CHUBB®

ACE Property & Casualty Insurance Company

Home Office Address: 436 Walnut Street • Philadelphia, PA 19106
Policyholder Service Address: P. O. Box 6700, Scranton, PA 18505-0700
Telephone Number: 1-866-445-8874

CRITICAL ILLNESS INSURANCE CERTIFICATE

THIS IS A LIMITED BENEFIT CERTIFICATE. PLEASE READ IT CAREFULLY.

This is Your Certificate while You are insured. You are the Certificateholder. This Certificate is in force as of the Certificate Effective Date. The Certificate Effective date is defined under this Certificate. The telephone number listed above may be used to make inquiries, obtain information about coverage, or receive assistance with resolving complaints.

The Company certifies that You are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. The Policy issued to the Policyholder includes a copy of this Certificate. The Policy is a contract between Us and the Policyholder. The Policy constitutes the agreement under which payments are made. Benefit payment is governed by all the terms, conditions and limitations of the Policy. We will pay the benefits set forth in this Certificate. If the terms and provisions of the Certificate are different from the Policy, the Policy will govern. The Policy may be inspected at the office of the Policyholder during normal business hours.

This Certificate may be delivered in electronic format to your email address or by being posted to a secure on-line portal. Upon request, the Policyholder or its plan administrator will deliver a paper copy of the Certificate to You.

This Certificate was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete. If any information is not correct or complete, please let Us know within 10 days of receipt of this Certificate. Incorrect or incomplete information can result in the denial of a claim, rescission, or termination of coverage.

RENEWABILITY

This Certificate is conditionally renewable. Your coverage is automatically renewed if at the time of renewal You are an Eligible Employee and the Policy is in force.

For ACE Property & Casualty Insurance Company

John J. Lupica, President

Brandon Peene, Secretary

TABLE OF CONTENTS

CERTIFICATE IDENTIFICATION....3
SCHEDULE OF BENEFITS....3-6
DEFINITIONS....7-8
BENEFITS....9-11
EXCLUSIONS....12
PREMIUMS....12
ELIGIBILITY, EFFECTIVE DATE, TERMINATION OF COVERAGE, PORTABILITY PRIVILEGE....12-15
CLAIM PROVISIONS....16
GENERAL PROVISIONS....17-18

CERTIFICATE IDENTIFICATION

Policyholder: CORIENT SERVICES LLC

Policy Number: BKRC46147

Policy Effective Date: 1/1/25

Governing Jurisdiction: FL

Policyholder Address: 2 SOUTH BISCAYNE BLVD 32ND FL MIAMI, FL 33131

Annual Enrollment Date: January 01

Eligible Class: ALL ELIGIBLE EES

SCHEDULE OF BENEFITS

COVERED PERSON(S):	FACE AMOUNT:
Insured Contributory	$5,000 - $5,000 as elected
Spouse	100% of Insured Face Amount as elected

STANDARD CRITICAL ILLNESS BENEFIT	PERCENTAGE OF FACE AMOUNT	
	Insured	**Spouse**
Covered conditions:		
Cancer	100%	100%

PARTIAL CRITICAL ILLNESS BENEFITS	PERCENTAGE OF FACE AMOUNT	
	Insured	**Spouse**
Covered conditions:		
Carcinoma In Situ (Non Invasive Cancer)	25%	25%

	BENEFIT AMOUNT	
	Insured	**Spouse**
Skin Cancer This benefit is payable once per Calendar Year per Covered Person.	$250.00	$250.00

(The rest of the page intentionally left blank)

RECURRENCE CRITICAL ILLNESS BENEFIT

	PERCENTAGE OF FACE AMOUNT	
	Insured	**Spouse**
Covered conditions:		
Cancer		
Carcinoma In Situ (Non Invasive Cancer)		

Recurrent Critical Illness Benefit is payable for covered conditions up to 02 times per covered Person.

(The rest of the page intentionally left blank)

Additional Benefit Riders:

Cancer Recovery Benefit Certificate Rider	**Covered**
Cancer Services Benefit Certificate Rider	**Covered**
Cancer Treatment Benefit Certificate Rider	**Not Covered**
Family Care Benefit Certificate Rider	**Not Covered**
Hospital Admission Benefit Certificate Rider	**Not Covered**
Membership Endorsement for Health Care Referral, Consultation and Administration Services	**Not Covered**
Disability Benefit Certificate Rider	**Not Covered**
Waiver of Premium Benefit Certificate Rider	**Not Covered**
Wellness Benefit Certificate Rider	**Not Covered**

(The rest of the page intentionally left blank)

DEFINITIONS

Active Employee, Actively at Work means You are at work for pay on a permanent basis at least 30.0 hours per week performing the normal duties of Your job.

Cancer means leukemia or a malignant tumor characterized by uncontrolled cell growth and invasion or spread of malignant cells to distant tissue. Cancer is also defined as Cancer which meets the diagnosis criteria of malignancy established by the American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.

The following are not considered Cancer:

- Pre-malignant conditions or conditions with malignant potential;
- Stage 0 Cancer, Carcinoma In Situ or Non-invasive Cancer; or
- Noninvasive basal cell carcinoma of the skin; or
- Noninvasive squamous cell carcinoma of the skin; or
- Melanoma diagnosed as Clark's Level I or II or Breslow less than .75mm.

