: (1) whom the Insured has elected to cover under the Policy; (2) for whom premium has been paid; and (3) while covered under the Policy.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]

President

Secretary
POLICYHOLDER: The Rector and Visitors of the University of Virginia
Policy Number: PAI 9057429

FAMILY INCOME BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Family Income Benefit. If an insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay a monthly benefit for an Insured Dependent who was insured under the Policy on the date of that accident and survives after the date of the insured’s death. The monthly benefit will be equal to 1% of the insured’s principal sum on the date of the accident causing death and will be paid for 12 consecutive months or until the death of the last surviving insured dependent, whichever occurs first.

The benefit will be payable to the surviving insured spouse, if any, otherwise in equal shares to the surviving insured dependent children. Only one monthly benefit will be payable regardless of the number of insured dependents.

The benefit is payable without regard to whether, after the date of the insured’s death, the surviving insured spouse remarries or a surviving insured dependent otherwise ceases to be a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]
President

Secretary

[Signature]
GROUP MEDICAL/DENTAL PREMIUM CONTINUATION REIMBURSEMENT BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Group Medical/Dental Premium Continuation Reimbursement Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay a benefit to or on behalf of the Insured Dependents who were insured under the Policy on the date of the accident causing death and who: (1) had dependent group medical and/or dental coverage in effect under a group medical and/or dental plan provided through the Policyholder continuously from the date of the Insured's accident to the date of the Insured's death; and (2) within 60 days after the date of the Insured's death, elect to continue that coverage. The benefit is payable for each consecutive year of continued coverage to a maximum of three (3) consecutive years, but is subject to earlier termination as described below. The total amount of the benefit each year is equal to the least of:

1. The actual cost of the premium charged and paid for the continued medical and/or dental coverage for those Insured Dependents for that year;

2. 5% of the Insured's Principal Sum on the date of the accident causing death; or

3. $5,000.

The applicable portion of the yearly benefit for each period of coverage is payable upon receipt of due proof of enrollment for that period of coverage, but not more frequently than monthly.

This benefit is not payable for any period of coverage under the Policyholder's group medical and/or dental plan before the date of the Insured's death. It is not payable with respect to any Insured Dependent for any period of time after the earliest of:

1. The date the Policyholder ceases to make available the group medical and/or dental plan under which that Insured Dependent continues coverage;

2. If that Insured Dependent becomes covered under any other group medical and/or dental plan without a pre-existing condition limitation, the date the coverage begins;

3. If that Insured Dependent becomes covered under any other group medical and/or dental plan with a pre-existing condition limitation, the date that limitation no longer applies;

4. The date that Insured Dependent becomes eligible for Medicare;
5. The date the Insured Spouse remarries (in which case this benefit ends for all Insured Dependents);

6. The date that Insured Dependent otherwise ceases to be a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or

7. The date the continued coverage under the Policyholder's group medical and/or dental plan terminates with respect to that Insured Dependent.

The Group Medical/Dental Premium Continuation Reimbursement Benefit does not provide for the continuation of any coverage or benefits under the Policy, and does not provide for any other Policy benefits otherwise applicable to Insured Dependents under the Policy. It provides a benefit only with respect to premiums for continuation of coverage under the Policyholder's group medical and/or dental plan.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

\[Signature\]

President

\[Signature\]

Secretary
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000
(a capital stock company, herein referred to as the Company)

Policyholder: The Rector and Visitors of the University of Virginia
Policy Number: PAI 9057429

PARALYSIS BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Paralysis Benefit. If Injury to the Insured Person results, within 365 days of the date of the accident that caused the injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Principal Sum shown below for that type of paralysis:

<table>
<thead>
<tr>
<th>Type of Paralysis</th>
<th>Percentage of Principal Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadruplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
</tr>
</tbody>
</table>

"Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.

