

BLANKET GROUP ACCIDENT INSURANCE FOR YOUR **SUPPLEMENTAL INSURANCE NEEDS**

AGENT VERSION

not for consumer use



Blanket Group Accident Insurance issued by:
SiriusPoint America Insurance Company.

Billing, Fulfillment and Customer Service
administered by the Third-Party Administrator

H A Partners, Inc. and HealthyAmerica
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BLANKET GROUP ACCIDENT INSURANCE **AGENT GUIDE**

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AGENT GUIDE

This guide is not for consumer use. This is an in-depth agent guide to get you familiar with the Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company to the United Business Association. In this guide you will find:



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AGENT-SPECIFIC REQUIREMENTS

The following need to be included and compliance practices followed when conducting a sales presentation to market the Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company.

SALES PROCESS

When enrolling a new member, make sure to read all the information on the enrollment application to the potential member.

This includes:

- Any Acknowledgments
- Disclosures
- Fraud Notices
- Limitations & Exclusions

The applicant must also be told during the enrollment process that they are joining the United Business Association along with the cost of the \$10 membership dues that are separate from any Blanket Group Accident Insurance premiums and membership plan costs.

The application needs to be reviewed, e-signed and accepted by the applicant. This includes any state specific information, disclosures, and forms, required for that member's state.

OTHER IMPORTANT COMPLIANCE GUIDELINES

- No-Auto Dialers for lead generation.
- Only sell in states you are licensed and appointed with the carrier.
- You should record the sale (if sale is conducted by phone) from start to finish of the sale for your protection and the carrier's protection in case of a complaint.
- Give an accurate and true representation of the Blanket Group Accident Insurance provided in the plan (including state variations).
- Give the member a copy of the state-specific Certificate **BEFORE** you enroll the potential member so that they can review the group insurance coverage along with all the exclusions, limitations, terms, provisions and conditions.
- Abide by all state and federal laws and regulations with regards to any insurance marketed
- Make sure to explain the cost breakdown to member (Association Dues vs premium) don't lump entire cost or plans together (including additional plans you are selling outside of the UBA plans. Make sure it is clear to the member what they are actually buying and how the cost breaks down for each plan they are purchasing at the same time.) When selling multiple insurance plans, make sure to discuss each type of insurance (i.e. Blanket Group Accident, Group Hospital Indemnity, Group Critical Illness, etc.) Discuss as separate insurance coverage even though they may be part of the same plan. Make sure to distinguish the coverage separately so that the member understands all of the insurance in their selected plan, including any important conditions, limitations and exclusions relative to each coverage.
- Do use the member's correct email address on the enrollment application. This is incredibly important because the email address allows the member to properly review the app, verify, read all state-specific disclaimers, e-sign the enrollment application, receive acceptance email along with link to the member portal which will include the member's ID Card, Certificate and any State Endorsements or Amendatory Riders along with any required State documents, copy of completed and signed application and forms and finally, the United Business Association Member Guide.
- Do not try to circumvent the application by entering a wrong information such as: state that is available instead of the member's residing state, wrong date of birth's so that the member meets the age requirement, a child 18 and over with the siblings as their dependents, another person's agent code to complete the app due to non-appointment or not being licensed in a state, and changing answers on the application from a potential member to bypass any pass/fail application questions.

ELIGIBILITY

Looking for coverage for the member, member & spouse or the entire family? Find out the eligibility requirements for enrollment in the Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company.

PRIMARY MEMBER

Ages 18 to under 65 years of age

ELIGIBLE DEPENDENTS

Spouse: Under 70 or 71

(depending on state - see definitions for any state variations)

Dependent Children[^]: Unmarried and under 26

(Coverage ends for dependent children at age 26 in most states - see definitions for any state variations.)

(See the variations for the definitions of Child, Dependent Children, Domestic Partner, Civil Union Partner and Spouse for state-specific variations on pages 19-32.)



This is a very brief description of the Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

HIGHLIGHT ¹ OF SCHEDULE OF BENEFITS	GAP BASIC GAP 5000 GAP 5000+	GAP 10 GAP 10000	UBA ACCIDENT UBA ACCIDENT+ GAP 25 GAP 25000 GAP EDGE+
ACCIDENTAL DEATH & DISMEMBERMENT, BENEFITS			
PRINCIPAL SUM	\$2,500	\$5,000	\$5,000
TIME PERIOD FOR LOSS	within 365 days of Accident	within 365 days of Accident	within 365 days of Accident
ACCIDENT MEDICAL EXPENSE BENEFITS [†]			
ANNUAL MAXIMUM FOR ALL ACCIDENT MEDICAL	\$5,000	\$10,000	\$25,000
FIRST COVERED EXPENSES MUST BE INCURRED WITHIN	90 days after the Covered Accident	90 days after the Covered Accident	90 days after the Covered Accident
BENEFIT PERIOD	365 days from the date of the Covered Accident	365 days from the date of the Covered Accident	365 days from the date of the Covered Accident
DEDUCTIBLE (Deductible must be satisfied within each calendar year)	\$100.00 applies to each Covered Accident	\$100.00 applies to each Covered Accident	\$100.00 applies to each Covered Accident
TERMS OF PAYMENT SCOPE OF COVERAGE	Full Excess	Full Excess	Full Excess

†ACCIDENT MEDICAL BENEFITS

Any benefit limits and benefit percentages for Accident Medical Benefits apply, unless otherwise specified, **on a per Covered Person – per Covered Accident basis**. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

From the above paragraph, in these state-specific Certificates: **DC, IN, KS, LA, MO, NC, & VA**; the language: **“per Covered Accident basis”** replaces a **“per Covered Person - per Accident basis”**.

Accident only coverage is designed to provide, to Covered Persons, coverage for certain losses resulting from a covered accident ONLY, subject to any conditions, limitations and exclusions. Benefits are not payable for losses due to sickness. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

In DC, IN, KS, LA, MO, NC & VA. There are slight variances in all descriptions in the Certificates that were not mentioned in the Agent Guide specifically since the meaning was the same. These 7 states use the language “You and Yours” everywhere you see “Covered Person” and it replaces the word “Policy” with “Certificate”. This is throughout all definitions, descriptions, exclusions, etc in this Agent Guide.

¹This is a very brief description of the Blanket Group Accident Insurance and Covered Expenses issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

SCOPE OF COVERAGE

(applicable to expense-incurred medical benefits)

Covered Expenses and any applicable Deductibles are shown in the Schedule of Benefits.

Other Health Care Plan Benefits

When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by the Policy will be reduced.

Full Excess Medical Expense

We will pay Covered Expenses:

1. after the Covered Person satisfies any Deductible; and
2. only when they are in excess of amounts payable by any other Health Care Plan whether or not claim has been made for benefits it provides.

We will pay benefits without regard to any Coordination of Benefits provision in such Health Care Plan.

Any Covered Expenses payable under this provision will be reduced by the amount the Health Care Plan would have paid had its services or facilities been utilized if:

1. the Covered Person has coverage under another Health Care Plan; and
2. the other Health Care Plan is an HMO, PPO or similar arrangement; and
3. the Covered Person does not use the facilities or services of the HMO, PPO or similar arrangement.

Covered Expenses payable will not be reduced for emergency treatment within 24 hours after a Covered Accident which occurred outside the geographic service area of the HMO, PPO or similar arrangement.

Definitions For purposes of the Accident Medical Benefits provided by the Policy:

HMO Health Maintenance Organization means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider of service.

PPO Preferred Provider Organization means an organization offering health care services through designated health care providers who agree to perform these services at rates lower than Non-Preferred Providers.

ADDITIONAL STATE VARIATIONS OF SCOPE OF COVERAGE:

To view state variations from what is listed above, go to the page # listed below to see the correct language based on the Certificate of Insurance for that state.

Kansas **see page 7** for KS Certificate Variation
Missouri **see page 7** for MO Certificate Variation

This Section describes the Scope of Coverage for which Medical Benefits are payable and the Expense-Incurred Medical Benefits provided by the Policy. Any applicable benefit percentages, benefit deductibles, benefit periods, benefit limits and maximums are shown in the Schedule of Benefits. Please read these and the General Exclusions Sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

This is a very brief description of the Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

STATE VARIATIONS OF SCOPE OF COVERAGE:

KANSAS SCOPE OF COVERAGE

(applicable to expense-incurred medical benefits)

Covered Expenses and any applicable Deductibles are shown in the Schedule of Benefits.

Other Health Care Plan Benefits

When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by the Policy will be reduced.

Full Excess Medical Expense

1. after You satisfy any Deductible; and
2. only when they are in excess of amounts payable for the same loss, on a provision of service basis or an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid).

If one or more of the other policies, plans or service contracts provide benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy has been in effect for the longer period of time at date of such loss. We will pay benefits without regard to any Coordination of Benefits provision in such Health Care Plan.

Any Covered Expenses payable under this provision will be reduced by the amount the Health Care Plan would have paid had its services or facilities been utilized if:

1. You have coverage under another Health Care Plan; and
2. the other Health Care Plan is an HMO, PPO or similar arrangement; and
3. You do not use the facilities or services of the HMO, PPO or similar arrangement.

Covered Expenses payable will not be reduced for emergency treatment within 24 hours after a Covered Accident which occurred outside the geographic service area of the HMO, PPO or similar arrangement.

Definitions For purposes of the Accident Medical Benefits provided by the Policy:

HMO Health Maintenance Organization means any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider of service.

PPO Preferred Provider Organization means an organization offering health care services through designated health care providers who agree to perform these services at rates lower than Non-Preferred Providers.

MISSOURI SCOPE OF COVERAGE

(applicable to expense-incurred medical benefits)

Covered Expenses and any applicable Deductibles are shown in the Schedule of Benefits.

Other Health Care Plan Benefits

When another Health Care Plan provides benefits in the form of services rather than cash payments, We will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by this Policy will be reduced.

Full Excess Medical Expense

1. after You satisfy any Deductible; and
2. only when they are in excess of amounts payable for the same loss, on a provision of service basis or an expense incurred basis under any medical or service contract, self-funded plan, automobile medical payment coverage, or any plan under federal, state or local law (except Medicaid).