Carcinoma In Situ (Non-invasive Cancer) means a malignant tumor which is typically classified as Stage 0 cancer, wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue.

Certificate Effective Date means the date coverage under this Certificate becomes effective. The Certificate becomes effective:

- On the Policy Effective Date if You are in an Eligible Class on or before the Policy Effective Date and Your enrollment was approved by Us; or
- On the first day of the month following the date Your enrollment was approved by Us if You enter into an Eligible Class after the Policy Effective Date.

Child means Your child who is a Dependent for whom You elected coverage.

Complete Remission is defined as having no Symptoms and no Signs that can be identified to indicate the presence of Cancer.

Contributory Coverage means coverage for which You pay a portion of the premium.

Covered Person means a person covered under this Certificate.

Dependent means:

- Your Spouse;
- Your newborn child;
- Your unmarried natural child, legally adopted child, child in the waiting period prior to finalization of adoption by You, or step-child under age 27; or
- Your unmarried grandchild under age 27 who is a dependent for federal income tax purposes.

Domestic Partner means a person who resides with and is financially interdependent with You.

Eligible Employee means a person who is an Active Employee of the Policyholder.

Immediate Family means You, Your Spouse, and any of Your, or Your Spouse's children, parents, grandparents, brothers, sisters, and their respective spouses.

Insured means the Eligible Employee covered under this Certificate. Insured also means the Certificateholder.

Maintenance Drug Therapy means a course of systemic medication given to a patient after a Cancer goes into Complete Remission because of primary Treatment. Maintenance Drug Therapy includes ongoing hormonal therapy, immunotherapy, or chemo-prevention therapy. Maintenance Drug Therapy is meant to decrease the risk of Cancer recurrence; it is not meant to treat a Cancer that is still present.

Non-invasive Cancer (Carcinoma In Situ) means a diagnosis by a pathologist of a malignant tumor which is typically classified as Stage 0 cancer, wherein the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue.

Physician means a person performing tasks that are within the limits of his or her medical license and is:

- Licensed to practice medicine and prescribe and administer drugs or to perform surgery in his or her governing jurisdiction; or
- A legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.

A Physician cannot be You or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.

Policyholder means the entity to whom the Policy is issued. The Policyholder is shown in the Certificate Identification.

Spouse means the person to whom You are legally married, or Your Domestic Partner, and for whom You have elected coverage. Spouse also means Your Civil Union partner.

Skin Cancer means:

- Melanoma diagnosed as Clark's Level I or II or Breslow less than .75mm; or
- Noninvasive basal cell carcinoma of the skin; or
- Noninvasive squamous cell carcinoma of the skin.

Stroke means an acute or subacute event of a sudden neurologic impairment of sensory or motor functions due to acute occlusion or hemorrhage of a cerebral artery, resulting in permanent damage to the nervous system, confirmed by new neuroimaging.

Stroke does not mean transient ischemic attack, or chronic cerebrovascular insufficiency.

If a Stroke and a Ruptured Aneurysm are diagnosed in the same event, only one benefit is payable.

Treatment-Free from Cancer refer to the period of time without the consultation, care, or services provided by a Doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines. Treatment does not include Maintenance Drug Therapy or routine follow-up visits to verify whether Cancer or Carcinoma in Situ has returned.

We, Our, Us or the Company means ACE Property & Casualty Insurance Company.

You or Your means the Insured.

BENEFITS

Benefits are paid according to the Schedule of Benefits and are limited to the Maximum Benefit Amount for each Covered Person and subject to the conditions, limitations, exclusions, and waiting periods of this Certificate.

STANDARD CRITICAL ILLNESS BENEFIT
We will pay this benefit when a Covered Person's date of diagnosis for a covered condition occurs while this coverage is in force. Diagnosis must be made by a Physician.

If a Covered Person has been diagnosed with and received a benefit for a covered condition and is subsequently diagnosed with a different covered condition we will pay a benefit if:

- The date of diagnosis of the subsequent covered condition is 6 months or more after any previous date of diagnosis for a covered condition; and
- The subsequent date of diagnosis is while coverage under this Certificate is in force.

If the Standard Critical Illness claim is for a Diagnosis of Cancer, the Covered Person:
- Must be Treatment-Free From Cancer for at least 12 months before the Diagnosis Date; and
- Must be in Complete Remission prior to the date of a subsequent Diagnosis as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the Cancer.

The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

(The rest of the page intentionally left blank)

PARTIAL CRITICAL ILLNESS BENEFIT

We will pay this benefit when a Covered Person is diagnosed with a covered condition while this coverage is in force. Diagnosis must be made by a Physician.

The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

(The rest of the page intentionally left blank)

RECURRENCE CRITICAL ILLNESS BENEFIT

We will pay this benefit when a Covered Person has recurrence of a covered condition as shown on the Schedule of Benefits if:

- The Covered Person was Treatment-Free for this condition during the 6 months prior to the date of diagnosis of this recurrence;
- The Standard, or Partial Critical Illness Benefit for this condition was payable for the Covered Person;
- The condition is a covered condition in the Recurrence Critical Illness Benefit on the Schedule of Benefits;
- The date of diagnosis of the covered condition is 6 months or more after any previous date of diagnosis for that covered condition; and
- The date of diagnosis of this recurrence of this condition is while coverage under this Certificate is in force.; and

If a Recurrence claim is for a Diagnosis of Cancer, the Covered Person:

- Must be Treatment-Free from Cancer for at least 12 months before the Diagnosis Date; and
- Must be in Complete Remission prior to the date of a subsequent Diagnosis as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the Cancer.