If the Insured Person suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]

President
Secretary
Policyholder: The Rector and Visitors of the University of Virginia  
Policy Number: PAI 9057429

REHABILITATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Rehabilitation Benefit. If an Insured Person suffers an accidental dismemberment or an accidental paralysis for which an Accidental Dismemberment or Paralysis benefit is payable under the Policy, the Company will reimburse the Insured Person for Covered Rehabilitative Expenses that are due to the Injury causing the dismemberment or paralysis. The Covered Rehabilitative Expenses must be incurred within two years after the date of the accident causing that Injury, up to a maximum of $10,000.00 for all Injuries caused by the same accident.

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Medically Necessary Rehabilitative Training Service - as used in this Rider, means any medical service, medical supply, medical treatment or Hospital confinement (or part of a Hospital confinement) that: (1) is essential for physical rehabilitative training due to the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

Covered Rehabilitative Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar treatment, supplies or services in the locality where the expense is incurred (for a Hospital room and board charge, does not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense is incurred); and (3) does not include charges that would not have been made if no insurance existed.
Exclusions. In addition to the Exclusions in the Exclusions section of the Policy, Covered Rehabilitative Expenses do not include any expenses for or resulting from an Injury for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]

President

Secretary
Policyholder: The Rector and Visitors of the University of Virginia
Policy Number: PAI 9057429

REPATRIATION OF REMAINS BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to losses of life that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Repatriation of Remains Benefit. If an Insured Person suffers loss of life due to Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, up to a maximum of $25,000.

Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

AIG Assist must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact AIG Assist in advance.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the Insured Person suffering the symptom.

Exclusion 2 in the Exclusions section of the Policy does not apply with respect to this Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]
President

[Signature]
Secretary
Policyholder: The Rector and Visitors of the University of Virginia
Policy Number: PAI 9057429

SEAT BELT AND AIR BAG BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Seat Belt Benefit (Percentage of Principal Sum Amount). The Company will pay a benefit under this Rider when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt or, if the Insured Person is a child, a properly installed and fastened child restraint device as defined by state law. The amount payable under this Rider is the lesser of: (1) $25,000.00; or (2) 10% of the Insured Person's Principal Sum.

Air Bag Benefit (Percentage of Principal Sum Amount). The Company will pay an additional benefit under this Rider if a Seat Belt Benefit is payable under this Rider and if the Insured Person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable under this Rider is the lesser of: (1) $10,000.00; or (2) 10% of the Insured Person's Principal Sum.

Verification of the actual use of the seat belt, at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

Automobile - as used in this Rider, means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Supplemental Restraint System - as used in this Rider, means an air bag which inflates for added protection to the head and chest areas.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]

President

Secretary
TUITION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Tuition Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, and the Insured had Family Coverage in effect under the Policy on the date of the accident causing death, the Company will pay the following benefit:

A. For the Insured Dependent Children under Age 26. The Company will pay a benefit to or on behalf of any Insured Dependent Child under age 26 who was insured under the Policy on the date of the accident causing death and who, on the date of the Insured's death: (1) is a full-time student in any Institution of Higher Learning above grade 12; or (2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured's death. The benefit will be paid for each year of the Insured Dependent Child's continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years. The total amount of the benefit each year is equal to the least of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Insured Dependent Child;
2. 5% of the Insured's Principal Sum on the date of the accident causing death; or
3. $5,000.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

An Insured Dependent Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's death. If there is no Insured Dependent Child under age 26 eligible for the benefit within 365 days after the date of the Insured's death, the Company will pay a one–time lump sum benefit of $5,000 to the Insured's designated beneficiary.