If one or more of the other policies, plans or service contracts provide benefits on an excess insurance or an excess coverage basis, benefits should be paid first by the company or service plan whose policy has been in effect for the longer period of time at date of such loss. We will pay benefits without regard to any Coordination of Benefits provision in such Health Care Plan.

Any Covered Expenses payable under this provision will be reduced by the amount the Health Care Plan would have paid had its services or facilities been utilized if:

1. You have coverage under another Health Care Plan; and
2. the other Health Care Plan is an HMO or PPO; and
3. You do not use the facilities or services of the HMO or PPO.

Covered Expenses payable will not be reduced for emergency treatment within 24 hours after a Covered Accident which occurred outside the geographic service area of the HMO or PPO.

Definitions For purposes of the Accident Medical Benefits provided by the Policy:

Health Maintenance Organization means any person, natural or corporate, or any groups of such persons who enter into an arrangement, agreement or plan or any combination of arrangements or plans which propose to provide or offer, or which do provide or offer, a comprehensive health services plan.

PPO Preferred Provider Organization means an organization offering health care services through designated health care providers who agree to perform these services at rates lower than Non-Preferred Providers.

¹This is a very brief description of the Blanket Group Accident Insurance and Covered Expenses issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

DESCRIPTION OF HAZARDS*

The benefits provided by the Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages to protect against hazards that may occur during specific activities, situations or events.

- Exposure and Disappearance Coverage
- 24-Hour Coverage

EXPOSURE AND DISAPPEARANCE COVERAGE

We will pay benefits provided by the Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Injury which results directly and independently of all other causes[‡] from a Covered Accident that results in the Covered Person's unavoidable exposure to the elements following the forced landing, sinking, stranding or wrecking of a vehicle.

If the Covered Person disappears and is not found within one year from the date of wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under the Policy, it will be presumed that the Covered Person's death resulted directly and independently of all other causes[‡] from a Covered Accident.

24-HOUR COVERAGE

We will pay benefits provided by the Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Injury resulting directly and independently of all other causes[‡] from a Covered Accident that occurs any time while insured by the Policy.

Exclusions

This coverage will not be in effect while the Covered Person is participating in any activity, including tryouts, practice or any competitions or games for school and professional sports.

STATE VARIATIONS

(In **DC, IN, KS, LA, NC & VA**, there are 2 variations in the Certificates of Insurance from what is listed above. (1) Where it has Covered Person in the paragraphs above, the Certificates of Insurance replace the term with "Your or You" and (2) under the Exclusions above, the Certificates of Insurance also add: Other exclusions that apply to this Condition of Coverage are in the General Exclusions Section.)

([‡]In **IL** there is one variation in which the statements above: "independently of all other cause"s is removed based on the IL Certificate of Insurance.)

(In **MO**, there are 2 variations in the Certificates of Insurance from what is listed above. (1) Where it has Covered Person in the paragraphs above, the Certificates of Insurance replace the term with "Your or You" and (2) under the Exclusions section above, the word Exclusions is replaced with Limitations.

This Section describes the Conditions of Coverage[§] under which benefits provided by the Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage[§] may apply. Please read these and the General Exclusions sections in order to understand all of the terms, conditions and limitations of coverage.

[§]In **MO**, this section in the MO Certificate is called **Hazards Insured Against** in lieu of Covered Conditions as in the other State Certificates The "Conditions of Coverage" is replaced with "hazards for which You are Insured" and "Condition of Coverage" is replaced with "hazards".

This is a very brief description of the Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

DESCRIPTION OF BENEFITS

BENEFITS FOR BLANKET GROUP ACCIDENTAL DEATH AND DISMEMBERMENT

Covered Losses

We will pay the benefit for any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss that results, directly and independently of all other causes[‡], from a Covered Accident within the applicable time period specified in the Schedule of Benefits.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, We will pay the Benefit for the Covered Loss for which the largest benefit is payable

[‡]In IL, the statement “independently of all other causes” from Covered Losses is removed based on the IL Certificate.

LOSS	PERCENTAGE OF PRINCIPAL SUM
Loss of Life	100%
Loss of Both Hands or Feet	100%
Loss of Sight Both Eyes	100%
Loss of Speech and Hearing (in both ears)	100%
Loss of one Hand or Foot	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%
Loss of Sight in One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

LOSS OF HAND OR FOOT

means complete Severance through or above the wrist or ankle joint.

LOSS OF SIGHT*

means the total, permanent Loss of Sight of one or both eyes. The Loss of Sight must be irrecoverable by natural, surgical or artificial means

LOSS OF SPEECH

means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

LOSS OF HEARING

means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

LOSS THUMB & INDEX FINGER

means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

SEVERANCE

means complete separation and dismemberment of the part from the body

*MO STATE VARIATION OF LOSS OF SIGHT:

Loss of Sight means the total, permanent inability to see with one or both eyes. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

This Section describes the Accident Indemnity Benefits provided by the Policy. Benefit amounts, Benefit Periods and any applicable aggregate and benefit-specific maximums are shown in the Schedule of Benefits. Please read these and the General Exclusions sections in order to understand all of the terms, conditions and limitations applicable to these Benefits.

[‡]This is a very brief description of the Blanket Group Accident Insurance and Covered Expenses issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

DESCRIPTION OF BENEFITS

ACCIDENT MEDICAL EXPENSE BENEFITS

We will pay the benefits shown in the Schedule of Benefits for Covered Expenses Incurred by the Covered Person, subject to all applicable conditions and exclusions, for Appropriate Treatment of a Covered Injury that resulted directly and independently of all other causes[‡] from a Covered Accident.

Benefits will be paid:

1. when Covered Expenses Incurred exceed any applicable individual Deductible within the number of days from the date of the Covered Accident specified in the Schedule of Benefits; and
2. as long as the first Covered Expense has been Incurred within the number of days specified in the Schedule of Benefits; and
3. until any applicable Benefit Period shown in the Schedule of Benefits has expired; and
4. until Benefits paid for all Covered Persons insured under the Policy equal the Total Maximum for Accident Medical Expense Benefits shown in the Schedule of Benefits.

[‡]In IL, the statement "independently of all other causes" from Accident Medical Expense Benefits is removed based on the IL Certificate.

ADDITIONAL STATE VARIATIONS OF ACCIDENT MEDICAL EXPENSE:

To view state variations from what is listed above, go to the page # listed below to see the correct language based on the Certificate of Insurance for that state.

District of Columbia	see page 11 for DC Certificate Variation
Indiana	see page 11 for IN Certificate Variation
Kansas	see page 11 for KS Certificate Variation
Louisiana	see page 11 for LA Certificate Variation
Missouri	see page 11 for MO Certificate Variation
North Carolina	see page 11 for NC Certificate Variation
Virginia	see page 11 for VA Certificate Variation

This Section describes the Scope of Coverage for which Medical Benefits are payable and the Expense-Incurred Medical Benefits provided by the Policy. Any applicable benefit percentages, benefit deductibles, benefit periods, benefit limits and maximums are shown in the Schedule of Benefits. Please read these and the General Exclusions Sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

This is a very brief description of the Blanket Group Accident Insurance and Covered Expenses issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

STATE VARIATIONS OF ACCIDENT MEDICAL EXPENSE:

(Description of Benefits continued)

DISTRICT OF COLUMBIA (DC)

INDIANA

KANSAS

LOUISIANA

MISSOURI

NORTH CAROLINA

VIRGINIA

The states listed above replace the Accident Medical Expense Benefit Description with the language below based on the state-specific Certificates of Insurance.

ACCIDENT MEDICAL EXPENSE BENEFITS

We will pay the benefits shown in the Schedule of Benefits for Covered Expenses You Incur, subject to all applicable conditions and exclusions, for Appropriate Treatment of a Covered Injury that resulted directly and independently of all other causes from a Covered Accident.

Benefits will be paid:

1. when Covered Expenses Incurred exceed any applicable individual Deductible within the number of days from the date of the Covered Accident specified in the Schedule of Benefits; and
2. as long as the first Covered Expense has been Incurred within the number of days specified in the Schedule of Benefits; and
3. until any applicable Benefit Period shown in the Schedule of Benefits has expired; and
4. until the total of Covered Expenses paid equals any applicable Benefit Limit or Maximum Benefit shown in the Schedule of Benefits.

This Section describes the Scope of Coverage for which Medical Benefits are payable and the Expense-Incurred Medical Benefits provided by the Policy. Any applicable benefit percentages, benefit deductibles, benefit periods, benefit limits and maximums are shown in the Schedule of Benefits. Please read these and the General Exclusions Sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

This is a very brief description of the Blanket Group Accident Insurance and Covered Expenses issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

The definitions below are for all Blanket Group Accident Insurance states issued by SiriusPoint America Insurance Company to United Business Association (**based on the TX Certificate of Insurance**). Some states may have variations or added definitions. Those variations and added definitions will be located between pages 19-32. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

DEFINITION TERM ¹	DEFINITION MEANING ¹
BLANKET GROUP ACCIDENT INSURANCE	
Aircraft	<p>Aircraft means a vehicle which:</p> <ol style="list-style-type: none"> 1. has a valid Certificate of Airworthiness; and 2. is being flown by a properly qualified pilot with a valid license to operate the Aircraft.
Appropriate Treatment	<p>Appropriate Treatment means care, services or supplies provided to a Covered Person, solely by or at the direction of a treating Physician exercising prudent medical judgment and acting independently of the Company, for the purpose of evaluating, diagnosing or treating a Covered Injury sustained as the direct result of a Covered Accident, that are:</p> <ol style="list-style-type: none"> 1. in accordance with generally accepted standards of medical practice; 2. clinically appropriate, in terms of type, frequency, extent, site and duration; 3. considered effective for the Covered Injury; 4. not primarily for the convenience of the Covered Person, the Covered Person's Physician or any other Physician; and 5. not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results for the diagnosis or treatment of a Covered Injury. <p>For the purposes of this definition, Generally Accepted Standards of Medical Practice means:</p> <ol style="list-style-type: none"> a. standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community; b. Physician and health care provider specialty society documents; c. The views of Physicians and health care providers practicing in the relevant clinical areas; and d. any other relevant factors.
Benefit Percentage	<p>Benefit Percentage means the percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the Schedule of Benefits.</p>
Benefit Period	<p>Benefit Period means a period, shown in the Schedule of Benefits and commencing with the date of the first Covered Expense Incurred for treatment of a Covered Injury sustained as the direct result of a Covered Accident, during which Benefits are payable.</p>
Certificate of Airworthiness	<p>Certificate of Airworthiness means the standard airworthiness certificate issued by the Federal Aviation Administration of the United States or its foreign equivalent.</p>
Company or We, Us, Our	<p>Company or We, Us, Our means SiriusPoint America Insurance Company, domiciled in New York, New York.</p>
Conveyance	<p>Conveyance means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority.</p> <p>DC, IN, KS, LA, MO, NC, & VA do <u>not</u> include this definition in the state-specific Certificates of Insurance.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details.