Diagnosis must be made by a Physician.

The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

(The rest of the page intentionally left blank)

EXCLUSIONS

No benefits will be paid for losses that are caused by, contributed to, or occur as a result of a Covered Person's:

- Injuring oneself intentionally or committing or attempting to commit suicide, whether sane or not;
- Committing or attempting to commit a felony or engaging in an illegal occupation or activity.

PREMIUMS

PAYMENT OF PREMIUM

The first premium is due on the Certificate Effective Date. Subsequent premiums are due and payable on the monthly anniversary of the Certificate Effective Date. If premiums are not paid when due, this Certificate will terminate subject to the Grace Period.

All premiums are payable to Us or as otherwise designated in writing by Us.

The Policyholder is responsible for remitting Premiums as they become due. Payment of any Premium will not keep insurance in effect beyond the due date of the next Premium, except as stated in the Grace Period.

GRACE PERIOD

A Grace Period of 31 days will be allowed for the payment of each Premium. The Certificate will remain in effect during the Grace Period, unless the Policyholder gives Us advance notice of termination. If We receive advance notice of termination, the Grace Period does not apply and coverage will be terminated.

If any premium is unpaid at the end of the Grace Period, coverage shall terminate retroactively to the last day for which premium is paid, on the day after the Grace Period ends, and this Certificate will no longer be in force.

PREMIUM CHANGES

We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, We will give at least 60 days advance notice to the Policyholder, or to You if the portability coverage is in effect.

Premiums on the Policy Anniversary Date are determined by Your Attained Age at each renewal. The Attained Age rates are shown in the Attained Age Table in the Policy.

Premiums on the Policy Anniversary Date are determined by Your Attained Age at each renewal.

UNPAID PREMIUM

Upon payment of a claim under this Certificate, any premium then due and unpaid will be deducted from Your claim payment. This includes but is not limited to claims incurred during the Grace Period.

REFUND OF PREMIUM AT DEATH

Upon notice of Your death, We will refund to the Beneficiary the portion of any premium that applies to a period beyond the end of the Certificate month in which death occurred.

ELIGIBILITY, EFFECTIVE DATE, TERMINATION OF COVERAGE, PORTABILITY PRIVILEGE, AND CONVERSION

ELIGIBILITY FOR COVERAGE

You are eligible for coverage under this Certificate if:

- Your enrollment is approved by Us; and
- You are an Eligible Employee on the Certificate Effective Date.

A Dependent is eligible for coverage on the later of:

- The date You are eligible for insurance; or
- The date You acquire the Dependent.

A Dependent is deemed to be acquired as follows:

1. Spouse: On the date of the marriage or the date the domestic partnership is established.
2. Natural Child: On the date of birth.
3. Adopted Child: On the date of adoption or placement for adoption.
4. Stepchild: On the date of the Your marriage to the child's parent.
5. Grandchild: On the date the child is dependent on You or Your Spouse for Federal Income Tax purposes.

ADDITION OF DEPENDENTS

1. Newborns: Coverage for a newborn is effective from the moment of birth provided that We receive notice of the newborn within 60 days after birth. If notification of a newborn is received more than 60 days after birth, coverage will be effective from the moment of birth, however, We may charge an additional premium from the date of birth. .
2. Newly Adopted Children: Coverage for an adopted child is effective from the date of adoption or placement for adoption if You apply for coverage within sixty (60) days after adoption or placement for adoption. In the case of a newborn child, coverage begins at the moment of birth if a written agreement to adopt such child has been entered into prior to the birth of the child, whether or not the agreement is enforceable. For coverage to continue We must receive notice within 60 days after the date of adoption or placement for adoption whichever is earlier; and You must pay all required premiums within 60 days after receiving a notice of amount due. Failure to provide notice within the required time period will not end coverage if it is shown that the notice was furnished as soon as reasonably possible. If notification of the adoption or placement for adoption is received more than 60 days after the date of adoption or placement for adoption, coverage will be effective on the date notification is received by Us, provided You pay all required premiums within 45 days after receiving a notice of amount due.
3. Court-Ordered Custody: A child placed in court-ordered custody, including a foster child, will be covered on the same basis as an adopted child.
4. Other than a Newborn or Newly Adopted Child: To add other eligible Dependents You must apply for coverage during an open enrollment period. If approved by Us, coverage will be effective on the monthly anniversary of the Policy Effective Date following approval.

EFFECTIVE DATE

Your coverage will start on the Certificate Effective Date.

TERMINATION OF COVERAGE

Your coverage will terminate at the earliest of:

- The end of the period for which premium is paid, subject to the Grace Period;
- The monthly anniversary of the Certificate Effective Date following the date We receive the Policyholder's request to terminate Your insurance coverage;
- The date of Your death;
- The date a new Critical Illness Insurance Certificate issued by the Company becomes effective.
- The date You cease to be in an Eligible Class;
- The date the Policy terminates. .