B. For the Insured Spouse. The Company will pay a benefit to or on behalf of any Insured Spouse who was insured under the Policy on the date of the accident causing death and who, for the purpose of obtaining an independent source of support: (1) is enrolled in any Institution of Higher Learning or professional or trade training program on the date of the Insured's death; or (2) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after the date of the Insured's death. The benefit will be paid for each year of the Insured Spouse's continuous enrollment in an Institution of Higher Learning or professional or trade training program, to a maximum of four (4) consecutive years. The total
amount of the benefit for all institutions and programs combined each year is equal to the least of:

1. the total actual tuition (exclusive of room and board) charged by those institutions or programs for enrollment during that year for the Insured Spouse;
2. 2% of the Insured's Principal Sum on the date of the accident causing death; or
3. $2,000.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

An Insured Spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured's death. If there is no Insured Spouse eligible for the benefit within 30 months after the date of the Insured's death, the Company will pay a one-time lump sum benefit of $5,000 to the Insured's designated beneficiary.

**Institution of Higher Learning** - as used in this Rider, means any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

\[\text{\textit{\textbf{\textsc{J. J. Wyll}}} \hspace{1cm} \textit{\textbf{\textsc{Elizabeth M. Tuck}}} \]  

President \hspace{2cm} Secretary
WAIVER OF PREMIUM BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to an Insured receiving disability benefits under a disability plan provided through the Policyholder where the Insured's disability begins on or after the later of: (1) the effective date of this Rider; or (2) the date coverage under the Policy begins for that Insured. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Waiver of Premium Benefit. Subject to the Policy remaining in force, all premiums due under the Policy on behalf of an Insured who is receiving disability benefits under a disability plan provided through the Policyholder, will be waived. Premiums will be waived from the first premium due date on or after the date the disability benefits begin. Premium payments must be resumed on the premium due date next following: (1) the date the Insured returns to work; or (2) the date when such disability benefits are stopped, whichever occurs first. If premium payments are not resumed on that date, the Insured’s coverage under the Policy ends on that date.

The premiums waived include only premiums for the Insured’s coverage on himself or herself, plus premium for Insured Dependent(s) covered under the Policy on the date the disability began.

The Principal Sum amount that applies during the time premiums are waived is the lesser of: (1) $500,000.00; or (2) the Principal Sum in force on the Insured on the date the disability began.

Exclusion 2 in the Exclusions section of the Policy does not apply with respect to this Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signature]
President

[Signature]
Secretary
OCCUPATIONAL HIV BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Occupational HIV Benefit. If an Insured tests positive for Human Immunodeficiency Virus (HIV) within 365 days of the date of an Occupational Incident, the Company will pay a monthly benefit to the Insured under the conditions described in this Rider. The benefit is payable if, within 72 hours of the Occupational Incident, the Insured: 1) reports the Occupational Incident to the Company and the Policyholder in writing; and 2) undergoes a Food and Drug Administration (FDA) approved preliminary screening test for HIV which indicates negativity with respect to the presence of any antibodies or antigens to such disease. The Company must receive written notification of the test results, directly from the laboratory which performed the test, as soon as reasonably possible.

The benefit of $1500 is payable monthly, starting on the last day of the month which immediately follows the month the Insured tests positive for HIV, for 60 consecutive months or until the date the Insured dies, whichever occurs first.

The Company will not pay for any expenses incurred for testing.

Occupational Incident - as used in this Rider, means an exposure to HIV which occurs while the Insured is performing duties of his or her occupation. The exposure must be either: (1) cutaneous through abraded skin; (2) percutaneous; or (3) mucocutaneous.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]

President

Secretary
HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2009. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Home Alteration and Vehicle Modification Benefit. If an Insured Person:

1. suffers an accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy;
2. did not, prior to the date of the accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing such loss(es), up to a maximum of $10,000 for all such losses caused by the same accident.

Covered Home Alteration and Vehicle Modification Expenses – as used in this Rider, means one-time expenses that:

1. are charged for:
   (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
   (b) modifications to a motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or driveable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person’s residence and the modifications to his or her motor vehicle are:

1. made on behalf of the Insured Person;
2. recommended by a nationally-recognized organization providing support and assistance to wheelchair users;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy, Covered Home Alteration and Vehicle Modification Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.
The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

[Signatures]

President

Secretary