The definitions below are for all Blanket Group Accident Insurance states issued by SiriusPoint America Insurance Company to United Business Association (**based on the TX Certificate of Insurance**). Some states may have variations or added definitions. Those variations and added definitions will be located between pages 19-32. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

DEFINITION TERM ¹	DEFINITION MEANING ¹
BLANKET GROUP ACCIDENT INSURANCE	
Covered Accident	<p>Covered Accident means a sudden, unforeseeable event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:</p> <ol style="list-style-type: none"> 1. occurs while the Covered Person is insured under the Policy; 2. occurs under one of the Conditions of Coverage specified in the Schedule of Benefits; 3. is not contributed to by disease, Sickness, or mental or bodily infirmity; 4. is not otherwise excluded under the terms of the Policy. <p>Illinois has a variation based on the IL Certificate. See page 23 for variation of definition language.</p>
Covered Expenses	<p>Covered Expenses means the Usual and Customary charges for services or supplies listed in the Schedule of Benefits, and described in the Accident Medical Benefits section, that the Covered Person Incurs during the Benefit Period for Appropriate Treatment of a Covered Injury. A Physician must recommend and approve these services or supplies.</p>
Covered Injury	<p>Covered Injury means any bodily harm that results, directly and independently of all other causes, from a Covered Accident. A Covered Injury does not include aggravation of an injury sustained before the Covered Accident.</p> <p>Illinois has a variation based on the IL Certificate. See page 23 for variation of definition language.</p>
Covered Person	<p>Covered Person means an Eligible Person, as defined in the Schedule of Benefits, for whom an enrollment form has been accepted by Us and required premium has been paid when due, and for whom coverage under the Policy remains in force.</p>
Covered Loss	<p>Covered Loss means a loss:</p> <ol style="list-style-type: none"> 1. which is the result of a Covered Injury to a Covered Person; 2. for which benefits are payable under the Policy; and 3. which is not otherwise excluded under the terms of the Policy. <p>Kentucky has a variation based on the KY Certificate. See page 25 for variation of definition language.</p>
<p>Covered Activity:</p> <p>ONLY These states have this <u>additional</u> definition: DC, IN, KS, LA, NC, & VA</p> <p>(Missouri has this additional definition but there is a variation from the definition listed here)</p>	<p>Covered Activity means any recurring activity or even that is shown in the Schedule of Benefits and:</p> <ol style="list-style-type: none"> 1. takes place under one of the Conditions of Coverage specified in the Schedule of Benefits; and 2. is sponsored, organized, scheduled or otherwise provided by the Policyholder. <p>The activity must be under sole direct supervision of qualified Policyholder authorities and may, if specified in the Policy, include Policyholder sponsored and supervised travel to and from such an activity.</p> <p>Missouri has a variation based on the MO Certificate. See page 26 for variation of definition language.</p>
Deductible	<p>Deductible means the amount of Covered Expenses that each Covered Person must Incur, as applicable, before benefits are paid under the Policy. The Deductible may apply to each Covered Accident or each Policy Term, as shown in the Schedule of Benefits.</p>

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The definitions below are for all Blanket Group Accident Insurance states issued by SiriusPoint America Insurance Company to United Business Association (**based on the TX Certificate of Insurance**). Some states may have variations or added definitions. Those variations and added definitions will be located between pages 19-32. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

DEFINITION TERM ¹	DEFINITION MEANING ¹
BLANKET GROUP ACCIDENT INSURANCE	
Dependent Spouse & Domestic Partner	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse who is age 18 years and under Age 71; 2. the Covered Person's eligible domestic partner who is a person that: <ol style="list-style-type: none"> a. shares the Covered Person's Home; b. has resided with the Covered Person continuously for at least six months and is expected to reside with the Covered Person indefinitely; c. is financially interdependent with the Covered Person in each of the following ways: <ol style="list-style-type: none"> i. by holding one or more credit or bank accounts, including a checking account, as joint accountholders; ii. by owning or leasing their Home as joint tenants; iii. by naming, or being named by, the Covered Person as a beneficiary of life insurance or under a will; iv. by each agreeing in writing to assume financial responsibility for the welfare of the other; d. has signed a domestic partner declaration with the Covered Person, if he resides in a jurisdiction which provides for a Domestic Partner declaration; e. has not signed a domestic partner declaration with any other person within the last 12 months; f. is no less than 18 years of age and not more than 70 years of age; g. is not legally permitted to marry the Covered Person; h. is not legally married to any other person; i. is not a blood relative any closer than would prohibit legal marriage. <p>In addition to the above requirements, consent of either party due to the domestic partner relationship must not have been obtained by force, duress or fraud.</p> <p>A Covered Person may insure a domestic partner if all of the following conditions are met:</p> <ol style="list-style-type: none"> i. the Covered Person has not been married to any person within the past 12 months; ii. the domestic partner is the only person meeting the Policy's requirements of a domestic partner with respect to the Covered Person; iii. the Covered Person and the domestic partner furnish a notarized affidavit or signed statement reflecting these requirements, and an agreement to notify Us that the requirements cease to be met, on a form acceptable to Us.
Dependent Unmarried Children	<ol style="list-style-type: none"> 3. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from birth to 25 years old; b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>
Dependent State Variations:	<p>Alabama has a variation based on the AL Certificate. See page 19 for variation of definition language.</p> <p>Arkansas has a variation based on the AR Certificate. See page 19 for variation of definition language.</p> <p>Colorado has a variation based on the CO Certificate. See page 20 for variation of definition language.</p> <p>District of Columbia has a variation based on the DC Certificate. See page 20 for variation of definition language.</p> <p>Delaware has a variation based on the DE Certificate. See page 21 for variation of definition language.</p> <p>Georgia has a variation based on the GA Certificate. See page 22 for variation of definition language.</p> <p>Illinois has a variation based on the IL Certificate. See page 23 for variation of definition language.</p> <p>Indiana has a variation based on the IN Certificate. See page 24 for variation of definition language.</p> <p>Kansas has a variation based on the KS Certificate. See page 24 for variation of definition language.</p> <p>Louisiana does NOT have a dependent definition in LA Certificate.</p> <p>Missouri does NOT have a dependent definition in MO Certificate.</p> <p>Nevada has a variation based on the NV Certificate. See page 27 for variation of definition language.</p> <p>North Carolina has a variation based on the NC Certificate. See page 27 for variation of definition language.</p> <p>Ohio has a variation based on the OH Certificate. See page 28 for variation of definition language.</p> <p>Oklahoma has a variation based on the OK Certificate. See page 29 for variation of definition language.</p> <p>Rhode Island has a variation based on the RI Certificate. See page 29 for variation of definition language.</p> <p>Tennessee has a variation based on the TN Certificate. See page 30 for variation of definition language.</p> <p>Virginia has a variation based on the VA Certificate. See page 31 for variation of definition language.</p> <p>West Virginia has a variation based on the WV Certificate. See page 32 for variation of definition language.</p> <p>Wisconsin has a variation based on the WI Certificate. See page 32 for variation of definition language.</p>

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The definitions below are for all Blanket Group Accident Insurance states issued by SiriusPoint America Insurance Company to United Business Association (**based on the TX Certificate of Insurance**). Some states may have variations or added definitions. Those variations and added definitions will be located between pages 19-32. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

DEFINITION TERM ¹	DEFINITION MEANING ¹
BLANKET GROUP ACCIDENT INSURANCE	
He, His & Him	<p>He, His, Him refers to any individual, male or female.</p> <p>DC, IN, KS, LA, MO, NC, & VA do <u>not</u> include this definition in the state-specific Certificates of Insurance.</p>
Health Care Plan	<p>Health Care Plan means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for health care, dental care or disability benefits. A Health Care Plan includes group, blanket, franchise, family or individual:</p> <ol style="list-style-type: none"> 1. insurance policies; 2. subscriber contracts; 3. uninsured or self-funded agreements or arrangements; 4. coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice an individual practice plans; 5. medical benefits provided under automobile "fault" and "no-fault"-type contracts; 6. medical benefits provided by any governmental plan or coverage or other benefit law, except: <ol style="list-style-type: none"> a. a state-sponsored Medicaid plan; or b. a plan or law providing benefits only in excess of any private or non-governmental plan; 7. other valid and collectible medical or health care benefits or services. <p>North Carolina has a variation based on the NC Certificate. See page 28 for variation of definition language. Virginia has a variation based on the VA Certificate. See page 31 for variation of definition language.</p>
Home	<p>Home means the structure or land on which the Covered Person permanently resides.</p>
Hospital	<p>Hospital means an institution that meets all of the following:</p> <ol style="list-style-type: none"> 1. it is licensed as a Hospital pursuant to applicable law; 2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3. it is managed under the supervision of a staff of medical doctors; 4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; 6. it charges for its services. <p>The term Hospital does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none"> 1. rehabilitation, convalescent, custodial, educational or nursing care; 2. the aged, drug addicts or alcoholics; 3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense and there is a legal obligation to pay. <p>Louisiana has a variation based on the LA Certificate. See page 25 for variation of definition language. Missouri has a variation based on the MO Certificate. See page 26 for variation of definition language. North Carolina has a variation based on the NC Certificate. See page 28 for variation of definition language.</p>
Hospital Stay	<p>Hospital Stay means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident. Separate Hospital Stays due to the same Covered Accident will be treated as one Hospital Stay unless separated by at least 90 days.</p> <p>Illinois has a variation based on the IL Certificate. See page 23 for variation of definition language.</p>