Dependent coverage will terminate at the earliest of:

- The end of the period for which premium is paid, subject to the Grace Period;
- The monthly anniversary of the Certificate Effective Date following the date a Dependent ceases to be a Dependent as defined; or

The date Your coverage terminates.

CONTINUATION FOR INCAPACITATED CHILDREN

Dependent children insured hereunder who are incapable of self-sustaining employment due to intellectual or physical incapacity, and who became incapacitated prior to the age at which Dependent coverage would otherwise terminate and who are chiefly dependent on the Insured for support and maintenance, may continue to be covered regardless of age.

You must submit a notice of the Dependent child's incapacity. Coverage for an incapacitated Dependent child will end on the earliest of:

- The date the Dependent obtains self-sustaining employment;
- The date the Dependent ceases to be incapacitated; or
- The date the Dependent ceases to be chiefly dependent upon You for support and maintenance; or
- The monthly anniversary of the Certificate Effective Date following the date We receive Your request to terminate Dependent coverage for Your Dependent child(ren).

DEPENDENT CONVERSION

If coverage on Your Spouse terminates due to Your death or the divorce or annulment of Your marriage, or termination of the domestic partnership, Your Spouse may purchase critical illness insurance. Your Spouse may elect to include coverage for Dependent children if coverage for Dependent children is terminated under this Certificate due to Your death or Your request at the time of the divorce or annulment or termination of the domestic partnership.

The Spouse must apply for conversion within 60 days after the death, divorce or annulment or termination of the domestic partnership and pay the premium for the continued coverage within 31 days after enrollment is made. No evidence of insurability will be required.

The effective date of the new coverage will be the effective date of the termination of coverage under this Certificate. The benefits provided shall be similar to the benefits provided under this Certificate. Premium for the new coverage will be based on the age of the Spouse, the form and amount of insurance issued.

(The rest of the page intentionally left blank)

PORTABILITY PRIVILEGE
We will provide critical illness insurance portability coverage subject to this provision.

You may continue Your coverage in a separate class subject to the following conditions:

- Your coverage under the Policy terminated because the Policy was cancelled or You are no longer in an Eligible Class;
- We receive Your request and payment of the first premium for the portability coverage no later than 60 days after Your Active Employment with the Policyholder ends; and
- The request is made on a form or through a process We approve for that purpose.

No portability coverage will be provided if Your coverage was terminated due to failure to pay premium.
The benefits, terms, and conditions of the portability coverage will be the same as those provided under the Policy when Your Active Employment with the Policyholder ended. Portability coverage may include any Covered Persons. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

Portability coverage will be effective on the date Your coverage under the Policy terminates or the date Your Active Employment with Policyholder ends.

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which You paid premiums, if You stop making a required premium contribution, subject to the Grace Period.
- The date of Your death.

Total Disability means that You are:

1. Unable to perform Your Occupation;
2. Not working at any occupation for pay or benefits; and
3. Under the Regular Care of a Physician for covered Injury or covered Sickness causing such Total Disability.

(The rest of the page intentionally left blank)

CLAIM PROVISIONS

NOTICE OF CLAIM
A notice of claim must be given to Us at Our Policyholder Service Address, Policyholder Service Web Portal, or Our Telephone Number as shown on the first page of this Certificate or as otherwise designated by Us within 20 days after loss covered by this Certificate occurs or starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received by Us. The notice should include Your name, address, telephone number, and Certificate Number as shown in the Group Number shown on the Certificate Identification page.

CLAIM FORMS
When We receive notice of a claim in writing, We will provide the claimant forms for filing Proof of Loss. If these forms are not sent to the claimant within 15 days of our receipt of the notice of claim, the claimant will meet the Proof of Loss requirement by giving Us a statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision below. Claim forms are also available through Our Policyholder Service Web Portal, or by calling Our Telephone Number as shown on the first page of this Certificate.

PROOF OF LOSS
Proof of Loss means the claim form (or electronic equivalent) and other information requested by Us substantiating the nature and extent of the loss. Proof of Loss must be completed and returned to Us within 120 days after the covered loss begins or as soon as reasonably possible. Except for absence of legal capacity, no claim for benefits will be accepted after one year from the date Proof of Loss is otherwise required. You must give us the information We need to determine the reasonableness of any delay, if a benefit is payable, and how much the benefit should be. Proof of Loss must be in English.

TIME OF PAYMENT OF CLAIMS
Benefits payable under this Certificate will be paid immediately upon Our receipt of Proof of Loss that is satisfactory to Us.

We will notify You within 45 days after receipt of due proof of the status of the claim.

If We deny the claim You will be informed in writing, the reasons for denying it. Upon receipt of any requested additional information We will pay or deny the contested claim within 60 days.

All claims will be paid or denied no later than 120 days after receiving the claim. Overdue payments, if any, will be paid with simple interest at the rate of 10% per year.

PAYMENT OF CLAIMS
After We receive Proof of Loss and process Your claim, We will pay any benefits due. Any accrued benefits unpaid at Your death will be paid to the Beneficiary. If You did not name a Beneficiary, or if no Beneficiary survives You, any benefits due will be paid to Your estate. If benefits are payable to an estate or to a person who cannot give a valid release, We may in our discretion pay up to $3,000 to someone related to You or Beneficiary by blood or marriage. We will be discharged from all liability for any such payment made in good faith.