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DEFINITION TERM ¹	DEFINITION MEANING ¹
BLANKET GROUP ACCIDENT INSURANCE	
Immediate Family	<p>Immediate Family Member means a person who is related to the Covered Person in any of the following ways: spouse or domestic partner, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent, including stepparent, brother or sister, including stepbrother or stepsister, or child, including legally adopted child or stepchild.</p> <p>These states all have the same Immediate Family definition below that is different from above: CO, DE, IL, IN, KS, LA, MO, NC, OH, OK, RI, VA, WI & WV:</p> <p>Immediate Family Member means a person who is related to the Covered 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, including stepparent, brother or sister, including stepbrother or stepsister, or child, including legally adopted child or stepchild,</p> <p>District of Columbia has a variation based on the DC Certificate. See page 21 for variation of definition language. Missouri replaces the term "Covered Person" in the definition with "You or Your" in the MO definition variation above.</p>
Incurred or Incurs	<p>Incurred or Incurs means an obligation to pay for a Covered Expense for treatment, service or purchase of supplies, deemed to be the date it is provided to the Covered Person.</p>
In-Patient	<p>In-Patient means a Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term "Inpatient" shall mean a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.</p>
Out-Patient	<p>Out-Patient means a Covered Person who receives Appropriate Treatment, services and supplies while not an Inpatient in a Hospital.</p>
Physical Therapy ONLY These states have this <u>additional</u> definition: DC, IN, KS, LA, MO, NC, & VA	<p>Physical Therapy means any form of physical therapy, whether by a machine or hand, by use of exercise, manipulation, massage, adjustment, heat or cold, air, light, water, electricity, or sound.</p>

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DEFINITION TERM ¹	DEFINITION MEANING ¹
BLANKET GROUP ACCIDENT INSURANCE	
Physician	<p>Physician means a licensed health care provider practicing within the scope of his license and rendering care and treatment to the Covered Person that is appropriate for the condition and locality, and who is not:</p> <ol style="list-style-type: none"> 1. the Covered Person; 2. an Immediate Family Member of either the Covered Person or the Covered Person's spouse; 3. a person living in the Covered Person's household; 4. a person employed or retained by the Policyholder; or 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services. <p>District of Columbia has a variation based on the DC Certificate. See page 21 for variation of definition language. Indiana has a variation based on the IN Certificate. See page 24 for variation of definition language. Kansas has a variation based on the KS Certificate. See page 25 for variation of definition language. Louisiana has a variation based on the LA Certificate. See page 25 for variation of definition language. Missouri has a variation based on the MO Certificate. See page 26 for variation of definition language. North Carolina has a variation based on the NC Certificate. See page 28 for variation of definition language. Virginia has a variation based on the VA Certificate. See page 31 for variation of definition language.</p>
Private Passenger Automobile	<p>Private Passenger Automobile means a validly registered, four-wheel private passenger car, including Policyholder-owned cars, campers, motor homes, station wagons, sport utility vehicles, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. Any vehicle being used as a taxicab, bus, or other Public Conveyance will not be considered a Private Passenger Automobile.</p> <p>DC, IN, KS, LA, MO, NC, & VA do <u>not</u> include this definition in the state-specific Certificates of Insurance.</p>
Sickness	<p>Sickness means a physical or mental illness, including pregnancy.</p>
Usual & Customary	<p>Usual and Customary Charge means the normal charge, in the absence of insurance, made by the provider of any Appropriate Treatment, but not more than the prevailing charge in the area:</p> <ol style="list-style-type: none"> 1. for a like service by a provider with similar training or experience; or 2. for a supply that is identical or substantially equivalent.
War	<p>ONLY These states have this <u>additional</u> definition: DC, IN, LA, MO, & NC</p> <p>War means a state or period of declared or undeclared war whether civil or international, any substantial armed conflict with organized forces of a military nature between nations, states, or parties.</p>

The following states have **additional Definitions**. See below for state-specific Additional Definitions and Page Numbers:

INTOXICATED	PG 23 (ILLINOIS)
SURGICAL PROCEDURE	PG 25 (LOUISIANA)
CLEAN CLAIM	PG 26 (MISSISSIPPI)
SURGICAL PROCEDURE	PG 26 (MISSOURI)

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STATE VARIATIONS AND ADDITIONS

DEFINITION STATE VARIATIONS

In this section of the agent guide (pages 12-17), all of the state variations that are different from the definitions listed between pages 19-32 are detailed. The descriptions are done alphabetically. You will find all variations or additions for that state within each state section. Some states may carry over to multiple pages depending on the amount of variations or additions.

Make sure that BEFORE you discuss the right coverage, terms, definitions, limitations and exclusions with a client that you are reviewing the state-specific version so that you are giving the member the correct information for their home state.

QUICK STATE PAGES REFERENCE

ALABAMA	PG 19
ARKANSAS	PG 19
COLORADO	PG 20
DISTRICT OF COLUMBIA (DC)	PGS 20-21
DELAWARE	PG 21
GEORGIA	PG 22
ILLINOIS	PG 23
INDIANA	PG 24
KANSAS	PGS 24-25
KENTUCKY	PG 25
LOUISIANA	PG 25
MISSISSIPPI	PG 26
MISSOURI	PG 26
NEVADA	PG 27
NORTH CAROLINA	PGS 27-28
OHIO	PG 28
OKLAHOMA	PG 29
RHODE ISLAND	PG 29
TENNESSEE	PG 30
VIRGINIA	PG 31
WEST VIRGINIA	PG 32
WISCONSIN	PG 32



DEFINITION TERM ¹	DEFINITION MEANING ¹
ALABAMA	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70, who is a United States citizen or has a permanent Alien Registration Card. Except for purposes of determining initial eligibility, the term includes a spouse who is widowed by or divorced or legally separated from the Covered Person;
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from birth to 25 years old; b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>
ARKANSAS	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70; The term spouse, where referenced in the Policy, shall also mean and include the Covered Person's civil union partner as defined by state law.
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from birth to 25 years old; b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if petition of adopted or foster child and enrollment occurs within 60 days of the child's birth, from the date of placement if petition of adopted or foster child and enrollment occurs 60 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>

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DEFINITION TERM ¹	DEFINITION MEANING ¹
COLORADO	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70; The term spouse, where referenced in the Policy, shall also mean and include the Covered Person's civil union partner as defined by state law.
Dependent (Dependent Children)	<ol style="list-style-type: none"> the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a child from birth to 25 years old; a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. <p>During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year.</p> <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> natural child; adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; stepchild who resides with the Covered Person; child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>
DISTRICT OF COLUMBIA (DC)	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> Your lawful spouse of the same or opposite sex who is age 18 years and under Age 70. The term spouse, where referenced in the Policy, shall also mean and include the Covered Person's civil union partner as defined by state law.
Dependent (Dependent Children)	<ol style="list-style-type: none"> Your unmarried child who is: <ol style="list-style-type: none"> a child from birth to 25 years old; or a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by You. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; or a child who is 25 or more years old, primarily supported by You, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes Your:</p> <ol style="list-style-type: none"> natural child; adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; stepchild who resides with You; child for whom You is legal guardian; grandchild, niece or nephew under the primary care of the Covered Person if the legal guardian of the child is not covered by a similar policy.

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DEFINITION TERM ¹	DEFINITION MEANING ¹
DISTRICT OF COLUMBIA (DC)	
Immediate Family	<p>Immediate Family Member means a person who is related You in any of the following ways: spouse, civil union partner, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent, including stepparent, brother or sister, including stepbrother or stepsister, or child, including legally adopted child or stepchild.</p>
Physician	<p>Physician means a United States- licensed health care provider practicing in the United States within the scope of his license and rendering care and treatment to You that is appropriate for the condition and locality, and who is not:</p> <ol style="list-style-type: none"> 1. You; 2. You or Your Spouse's Immediate Family Member; 3. a person living Your household; 4. a person employed or retained by the Policyholder; or 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.
DELAWARE	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70, who is a United States citizen or has a permanent Alien Registration Card. Except for purposes of determining initial eligibility, the term includes a spouse who is widowed by or divorced or legally separated from the Covered Person;
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from birth to 25 years old; b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>

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DEFINITION TERM ¹	DEFINITION MEANING ¹
<p>GEORGIA</p> <p>Dependent (Dependent Spouse)</p>	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70; The term spouse, where referenced in the Policy, shall also mean and include the Covered Person's civil union partner as defined by state law. 2. the Covered Person's eligible domestic partner who is a person that: <ol style="list-style-type: none"> a. shares the Covered Person's Home; b. has resided with the Covered Person continuously for at least six months to two years and is expected to reside with the Covered Person indefinitely; c. is financially interdependent with the Covered Person in each of the following ways: <ol style="list-style-type: none"> i. by holding one or more credit or bank accounts, including a checking account, as joint accountholders; ii. by owning or leasing their Home as joint tenants; iii. by naming, or being named by, the Covered Person as a beneficiary of life insurance or under a will; iv. by each agreeing in writing to assume financial responsibility for the welfare of the other; d. has signed a domestic partner declaration with the Covered Person, if he resides in a jurisdiction which provides for a Domestic Partner declaration; e. has not signed a domestic partner declaration with any other person within the last 12 to 24 months; f. is no less than 18 to 23 years of age and not more than 60 to 85 years of age; g. is not legally permitted to marry the Covered Person; h. is not legally married to any other person; i. is not a blood relative any closer than would prohibit legal marriage. <p>In addition to the above requirements, consent of either party due to the domestic partner relationship must not have been obtained by force, duress or fraud.</p> <p>A Covered Person may insure a domestic partner if all of the following conditions are met:</p> <ol style="list-style-type: none"> i. the Covered Person has not been married to any person within the past 12 to 24 months; ii. the domestic partner is the only person meeting this Policy's requirements of a domestic partner with respect to the Covered Person; iii. the Covered Person and the domestic partner furnish a notarized affidavit or signed statement reflecting these requirements, and an agreement to notify Us that the requirements cease to be met, on a form acceptable to Us.
<p>Dependent (Dependent Children)</p>	<ol style="list-style-type: none"> 3. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from birth to 25 years old; b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student or if not enrolled, would have been eligible to be enrolled and was only prevented from enrollment due to illness or injury and is primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>

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DEFINITION TERM ¹	DEFINITION MEANING ¹
ILLINOIS	
Covered Accident	<p>Covered Accident means a sudden, unforeseeable event that results directly in a Covered Injury or Covered Loss and meets all of the following conditions:</p> <ol style="list-style-type: none"> 1. occurs while the Covered Person is insured under this Policy; 2. occurs under one of the Conditions of Coverage specified in the Schedule of Benefits; 3. is not caused by disease, Sickness, or mental or bodily infirmity; 4. is not otherwise excluded under the terms of this Policy.
Covered Injury	<p>Covered Injury means any bodily harm that results, directly and independently of disease or bodily infirmity, from a Covered Accident. A Covered Injury does not include aggravation of an injury sustained before the Covered Accident.</p>
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70, who is a United States citizen or has a permanent Alien Registration Card. <p>Except for purposes of determining initial eligibility, the term includes a spouse who is widowed by or divorced or legally separated from the Covered Person;</p> <p>The term spouse, where referenced in the Policy, shall also mean and include the Covered Person's civil union partner as defined by state law.</p>
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from the moment of birth to 26 years old; b. a child who is 26 or more years old but less than 30 years old, enrolled in a school as a full-time student, a student on a medical leave of absence, or a student taking reduced hours to part-time status due to a catastrophic illness or injury and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; c. a child who is 26 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical disability. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may require proof of the continuation of such condition and dependence, but no more than once a year. d. a child who is 26 or more years old but less than 30 years old, an Illinois resident, and has served in the active or a reserve components of the U.S. Armed Forces (including the National Guard) and has received a release or discharge other than dishonorable. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child who is in the custody of the Covered Person pursuant to an interim court order or adoption whichever comes first, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>
Hospital Stay	<p>Hospital Stay means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly from a Covered Accident. Separate Hospital Stays due to the same Covered Accident will be treated as one Hospital Stay unless separated by at least 90 days.</p>
Intoxicated	<p>Intoxicated means that which is defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred.</p>

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DEFINITION TERM ¹	DEFINITION MEANING ¹
INDIANA	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. Your lawful spouse of the same or opposite sex who is age 18 years and under Age 71;
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. Your child who is: <ol style="list-style-type: none"> a. a child from birth to 26 years old; or b. a child who is 26 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by You. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; or c. a child who is 26 or more years old, primarily supported by You, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes Your:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with You; iv. child for whom You is legal guardian.
Physician	<p>Physician means a United States- licensed health care provider practicing in the United States within the scope of his license and rendering care and treatment to You that is appropriate for the condition and locality, and who is not:</p> <ol style="list-style-type: none"> 1. You; 2. You or Your Spouse's Immediate Family Member; 3. a person living Your household; 4. a person employed or retained by the Policyholder; or 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.
KANSAS	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. Your lawful spouse of the same or opposite sex who is age 18 years and under Age 70
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. Your unmarried child who is: <ol style="list-style-type: none"> a. a child from birth to 25 years old; or b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by You. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; or c. a child who is 25 or more years old, primarily supported by You, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes Your:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with You; iv. child for whom You is legal guardian. <p>If You are the legal guardian of a child and you are not a step-parent, grandparent, aunt or uncle, then the child must have resided with You for at least six consecutive months and intend to reside with You for an indefinite period of time.</p>

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DEFINITION TERM ¹	DEFINITION MEANING ¹
KANSAS	
Physician	<p>Physician means a United States- licensed health care provider practicing in the United States within the scope of his license and rendering care and treatment to You that is appropriate for the condition and locality, and who is not:</p> <ol style="list-style-type: none"> 1. You; 2. You or Your Spouse's Immediate Family Member; 3. a person living Your household; 4. a person employed or retained by the Policyholder; or 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.
KENTUCKY	
Covered Loss	<p>Covered Loss means a loss:</p> <ol style="list-style-type: none"> 1. which is the result of a Covered Injury to a Covered Person or the Covered Person's newly born child from the moment of birth for the first 31 days; 2. for which benefits are payable under the Policy; and 3. which is not otherwise excluded under the terms of the Policy.
LOUISIANA	
Hospital	<p>Hospital means an institution that meets all of the following:</p> <ol style="list-style-type: none"> 1. it is licensed as a Hospital pursuant to applicable law; 2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3. it is managed under the supervision of a staff of medical doctors; 4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis. <p>Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital, whether or not You incur an expense as an inpatient.</p> <p>The term Hospital does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none"> 1. rehabilitation, convalescent, custodial, educational or nursing care; 2. the aged, drug addicts or alcoholics; 3. a Veteran's Administration Hospital or Federal Government Hospitals unless You incur an expense and there is a legal obligation to pay.
Physician	<p>Physician means a United States- licensed health care provider practicing in the United States within the scope of his license and rendering care and treatment to You that is appropriate for the condition and locality, and who is not:</p> <ol style="list-style-type: none"> 1. You; 2. You or Your Spouse's Immediate Family Member; 3. a person living Your household; 4. a person employed or retained by the Policyholder; or 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.
Surgical Procedure	<p>Surgical Procedure means:</p> <ol style="list-style-type: none"> 1. a cutting procedure; 2. suturing a wound; 3. treatment of a fracture; 4. reduction of a dislocation; 5. electrocauterization; 6. diagnostic and therapeutic endoscopic procedures; and 7. an operation by means of laser beam.

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DEFINITION TERM ¹	DEFINITION MEANING ¹
MISSISSIPPI	
Clean Claim	<p>Clean Claim means a claim received for adjudication and which requires no further information, adjustment or alteration by the provider of the services or the Covered Person in order to be processed and paid. A claim is clean if it has no defect or impropriety, including any lack of substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under the Time of Payment of Claims provision. A clean claim includes resubmitted claims with previously identified deficiencies corrected.</p>
MISSOURI	
Covered Activity	<p>Covered Activity means any recurring activity or event that is shown in the Schedule of Benefits and:</p> <ol style="list-style-type: none"> 1. takes place occurs while coverage is provided to protect against one of the hazards specified in the Schedule of Benefits; and 2. is sponsored, organized, scheduled or otherwise provided by the Policyholder. <p>The activity must be under sole direct supervision of qualified Policyholder authorities and may, if specified in the Policy, include Policyholder sponsored and supervised travel to and from such an activity.</p>
Hospital	<p>Hospital means an institution that meets all of the following:</p> <ol style="list-style-type: none"> 1. it is licensed as a Hospital pursuant to applicable law; 2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3. it is managed under the supervision of a staff of medical doctors; 4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; <p>Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital, whether or not You incur an expense as an inpatient.</p> <p>The term Hospital does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none"> 1. rehabilitation, convalescent, custodial, educational or nursing care; 2. the aged, drug addicts or alcoholics; 3. a Veteran's Administration Hospital or Federal Government Hospitals unless You incur an expense and there is a legal obligation to pay.
Physician	<p>Physician means a United States- licensed health care provider practicing in the United States within the scope of his license and rendering care and treatment to You that is appropriate for the condition and locality, and who is not:</p> <ol style="list-style-type: none"> 1. You; 2. You or Your Spouse's Immediate Family Member; 3. a person living Your household; 4. a person employed or retained by the Policyholder; or 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.
Surgical Procedure	<p>Surgical Procedure means:</p> <ol style="list-style-type: none"> 1. a cutting procedure; 2. suturing a wound; 3. treatment of a fracture; 4. reduction of a dislocation; 5. electrocauterization; 6. diagnostic and therapeutic endoscopic procedures; and 7. an operation by means of laser beam.

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DEFINITION TERM ¹	DEFINITION MEANING ¹
NEVADA	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70. <p>The term spouse, where referenced in the Policy, shall also mean and include the Covered Person's civil union or domestic partner as defined by state law.</p>
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from birth to 25 years old; b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>
NORTH CAROLINA	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. Your lawful spouse of the same or opposite sex who is age 18 years and under Age 70;
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. Your unmarried child who is: <ol style="list-style-type: none"> a. a child from birth to 25 years old; or b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by You. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; or c. a child who is 25 or more years old, primarily supported by You, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. After that, We may require proof of the continuation of such condition and dependence no more than once a year. 3. dependent child, for purposes of this definition, includes Your: <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with You; iv. child for whom You is legal guardian. <p>If You are the legal guardian of a child and you are not a step-parent, grandparent, aunt or uncle, then the child must have resided with You for at least six consecutive months and intend to reside with You for an indefinite period of time.</p>

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DEFINITION TERM ¹	DEFINITION MEANING ¹
NORTH CAROLINA	
Health Care Plan	<p>Health Care Plan means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for health care, dental care or disability benefits. A Health Care Plan includes group, blanket, franchise, family or individual:</p> <ol style="list-style-type: none"> 1. insurance policies; 2. subscriber contracts; 3. uninsured or self-funded agreements or arrangements; 4. coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice or individual practice plans; 5. medical benefits provided by any governmental plan or coverage or other benefit law, except: <ol style="list-style-type: none"> a. a state-sponsored Medicaid plan; or b. a plan or law providing benefits only in excess of any private or non-governmental plan; 6. other valid and collectible medical or health care benefits or services.
Hospital	<p>Hospital means an institution that meets all of the following:</p> <ol style="list-style-type: none"> 1. it is licensed as a Hospital pursuant to applicable law; 2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; 3. it is managed under the supervision of a staff of medical doctors; 4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.); 5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; 6. it charges for its services. <p>The term Hospital, unless a state tax-supported institution, does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none"> 1. rehabilitation, convalescent, custodial, educational or nursing care; 2. the aged, drug addicts or alcoholics; 3. a Veteran's Administration Hospital or Federal Government Hospitals unless You incur an expense and there is a legal obligation to pay.
Physician	<p>Physician means a United States- licensed health care provider practicing in the United States within the scope of his license and rendering care and treatment to You that is appropriate for the condition and locality, and who is not:</p> <ol style="list-style-type: none"> 1. You; 2. You or Your Spouse's Immediate Family Member; 3. a person living Your household; 4. a person employed or retained by the Policyholder; or 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.
OHIO	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 71.
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from birth to 25 years old; b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>

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DEFINITION TERM ¹	DEFINITION MEANING ¹
OKLAHOMA	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <p>1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70;</p> <p>The term spouse, where referenced in the Policy, shall also mean and include the Covered Person's civil union partner as defined by state law.</p>
Dependent (Dependent Children)	<p>2. the Covered Person's unmarried child who meets the following requirements:</p> <p>a. a child from birth to 25 years old;</p> <p>b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year;</p> <p>c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year.</p> <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <p>i. natural child;</p> <p>ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth;</p> <p>iii. stepchild who resides with the Covered Person;</p> <p>iv. child for whom the Covered Person is legal guardian.</p> <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>
RHODE ISLAND	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <p>1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70.</p> <p>The term spouse, where referenced in the Policy, shall also mean and include the Covered Person's civil union partner as defined by state law.</p>
Dependent (Dependent Children)	<p>2. the Covered Person's unmarried child who meets the following requirements:</p> <p>a. a child from birth to 25 years old;</p> <p>b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year;</p> <p>c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year.</p> <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <p>i. natural child;</p> <p>ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth;</p> <p>iii. stepchild who resides with the Covered Person;</p> <p>iv. child for whom the Covered Person is legal guardian.</p> <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details.