RECOVERY OF CLAIM OVERPAYMENT
We reserve the right to recover any payment made by Us that were:
- Made in error;
- Made to You and/or any party on Your behalf, where We determine that such payment made is greater than the amount payable under this Certificate; or
- Made to You and/or any party on Your behalf based on fraudulent or misrepresented information.

If benefits are overpaid or paid in error, We have the right to recover the amount overpaid, or paid in error, including but not limited to, by any of the following methods:
- A request for You and/or the Covered Person to make a lump sum payment of the amount overpaid or paid in error; and/or,
- A reduction of any proceeds payable under this Certificate for a then-current or future claim(s) by any amounts overpaid or paid in error.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Certificate is a legal contract between You and Us. The entire contract consists of the Policy, the Certificate(s), Certificate Identification and any enrollment forms, endorsements, riders or amendments. No change in this Certificate will be effective until approved by the President, a Vice President, or the Secretary of our Company. This approval must be noted on or attached to this Certificate. No agent or broker has the authority to change this Certificate or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES

After two (2) years from the Certificate Effective Date, We cannot use misstatements, except fraudulent misstatements, provided by the Policyholder or You to void coverage or deny a claim for loss incurred after the expiration of the two (2) year period.

LEGAL ACTIONS

You cannot bring a legal action to recover benefits under Your Certificate for at least 60 days after You have given Us Proof of Loss. You cannot start such an action after the expiration of the 5 year statute of limitations from the date Proof of Loss is required.

CONFORMITY WITH STATE STATUTES

Any provision of this Certificate which, on its effective date, is in conflict with the laws of the Florida on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT OF ISSUE AGE OR TOBACCO USAGE

If a Covered Person's age has not been stated correctly, an adjustment in premium, coverage, or both, will be made. The adjustment will correct the coverage to what the premium paid would have bought at the Covered Person's true issue age.

If the Covered Person did not accurately state that he or she used tobacco, an adjustment in premium, coverage, or both, will be made.

BENEFICIARY

The Beneficiary for benefits payable upon Your death will be the Beneficiary named during enrollment, or later changed by You. You may change the Beneficiary designation by notice satisfactory to Us. An irrevocable Beneficiary designation may only be changed with the consent of such irrevocable Beneficiary. Unless You specify otherwise, the Beneficiary change will take effect as of the date the notice was signed by You, subject to any payment or other action taken by Us prior to receipt of such notice. The consent of any Beneficiary, other than an irrevocable Beneficiary, is not required to surrender or assign this Certificate, or to make any other changes in this Certificate.

If any Beneficiary dies before You, that Beneficiary's interest will pass to any other designated Beneficiaries according to their respective interests. If more than one Beneficiary is designated in a class, each Beneficiary who survives You will receive an equal portion of any benefits payable unless otherwise set forth in the Beneficiary designation.

If You do not survive, and no Beneficiary is designated, benefits will be paid to the first of the following beneficiary classes in which there is a surviving person:

- Your spouse
- Your children
- Your parents
- Your brothers and sisters
- The executors or administrators of Your estate

We may require any affidavits or statements We deem necessary in making payment under this provision. The Company's decision from such information will be final. Before We receive the affidavits or statements referenced above, We may, at Our option, pay up to $3,000.00 of any benefits to any person We deem to be entitled thereto by reason of having incurred funeral or other expenses related to the last illness or death of the person insured.

PHYSICAL EXAMINATION AND AUTOPSY
We have the right to have a Covered Person examined when and as often as is reasonable during the handling of a claim and do an autopsy where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

NOTICE
If there are any questions about this Certificate, please contact the Policyholder or Us.

CHUBB®

ACE Property & Casualty Insurance Company

Home Office Address: 436 Walnut Street • Philadelphia, PA 19106
Policyholder Service Address: P. O. Box 6700, Scranton, PA 18505-0700
Telephone Number: 1-866-445-8874

CANCER RECOVERY BENEFIT CERTIFICATE RIDER

RIDER SCHEDULE

Rider Issue Date: 1/1/2025

Cancer Recovery Benefit	BENEFIT AMOUNT Insured	Spouse
1st Payment	$5000	$5000
2nd Payment	$5000	$5000

RIDER PROVISIONS

This Certificate Rider ("Rider") is attached to and forms part of the Critical Illness Insurance Certificate ("Certificate"). This Rider was issued on the basis that the information provided by the Policyholder any information provided by You are correct and complete. The telephone number listed above may be used to make inquiries, obtain information above coverage, or receive assistance with resolving complaints.

This Rider is in force as of the Rider Issue Date. The Rider Effective Date is the later of the Rider Issue Date or Your Certificate Effective Date.

This Rider is subject to all the terms, conditions, exclusions, and limitations of the Certificate except as otherwise stated herein. No other Policy or Certificate provision or condition is changed in any way by this Certificate Rider.

DEFINITIONS

Rider Issue Date means the date the Rider is issued to the Certificate and shown in the Rider Schedule.

BENEFITS

CANCER RECOVERY BENEFIT
We will pay the 1st Payment of the Cancer Recovery Benefit six-months after a Covered Person is Diagnosed as having Cancer for which the Standard Critical Illness Benefit for Cancer was payable and while this Rider is in force.

The Cancer Recovery Benefit is payable one time per Covered Person. The Cancer Recovery Benefit is payable up to two Payments per Covered Person.

In the event a Covered Person dies after having Cancer for which the Standard Critical Illness Benefit for Cancer was payable and prior to payment of the Cancer Recovery Benefit, the Cancer Recovery Benefit will be paid to You, or in the event of Your death, to Your Beneficiary.

For ACE Property & Casualty Insurance Company

JOHN J. LUPICA, President

Brandon Peene, Secretary

CHUBB®

ACE Property & Casualty Insurance Company

Home Office Address: 436 Walnut Street • Philadelphia, PA 19106
Policyholder Service Address: P. O. Box 6700, Scranton, PA 18505-0700
Telephone Number: 1-866-445-8874

CANCER SERVICES CERTIFICATE BENEFIT RIDER

RIDER SCHEDULE

Rider Issue Date: January 01, 2025

Covered Person: **Insured & Spouse**

RIDER PROVISIONS

This Certificate Rider ("Rider") is attached to and forms part of the Critical Illness Insurance Certificate ("Certificate"). This Rider was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete. The telephone number listed above may be used to make inquiries, obtain information above coverage, or received assistance with resolving complaints.

This Rider is in force as of the Rider Issue Date. The Rider Effective Date is the later of the Rider Issue Date or Your Certificate Effective Date.

This Rider is subject to all the terms, conditions, exclusions, and limitations of the Certificate except as otherwise stated herein. No other Policy or Certificate provision or condition is changed in any way by this Certificate Rider.

DEFINITIONS

Licensed Certified Genetic Counselor means a person who has a master's degree in genetic counseling, passed a certification exam by the American Board of Genetic Counseling, and is licensed as a genetic counselor by the state in which they provide services.

Oncologist means a Physician, specializing in the diagnosis and treatment of Cancer.

Precision Navigator means a person:

- Who is a Qualified Oncology Nurse; and
- Who helps a Covered Person with a covered claim for which the Standard Critical Illness Benefit for Cancer was payable organize and access the benefits described in Post Diagnosis Service Benefits; and
- Who facilitates and deploys Post Diagnosis Service Benefits.

Provider means a firm or company who provides a service specified as a Proactive Screening, Precision Guidance Service Benefit or a Post Diagnosis Service Benefit specified. Providers do not share any private health information with Us.

Qualified Oncology Nurse means a person with an active registered nurse license and at least two years or 2000 hours working with oncology patients.

BENEFITS

PROACTIVE SCREENING AND PRECISION GUIDANCE SERVICES BENEFIT

As of the Rider Issue Date, all Covered Persons will be provided:

- Access to genomics and cancer- related educational content;
- Personal and family history questionnaire;
- One clinical grade heritable cancer screening to evaluate whether a Covered Person is at an increased risk of developing cancer due to inherited gene mutations. Results will be reevaluated every three years to benefit from advances in medical technology;
- On or after the date of diagnosis, or 12 months after the Rider Issue Date, whichever is sooner, one clinical grade pharmacogenomics screening which assesses how genetic variations affect the way medication is metabolized; and
- In the event of a positive result of clinical grade heritable cancer screening, or abnormal results for pharmacogenomics screening, or both, genetic counseling by a Physician or Licensed Certified Genetic Counselor arranged by a Provided to review screening results.

POST DIAGNOSIS SERVICE BENEFITS

Upon submission of a covered claim for which the Standard Critical Illness Benefit for Cancer was payable, a Precision Navigator will be assigned to work with a Covered Person to access and utilize the following benefits:

Multi-institutional Medical Record Synthesis
Precision Navigator will work with a Covered Person to retrieve records from relevant institutions including but not limited to imaging and affiliated reports, blood tests, doctor's visit reports, and genetic sequencing reports.

Diagnostic Molecular Profiling
Following an evaluation of medical records and bio specimen availability, the Provider will follow a defined workflow to identify relevant diagnostics that may be suitable for the Covered Person. The Precision Navigator will work with Covered Person to execute appropriate diagnostic testing. Covered Person will have access to clinically relevant molecular profiling to identify molecular drivers and care pathways.

Medical Review
Covered Person may obtain a virtual medical review of current treatment, including a second pathology review when appropriate, informed by available medical records and genomic information and conducted by an Oncologist relevant to Covered Person's cancer and genomic status.

Clinical Trial Evaluation
Precision Navigator to initiate clinical trial search and review, eligibility criteria review, and subsequent enrollment support when clinically appropriate.

Precision Report
Precision Navigator will deliver and review with the Covered Person the Precision Report, which will summarize all clinically relevant information including the results of the hereditary cancer screening, Medical Review, Clinical Trial Evaluation, and Diagnostic Molecular Profiling. The Precision Report will provide actionable insights when available about treatment options, care pathways, and clinical trial eligibility.