DEFINITION TERM ¹	DEFINITION MEANING ¹
TENNESSEE	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse who is age 18 years and under Age 71; 2. the Covered Person's eligible domestic partner who is a person that: <ol style="list-style-type: none"> a. shares the Covered Person's Home; b. has resided with the Covered Person continuously for at least six months and is expected to reside with the Covered Person indefinitely; c. is financially interdependent with the Covered Person in each of the following ways: <ol style="list-style-type: none"> i. by holding one or more credit or bank accounts, including a checking account, as joint accountholders; ii. by owning or leasing their Home as joint tenants; iii. by naming, or being named by, the Covered Person as a beneficiary of life insurance or under a will; iv. by each agreeing in writing to assume financial responsibility for the welfare of the other; d. has signed a domestic partner declaration with the Covered Person, if he resides in a jurisdiction which provides for a Domestic Partner declaration; e. has not signed a domestic partner declaration with any other person within the last 12 months; f. is no less than 18 years of age and not more than 70 years of age; g. is not legally permitted to marry the Covered Person; h. is not legally married to any other person; i. is not a blood relative any closer than would prohibit legal marriage. <p>In addition to the above requirements, consent of either party due to the domestic partner relationship must not have been obtained by force, duress or fraud.</p> <p>A Covered Person may insure a domestic partner if all of the following conditions are met:</p> <ol style="list-style-type: none"> i. the Covered Person has not been married to any person within the past 12 months; ii. the domestic partner is the only person meeting the Policy's requirements of a domestic partner with respect to the Covered Person; iii. the Covered Person and the domestic partner furnish a notarized affidavit or signed statement reflecting these requirements, and an agreement to notify Us that the requirements cease to be met, on a form acceptable to Us.
Dependent (Dependent Children)	<ol style="list-style-type: none"> 3. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from birth to 25 years old; b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of intellectual or physical disability. At Our expense, proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. newborn natural child from the moment of birth; We may require that You give notice to Us of any newborn children within 90 days of the birth or before the next premium due date, whichever is later; ii. adopted or foster child, from moment of birth if petition of adopted or foster child and enrollment occurs within 60 days of the child's birth, from the date of placement if petition of adopted or foster child and enrollment occurs 60 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details.

DEFINITION TERM ¹	DEFINITION MEANING ¹
VIRGINIA	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. Your lawful spouse of the same or opposite sex who is age 18 years and under Age 70.
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. Your unmarried child who is: <ol style="list-style-type: none"> a. a child from birth to 25 years old; or b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by You. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; or c. a child who is 25 or more years old, primarily supported by You, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes Your:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with You; iv. child for whom You are legal guardian.
Health Care Plan	<p>Health Care Plan means any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for health care, dental care or disability benefits. A Health Care Plan includes group, blanket, family or individual:</p> <ol style="list-style-type: none"> 1. insurance policies; 2. subscriber contracts; 3. uninsured or self-funded agreements or arrangements; 4. coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice an individual practice plans; 5. medical benefits provided under automobile "fault" and "no-fault"-type contracts; 6. medical benefits provided by any governmental plan or coverage or other benefit law, except: <ol style="list-style-type: none"> a. a state-sponsored Medicaid plan; or b. a plan or law providing benefits only in excess of any private or non-governmental plan; 7. other valid and collectible medical or health care benefits or services.
Physician	<p>Physician means a United States- licensed health care provider practicing in the United States within the scope of his license and rendering care and treatment to You that is appropriate for the condition and locality, and who is not:</p> <ol style="list-style-type: none"> 1. You; 2. You or Your Spouse's Immediate Family Member; 3. a person living Your household; 4. a person employed or retained by the Policyholder; or 5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details.

DEFINITION TERM ¹	DEFINITION MEANING ¹
WEST VIRGINIA	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70. <p>The term spouse, where referenced in the Policy, shall also mean and include the Covered Person's civil union partner as defined by state law.</p>
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from birth to 25 years old; b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year; c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>
WISCONSIN	
Dependent (Dependent Spouse)	<p>Dependent means:</p> <ol style="list-style-type: none"> 1. the Covered Person's lawful spouse of the same or opposite sex who is age 18 years and under Age 70.
Dependent (Dependent Children)	<ol style="list-style-type: none"> 2. the Covered Person's unmarried child who meets the following requirements: <ol style="list-style-type: none"> a. a child from birth to 25 years old; b. a child who is 25 or more years old but less than 30 years old, enrolled in a school as a full-time student, or a child due to a medically necessary leave of absence ceases to be a full-time student, and primarily supported by the Covered Person. Coverage will continue during any period between school terms or school years as long as We are provided satisfactory proof that he has enrolled for the next following school term or year or documentation and certification of medical necessity of the leave of absence from the child's attending physician; c. a child who is 25 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year. <p>A dependent child, for purposes of this definition, includes the Covered Person's:</p> <ol style="list-style-type: none"> i. natural child; ii. adopted or foster child, from moment of birth if placement of adopted or foster child occurs within 30 days of the child's birth, from the date of placement if placement of adopted or foster child occurs 30 days or more after the child's birth; iii. stepchild who resides with the Covered Person; iv. child for whom the Covered Person is legal guardian. <p>If the Covered Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him for at least six consecutive months and intend to reside with him for an indefinite period of time.</p>

¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details.



¹This is a very brief description of the definitions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Definitions of each Covered Expense is provided in the Certificate of Insurance. Please review for full details.

GENERAL EXCLUSIONS

In addition to any benefit-specific exclusion, benefits will **not** be paid for any Covered Injury or Covered Loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Policy:

Below Limitations & Exclusions are based on the TX Certificate of Insurance. Any state variations in the Limitations and Exclusions will shown below that Limitation & Exclusion.

(In DC, IN, KS, LA, MO, NC, & VA the above paragraph under General Exclusions is replaced with the following language: In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury, Covered Loss or Covered Expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in this Policy:)

(In IL, the above paragraph under General Exclusions is replaced with the following language: In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury, Covered Loss or Covered Expense which is caused by or results from any of the following unless coverage is specifically provided for by name in this Policy:)

(In NC, there was an additional paragraph under the above: Each of the following bracketed Exclusions will be included or deleted as agreed upon between Us and the Policyholder. Numbers will be adjusted accordingly.)

1. Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
(CO's & MO's #1 exclusion replace the above exclusion language with the following based on the Certificates of Insurance: Intentionally self-inflicted injury, suicide or any attempt thereat while sane;)
2. commission or attempt to commit a felony or an assault;
(IL's #2 exclusion replaces the above exclusion language with the following based on the IL Certificate: commission or attempt to commit a felony or an assault or engaging in an illegal occupation;)
(KS's #2 exclusion replaces the above exclusion language with the following based on the KS Certificate: contributing cause was the Covered Person's commission or attempt to commit a felony or to which a contributing cause was the Covered Person's being engaged in an illegal occupation;)
(NE's #2 exclusion replaces the above exclusion language with the following based on the MS Certificate: commission or attempt to commit a felony;)
(NV's #2 exclusion replaces the above exclusion language with the following based on the NV's Certificate: Injury or death to which a contributing cause was the Covered Person's commission of or attempt to commit a felony. This exclusion does not apply to domestic violence regardless of whether the Covered Person contributed to any loss or injury.)
(TN's #2 exclusion replaces the above exclusion language with the following based on the TN's Certificate: commission or attempt to commit a felony;)
3. active participation in a riot or insurrection;
(AR, DC, DE, IN, KS, LA, MO, NC, RI, VA, WI, & WV's #3 exclusions replace the above exclusion language with the following based on the Certificates of Insurance: commission of or active participation in a riot or insurrection;)
4. bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
5. declared or undeclared War or act of War;
(NC's #5 exclusion replaces the above exclusion language with the following based on the NC Certificate: declared or undeclared War or act of War, unless an act of terrorism;)
(OK's #5 exclusion replaces the above exclusion language with the following based on the OK Certificate: declared or undeclared War or act of War when serving in the military or an auxiliary unit thereto;)
6. flight in, boarding or alighting from an Aircraft, except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;(LA & MO's #6 exclusion replace the above exclusion language with the following based on the Certificates of Insurance: flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface except as:
 - a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
 - b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - c. a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;)

7. travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle;
(DC's #7 exclusion replaces the above exclusion language with the following based on the DC Certificate: travel in or on any on-road and off-road motorized that does not require licensing as a motor vehicle;)
8. participation in any motorized race or contest of speed;
(NE's #8 exclusion replaces the above exclusion language with the following based on the MS Certificate: participation in any organized motorized race or contest of speed;)
9. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid learners permit and (b) the Covered Person is receiving instruction from a Driver's Education Instructor;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
(IL's #10 replaces the above exclusion language with the following based on the IL Certificate: Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except infections which result from an accidental injury or infections which result from an accidental, involuntary or unintentional ingestion of a contaminated substance;)
11. medical or surgical treatment, diagnostic procedure, or administration of anesthesia unless it occurs during treatment of injuries sustained in a Covered Accident;
(LA & MO's #11 replace the above exclusion language with the following based on the Certificates of Insurance: medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Accident;)
12. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
(NV does not have this above exclusion.)
(NV's #12 is the same as the #14 exclusion below.)
13. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
(KS's #13 exclusion replaces the above exclusion language with the following based on the KS Certificate: voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician;)
(NV does not have this above exclusion.)
(NV's #13 is the same as the #15 exclusion below.)
14. injuries compensable under Workers' Compensation law or any similar law;
(NC's #14 exclusion replaces the above exclusion language with the following based on the NC Certificate: Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act;)
(#14 exclusion above is the same as NV's #12 exclusion.)
15. occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law;
(KY does not have this above exclusion.)
(KYs #15 exclusion is the same as the #16 exclusion below.)
(NC does not have this specific exclusion - it is included as part of the #14 exclusion.)
(NC's #15 exclusion is the same as the #16 exclusion below.)
(#15 exclusion above is the same as NV's #13 exclusion.)
16. a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
(#16 exclusion above is the same as KY's #15 exclusion.)
(#16 exclusion above is the same as NC's #15 exclusion.)
(#16 exclusion above is the same as NV's #14 exclusion.)

17. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred.

(AL's #17 exclusion replaces the above exclusion language with the following based on the AL Certificate: operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant unless taken as prescribed by a Physician including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred.)

(#17 exclusion above is the same as KY's #16 exclusion.)

(LA's #17 exclusion replaces the above exclusion language with the following based on the LA Certificate: operating any type of vehicle while under the influence of alcohol or narcotic or other intoxicant including any prescribed drug for which You have been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred.)

(#17 exclusion above is the same as NC's #16 exclusion.)

(NE's #17 exclusion replaces the above language with the following based on the MS Certificate: operating any type of vehicle while under the influence of (a) alcohol or any drug or narcotic unless administered on the advice of a Physician; or (b) any other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred.)

(#17 exclusion above is the same as NV's #15 exclusion.)

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. retained by the Policyholder;

(DC, IN, KS, LA, MO, NC, & VA's #1 replace the language above with the following based on the Certificates: employed or retained by You;)

2. living in the Covered Person's household;

3. an Immediate Family Member of either the Covered Person or the Covered Person's spouse;

4. the Covered Person or Covered Person's Spouse;

(DC, IN, KS, LA MO, NC, & VA do not have this #4 above in the Certificates of Insurance.)

5. a person providing homeopathic, aroma therapeutic, or herbal therapeutic services.

(DC, IN, KS, LA, MO, NC & VA do not have this #5 above in the Certificates of Insurance.)

General Limitations and Exclusions Applicable to Accident Medical Expense Benefits

Non-Duplication of Benefits When The Policy and Other Plans Are Excess

This provision applies if benefits under any other Health Care Plan are covered under the Policy, and coverage under the Policy and the other Plan are excess.

We pay a pro rata share of the total amount of Covered Expenses. In no case will the total benefits payable exceed 100% of the Covered Expenses.

Our pro rata share equals the total of benefits payable under the Policy multiplied by a fraction, of which the numerator is the benefits We pay and the denominator is the total of benefits payable by all Health Care Plans for the same Covered Accident.

(In KS & NC, the above **Non-Duplication of Benefits When the Policy and Other Plans are Excess** is replaced with the following:

This provision applies if:

1. any other Health Care Plan covers You; and

2. total benefits under all Plans would exceed the expenses actually incurred; and

3. We are not defined as primary under another Health Care Plan's Coordination of Benefits provision.

When the total of benefits payable by all Health Care Plans, whether or not claim is made for those benefits, exceeds Covered Expenses incurred, any Expense-Incurred Medical Benefits We pay will be reduced by such excess.)

Excluded Expenses

(This is for all states EXCEPT MO - see below at bottom of page 37 for MO version.)

The following will **not** be considered Covered Expenses unless coverage is specifically provided.

1. Any service, treatment or supply that is not considered Appropriate Treatment as defined in the Policy.
2. Expenses Incurred after the end of the Benefit Period, even if Incurred for continuing services or treatment of a Covered Injury.
3. Whole blood, concentrated red blood cells or blood storage except expenses by a Hospital for processing or administration of blood.
4. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - a. cosmetic surgery resulting from a Covered Accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Covered Accident;
 - b. reconstruction incidental to or following surgery resulting from a Covered Accident;
 - c. any unplanned and unintended adverse consequences that may result during the treatment of a Covered Accident.
5. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
6. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices.
7. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
8. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
9. Rest cures or custodial care.
10. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
11. Personal services such as television and telephone or transportation.
12. Expenses payable by any automobile insurance policy without regard to fault.
(NC does not have this #12 excluded expense exclusion.)
(NC's #12 excluded expense exclusion is the same as #13 excluded expense exclusion below)
13. Treatment or service provided by a private duty nurse.
(#13 excluded expense exclusion above is the same as NC's #12 excluded expense exclusion.)
14. Repair or replacement of existing artificial limbs, eyes and larynx.
(#14 excluded expense exclusion above is the same as NC's #13 excluded expense exclusion.)
15. Treatment of hernia of any kind.
(#15 excluded expense exclusion above is the same as NC's #14 excluded expense exclusion.)

Other Exclusions that apply to this benefit are in the General Exclusions Section.

MISSOURI STATE VARIATION

MO's replacement to the Excluded Expenses above based on the MO Certificate of Insurance:

Limitations

None of the following will be considered Covered Expenses unless coverage is specifically provided.

1. Rest care or rehabilitative care and treatment, custodial care and transportation.
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to:
 - a. cosmetic surgery resulting from a Covered Accident, if initial treatment of You has begun within 12 months of the date of the Covered Accident;
 - b. reconstruction incidental to or following surgery resulting from a Covered Accident.
3. Any elective or routine treatment, surgery, health treatment or examinations that are not related to the treatment of a Covered Accident.
4. Routine eye examinations or the fitting of eyeglasses or contact lenses.
5. Hearing examinations or the fitting of hearing aids.
6. Dental examinations or dental care unless resulting from a Covered Accident.
7. Treatment of injury resulting from a condition that You knew existed on the date of a Covered Accident, unless we have received a written medical release from Your Physician.

The provisions below are for all Blanket Group Accident Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 46-58. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

PROVISION ²	PROVISION DESCRIPTION ²
CLAIMS PROVISIONS	All provisions below are based on the TX Version of the Claims Provision Section. Any State Variations will list the state & Page # to view
Notice of Claim	<p>Notice of Claim Written or authorized electronic/telephonic notice must be given to Us or Our agent within 31 days after a Covered Accident occurs or the loss begins or as soon as reasonably possible, but in no case any longer than 15 months after the date of loss. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at Our Home Office in New York, New York, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.</p> <p>Kentucky has a variation based on the KY Certificate. See page 49 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 52 for variation of provision language. Nebraska has a variation based on the NE Certificate. See page 53 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 54 for variation of provision language</p>
Claim Forms	<p>Claim Forms We send forms for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in the Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.</p>
Claimant Cooperation Provision	<p>Claimant Cooperation Provision Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.</p> <p>Missouri does <u>not</u> have this provision in the MO Certificate.</p>
Proof of Loss	<p>Proof of Loss Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p> <p>District of Columbia has a variation based on the DC Certificate. See page 46 for variation of provision language. Delaware has a variation based on the DE Certificate. See page 47 for variation of provision language. Indiana has a variation based on the IN Certificate. See page 48 for variation of provision language. Kansas has a variation based on the KS Certificate. See page 49 for variation of provision language. Louisiana has a variation based on the LA Certificate. See page 49 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 52 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 54 for variation of provision language. Tennessee has a variation based on the TN Certificate. See page 56 for variation of provision language. Virginia has a variation based on the VA Certificate. See page 57 for variation of provision language. Wisconsin has a variation based on the WI Certificate. See page 57 for variation of provision language.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

The provisions below are for all Blanket Group Accident Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 46-58. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

PROVISION ²	PROVISION DESCRIPTION ²
CLAIMS PROVISIONS	All provisions below are based on the TX Version of the Claims Provision Section. Any State Variations will list the state & Page # to view
Time of Payment of Claims	<p>Time of Payment of Claims We will pay benefits due under the Policy for any loss immediately but in no event later than 60 days after receipt of due written or authorized electronic proof of such loss. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in the Policy.</p> <p>In these states: AR, DC, DE, GA, KS, KY, MO, NC, ND, NE, OH, OK, TN, WI, WV & WY, the provision language above is replaced with the following: Time of Payment of Claims We will pay benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment, immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefit descriptions. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Policy.</p> <p>Colorado has a variation based on the CO Certificate. See page 46 for variation of provision language. Illinois has a variation based on the IL Certificate. See page 48 for variation of provision language. Indiana has a variation based on the IN Certificate. See page 48 for variation of provision language. Louisiana has a variation based on the LA Certificate. See page 50 for variation of provision language. Mississippi has a variation based on the MS Certificate. See page 51 for variation of provision language. Nevada has a variation based on the NV Certificate. See page 54 for variation of provision language. Rhode Island has a variation based on the RI Certificate. See page 56 for variation of provision language. Virginia has a variation based on the VA Certificate. See page 57 for variation of provision language.</p>
Payment of Claims	<p>Payment of Claims All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person or to his estate. If any payee of benefits is a minor or otherwise legally incompetent, we will pay benefits to the person designated as his legal guardian or conservator.</p> <p>If the amount of any benefit payable is determined based on benefits payable under another Health Care Plan, We have the right to require the Covered Person to provide information about that Plan and benefits paid or payable for the same claim before We pay benefits. We may, at Our option, pay any accident medical benefits directly to a health care provider that renders services to the Covered Person, unless the Covered Person requests in writing when submitting the claim that such payment not be made to the provider.</p> <p>If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability for that payment.</p> <p>Georgia has a variation based on the GA Certificate. See page 47 for variation of provision language. Mississippi has a variation based on the MS Certificate. See page 52 for variation of provision language. Missouri has a variation based on the MO Certificate. See page 52 for variation of provision language. Ohio has a variation based on the OH Certificate. See page 55 for variation of provision language. Wyoming has a variation based on the WY Certificate. See page 58 for variation of provision language.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