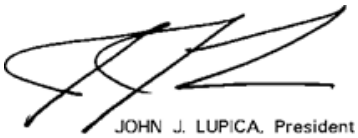
Wellness Assessment and Support
Covered Person will have access to an initial integrative wellness assessment with Precision Navigator. Following the assessment, the Covered Person will have access to an integrative wellness library, which includes resources pertaining to nutrition, physical activity, sleep, stress, community support, and environmental toxins. Covered Person may choose to initiate up to three (3) additional sessions with Precision Navigator each to review and develop personalized wellness strategy.

Recovery Support
The Precision Navigator will coordinate blood-based recurrence monitoring testing when clinically relevant on a yearly basis for a period of 3 years following completion of active treatment.

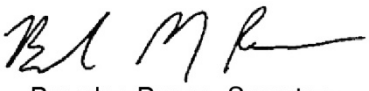
The Post Diagnosis Service Benefits will be provided once per Covered Person per covered claim. In the event the Covered Person goes into remission and the presence of Cancer is later identified, Post Diagnosis Service Benefits will be provided again.

Over time We may add Services to adjust to advances in medical technology.

For ACE Property & Casualty Insurance Company



JOHN J. LUPICA, President



Brandon Peene, Secretary

CHUBB

CHUBB GROUP
U.S. PRIVACY NOTICE

FACTS	WHAT DOES CHUBB GROUP DO WITH YOUR PERSONAL INFORMATION?
Why?	Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: ▪ Social Security number and payment history ▪ insurance claim history and medical information ▪ account transactions and credit scores When you are no longer our customer, we continue to share information about you as described in this notice.
How?	All insurance companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers' personal information; the reasons the Chubb Group chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Chubb share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?	**Call 1-800-258-2930 or go to** https://www2.Chubb.com/us-en/privacy.aspx

Who we are

Who is providing this notice?	The Chubb Group. A list of these companies is located at the end of this document.

What we do

How does Chubb Group protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.
How does Chubb Group collect my personal information?	We collect your personal information, for example, when you ▪ apply for insurance or pay insurance premiums ▪ file an insurance claim or provide account information ▪ give us your contact information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only ▪ sharing for affiliates' everyday business purposes – information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ▪ Our affiliates include those with a Chubb name and financial companies, such as Westchester Fire Insurance Company and Great Northern Insurance Company.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ▪ Chubb does not share with nonaffiliates so they can market to you.
Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. ▪ Our joint marketing partners include categories of companies such as banks.

Other important information

For Insurance Customers in AZ, CA, CT, GA, IL, MA, ME, MN, MT, NV, NC, NJ, OH, OR, and VA only: Under state law, under certain circumstances, you have the right to see the personal information about you that we have on file. To see your information, write Chubb Group, Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. Chubb may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is not accurate, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

For Nevada residents only: We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by calling 1-800-258-2930, emailing us at privacyinquiries@Chubb.com, or writing to Chubb Group, Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. You are being provided this notice under Nevada state law. In addition to contacting Chubb, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing bcpinfo@ag.state.nv.us, or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

For Vermont residents only: Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

Chubb Group Companies Providing This Notice

This notice is being provided by the following Chubb Group companies to their customers located in the United States: ACE American Insurance Company, ACE Capital Title Reinsurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Life Insurance Company, ACE Property and Casualty Insurance Company, Agri General Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Fire and Marine Company, Bankers Standard Insurance Company, Century Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc., Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Pacific Indemnity Company, Penn Millers Insurance Company, Texas Pacific Indemnity Company, Vigilant Insurance Company, Westchester Fire Insurance Company and Westchester Surplus Lines Insurance Company.

Chubb Group

Notice of HIPAA Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is effective as of June 15, 2018.

The Chubb Group of Companies, as affiliated covered and hybrid entities, (the "Company") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information, and to inform you about:

- The Company's uses and disclosures of Protected Health Information ("PHI");
- Your privacy rights with respect to your PHI;
- The Company's duties with respect to your PHI;
- Your right to file a complaint with the Company and to the Secretary of the U.S. Department of Health and Human Services ("HHS"); and
- The person or office to contact for further information regarding the Company's privacy practices.

PHI includes all individually identifiable health information transmitted or maintained by the Company, regardless of form (e.g. oral, written, electronic).

A federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), regulates PHI use and disclosure by the Company. You may find these rules at *45 Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.

I. Notice of PHI Uses and Disclosures

A. Required Uses and Disclosures

Upon your request, the Company is required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of Health and Human Services to investigate or determine the Company's compliance with the privacy regulations.

B. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations

The Company and its business associates will use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations. The Company also may also disclose PHI to a plan sponsor for purposes related to treatment, payment and health care operations and as otherwise permitted under HIPAA to the extent the plan documents restrict the use and disclosure of PHI as required by HIPAA.

Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers. For example, the Company may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

Payment includes, but is not limited to, actions to make coverage determinations and payment (including establishing employee contributions, claims management, obtaining payment under a contract of reinsurance, utilization review and pre-authorizations). For example, the Company may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Company.

Health care operations include, but are not limited to, underwriting, premium rating and other insurance activities relating to creating or reviewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Company may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing

functions. The Company will not use or disclose PHI that is genetic information for underwriting purposes.

The Company also may contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

C. Uses and Disclosures that Require Your Written Authorization

The Company will not use or disclose your PHI for the following purposes without your specific, written authorization:

- Use and disclosure of psychotherapy notes, except for your treatment, Company training programs, or to defend Company against litigation filed by you.
- Use and disclosure for marketing purposes, except for face to face communications with you.
- Use and disclosure that constitute the sale of your PHI. The Company does not sell the PHI of its customers.

Except as otherwise indicated in this notice, uses and disclosures of PHI will be made only with your written authorization subject to your right to revoke such authorization. You may revoke an authorization by submitting a written revocation to the Company at any time. If you revoke your authorization, the Company will no longer use or disclose your PHI under the authorization. However, any use or disclosure made in reliance of your authorization before its revocation will not be affected.

D. Uses and Disclosures Requiring Authorizations or Opportunity to Agree or Disagree Prior to the Use or Release

If you authorize in writing the Company to use or disclose your own PHI, the Company may proceed with such use or disclosure without meeting any other requirements and the use or disclosure shall be consistent with the authorization.

Disclosure of your PHI to family members, other relatives or your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

E. Uses and Disclosures for which Consent, Authorization or Opportunity to Object is Not Required

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

(1) When required by law.

(2) When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls and to conduct post-market surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

(3) When authorized by law to report information about abuse, neglect or domestic violence. In such case, the Company will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law where the parents or other representatives may not be given access to the minor's PHI.

(4) The Company may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

(5) The Company may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Company that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

(6) When required for law enforcement purposes (for example, to report certain types of wounds).

(7) For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Company's best judgment.

(8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. The Company may also disclose your PHI to organ procurement organizations.

(9) The Company may use or disclose PHI for government-approved research, subject to conditions.

(10) When consistent with applicable law and standards of ethical conduct if the Company, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

(11) For certain government functions such as related to military service or national security.

(12) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

(13) That is "incident to" an otherwise permitted use or disclosure of PHI by the Company.

II. Rights of Individuals

A. Right to Request Restrictions on Use and Disclosure of PHI

You may request the Company to restrict its use and disclosure of your PHI to carry out treatment, payment or health care operations, or to restrict its use and disclosure to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Company may not be required to agree to your request, unless you have paid out of pocket in full for services, depending on the specific facts.

The Company will accommodate reasonable requests to receive communications of PHI by alternative means or alternative locations, such as a location other than your home. The Company will accommodate this request if you state in writing that you would be in danger from receiving communications through the normal means.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Such requests should be made to: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

B. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Company maintains the PHI.

"*Protected Health Information*" (PHI) includes all individually identifiable health information transmitted or maintained by the Company, regardless of form.

"*Designated Record Set*" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals.

Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Company is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of Health and Human Services.

C. Right to Amend PHI

You have the right to request the Company to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Company has 60 days after the request to act on the request. A single 30-day extension is allowed if the Company is unable to comply with the deadline. If the request is denied in whole or part, the Company must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

You or your personal representative(s) will be required to complete a form to request amendment of the PHI in your designated record set.

D. Right to Receive an Accounting of PHI Uses and Disclosures

Upon your request, the Company will provide you with an accounting of disclosures by the Company of your PHI during the six (6) years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) prior to the compliance date; or (4) based upon your own written authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Company will charge a reasonable, cost-based fee for each subsequent accounting.

E. Right to Obtain a Paper Copy of This Notice Upon Request (Even if you have consented to receive this notice electronically)

To obtain a paper copy of this notice contact: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

F. Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

The Company retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

III. The Company's Duties

The Company is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices and to notify affected individuals of a breach of unsecured PHI. The Company is required to abide by the terms of this notice.

The Company reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Company prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to all past and present participants and beneficiaries for whom the Company still maintains PHI. This notice and any revised version of this notice will be posted on the Company's internal website or mailed.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Company or other privacy practices stated in this notice.

A. "Minimum Necessary" Standard

When using or disclosing PHI, or when requesting PHI from another covered entity, the Company will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of HHS;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the Company's compliance with legal regulations.

This notice does not apply to information that has been "de-identified." *De-identified information* is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. De-identified information is not individually identifiable health information.

In addition, the Company may use or disclose "summary health information" to a plan sponsor for obtaining premium bids or modifying, amending or terminating the Company, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Company Sponsor has provided health benefits under the Company; and from which identifying information has been deleted in accordance with HIPAA.

IV. Your Right to File a Complaint with the Company or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Company in care of: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802-4822.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W ., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.

Your complaint must be submitted within 180 days of when you believe the violation occurred. The Company will not retaliate against you for filing a complaint.

V. Contact Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact: Leslie Kaltenbach, Senior Privacy Officer & Compliance Manager, Chubb Group, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, phone: 1-833-802- 4822.

VI. Chubb Group Legal Entities

This following is a list of the Chubb Group of Companies located in the United States: ACE American Insurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Life Insurance Company, ACE Property and Casualty Insurance Company, Agri General Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Insurance Company, Century Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc. Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Pacific Indemnity Company, Penn Millers Insurance Company, Vigilant Insurance Company, Westchester Fire Insurance Company, Westchester Surplus Lines Insurance Company, Combined Insurance Company of America, and Combined Life Insurance Company of New York. These companies have designated themselves as *hybrid entities* and only those designated health care components identified by such companies are subject to HIPAA. In addition, these companies are legally separate affiliated companies under common ownership and have designated themselves as a *single covered entity* for purposes of HIPAA compliance.