The provisions below are for all Blanket Group Accident Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 46-58. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

PROVISION ²	PROVISION DESCRIPTION ²
CLAIMS PROVISIONS	All provisions below are based on the TX Version of the Claims Provision Section. Any State Variations will list the state & Page # to view
Beneficiary	<p>Beneficiary The beneficiary is the person or persons the Covered Person names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by the Policy.</p> <p>A beneficiary designation or change will become effective on the date the Covered Person executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.</p> <p>If more than one person is named as beneficiary, the interests of each will be equal unless the Covered Person has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.</p> <p>If there is no named beneficiary or surviving beneficiary, or if the Covered Person dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:</p> <ol style="list-style-type: none"> 1. Spouse or domestic partner; 2. Child or Children; 3. parents; 4. siblings; 5. estate of the Covered Person. <p>In these states: CO, DC, DE, IL, IN, KS, LA, MO, NC, OH, OK, RI, VA, WI, & WV, the provision language above is replaced with the following: (Also, In DC, KS, MO, NC, & VA, the term "Covered Person" is replaced with "You or Yours".)</p> <p>Beneficiary The beneficiary is the person or persons You name or change on a form You execute and which is satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy.</p> <p>A beneficiary designation or change will become effective on the date You execute it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.</p> <p>If more than one person is named as beneficiary, the interests of each will be equal unless You have specified otherwise. The share of any beneficiary who does not survive You will pass equally to any surviving beneficiaries unless otherwise specified.</p> <p>If there is no named beneficiary or surviving beneficiary, or if You die while benefits are payable to You, We may make direct payment to the first surviving class of the following classes of persons:</p> <ol style="list-style-type: none"> 1. Spouse; 2. Child or Children; 3. parents; 4. siblings; 5. Your estate.
Conditional Claim Payment	<p>Conditional Claim Payment If the Covered Person incurs expenses for Covered Injuries received in a Covered Accident and it is likely a third party may be liable, We will pay benefits if:</p> <ol style="list-style-type: none"> 1. the Covered Person first agrees in writing to refund the lesser of: <ol style="list-style-type: none"> a. the amount We actually paid for such expenses; and b. the amount actually received from the third party regardless of whether the amount is for such expenses; and 2. the third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. <p>However, if the third party's liability is satisfied in an amount less than the benefits paid under the Policy, We will pay the difference.</p> <p>Louisiana has a variation based on the LA Certificate. See page 50 for variation of provision language. Nebraska has a variation based on the NE Certificate. See page 53 for variation of provision language. Ohio has a variation based on the OH Certificate. See page 55 for variation of provision language. Tennessee does <u>not</u> have this provision in the TN Certificate.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

The provisions below are for all Blanket Group Accident Insurance states issued by SiriusPoint America Insurance Company to United Business Association (based on the TX Certificate of Insurance). Some states may have variations or added provisions. Those variations and added provisions will be located between pages 46-58. Make sure to review the state variations when marketing to potential members in that state so that you give them correct information for their state.

PROVISION ²	PROVISION DESCRIPTION ²
CLAIMS PROVISIONS	All provisions below are based on the TX Version of the Claims Provision Section. Any State Variations will list the state & Page # to view
Physical Examination and Autopsy	<p>Physical Examination and Autopsy</p> <p>We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.</p> <p>Mississippi has a variation based on the MS Certificate. See page 52 for variation of provision language.</p>
Legal Actions	<p>Legal Actions</p> <p>No action at law or in equity will be brought to recover benefits under the Policy less than 60 days after satisfactory proof of loss has been furnished as required by the Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.</p> <p>Colorado has a variation based on the CO Certificate. See page 46 for variation of provision language.</p>
Recovery of Overpayment	<p>Recovery of Overpayment</p> <p>If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the overpaid amount. 2. A reduction of any amounts payable under the Policy. <p>If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.</p> <p>Kansas does <u>not</u> have this provision in the KS Certificate.</p> <p>Nebraska has a variation based on the NE Certificate. See page 53 for variation of provision language.</p> <p>North Dakota has a variation based on the ND Certificate. See page 54 for variation of provision language.</p> <p>Oklahoma has a variation based on the OK Certificate. See page 55 for variation of provision language.</p> <p>Tennessee has a variation based on the TN Certificate. See page 56 for variation of provision language.</p>
Subrogation	<p>Subrogation</p> <p>We have the right to recover all payments including future payments, which We have made, or will be obligated to pay in the future, to the Covered Person from anyone liable for the Covered Loss. If the Covered Person recovers from anyone liable for the Covered Loss, We will be reimbursed first from such recovery to the extent of Our payments to the Covered Person. The Covered Person agrees to assist Us in preserving Our rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by Us.</p> <p>Illinois has a variation based on the IL Certificate. See page 48 for variation of provision language.</p> <p>Kansas does <u>not</u> have this provision in the KS Certificate.</p> <p>Louisiana has a variation based on the LA Certificate. See page 50 for variation of provision language.</p> <p>Missouri does <u>not</u> have this provision in the MO Certificate.</p> <p>North Carolina does <u>not</u> have this provision in the NC Certificate.</p> <p>Ohio has a variation based on the OH Certificate. See page 55 for variation of provision language.</p> <p>Tennessee has a variation based on the TN Certificate. See page 56 for variation of provision language.</p> <p>Virginia does <u>not</u> have this provision in the VA Certificate.</p>

The following states have **additional Claims Provisions**. See below for state-specific Additional Provision and Page Numbers:

RIGHT OF REIMBURSEMENT	PG 48 (ILLINOIS)
ERRORS RELATED TO COVERAGE	PG 49 (KANSAS)

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

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PROVISION ²	PROVISION DESCRIPTION ²
ADMINISTRATIVE PROVISIONS	All provisions below are based on the TX Version of the Administrative Provision Section. Any State Variations will list the state & Page # to view
Grace Period	<p>Grace Period A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> 1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or 2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and 3. written notice of Our intention not to renew is delivered to the Policyholder at least 31 days before the premium is due. <p>The Policy and all evidences of coverage under the Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time the Policy was in force.</p> <p>Delaware has a variation based on the DE Certificate. See page 47 for variation of provision language. District of Columbia does <u>not</u> have this provision in the DC Certificate. Indiana does <u>not</u> have this provision in the IN Certificate. Kansas does <u>not</u> have this provision in the KS Certificate. Louisiana does <u>not</u> have this provision in the LA Certificate. Missouri does <u>not</u> have this provision in the MO Certificate. North Carolina does <u>not</u> have this provision in the NC Certificate. Rhode Island has a variation based on the RI Certificate. See page 56 for variation of provision language. Virginia does <u>not</u> have this provision in the VA Certificate. Wisconsin has a variation based on the WI Certificate. See page 57 for variation of provision language.</p>
Premiums	<p>Premiums Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for the Policy will be based on the rates set forth in the Premium Rate Table, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the Schedule of Benefits.</p> <p>District of Columbia has a variation based on the DC Certificate. See page 46 for variation of provision language. Indiana has a variation based on the IN Certificate. See page 48 for variation of provision language. Kansas has a variation based on the KS Certificate. See page 49 for variation of provision language. Louisiana has a variation based on the LA Certificate. See page 50 for variation of provision language. Mississippi has a variation based on the MS Certificate. See page 53 for variation of provision language. North Carolina has a variation based on the NC Certificate. See page 54 for variation of provision language. Virginia has a variation based on the VA Certificate. See page 57 for variation of provision language.</p>
Premium Payment	<p>These states DC, IN, KS, LA, MO, NC & VA all have the below provision that none of the other states has in the state Certificates of Insurance.</p> <p>The total premium paid by the Policyholder is the sum of premiums for all Covered Persons including any amounts contributed toward the cost of the coverage by Covered Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the Schedule of Benefits, unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at Our Home Office or to Our authorized representative.</p> <p>If any premium is not paid when due, the Policy will be cancelled as of the Premium Due Date of the unpaid premium, except as provided in the Grace Period provision.</p>

The following states have **additional Administrative Provisions**. See below for state-specific Additional Provision and Page Numbers:

COMPLAINT

PG 57 (WISCONSIN)

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

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PROVISION ²	PROVISION DESCRIPTION ²
GENERAL PROVISIONS	These provisions are NOT in any of the states EXCEPT these states listed: DC, IN, KS, LA, MO, NC & VA
Entire Contract Changes	<p>Entire Contract; Changes</p> <p>This Certificate, including Your signed enrollment form, if required, and any endorsements, amendments and attached papers, constitutes the entire contract of insurance. No change in this Certificate will be valid until approved by one of Our executive officers and endorsed on or attached to it. No agent has authority to change this Certificate or the Policy under which it is issued, or to waive any of its provisions.</p>
Misstatement of Age	<p>Misstatement of Age</p> <p>If the You or Policyholder has misstated the ages of Covered Persons, all amounts payable under this Certificate will be such as the premium paid would have purchased had the ages been correctly stated.</p>
Assignment	<p>Assignment</p> <p>We will be bound by an assignment of Your insurance only when the original assignment or a certified copy of the assignment, signed by You and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under Your Certificate remains in force.</p> <p>This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.</p>
Incontestability of Your Insurance	<p>Incontestability Of Your Insurance</p> <p>All statements You made are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.</p> <p>After two years from Your effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud or lack of eligibility for insurance.</p> <p>In the event of death or incapacity, the beneficiary or representative shall be given a copy.</p>
30 Day Right to Examine Certificate	<p>30 Day Right To Examine Certificate</p> <p>If You do not like the Certificate for any reason, it may be returned to Us within 30 days after receipt. We will return any premium that has been paid, and the Certificate will be void as if never issued.</p>
Examination of the Policy	<p>Examination of the Policy</p> <p>The Policy under which this Certificate is issued will be available for inspection at the Policyholder's office during regular business hours.</p>
Conformity with Statutes	<p>Conformity with Statutes</p> <p>Any provision in this Certificate that is in conflict with the requirements of any state or federal law that apply to it are automatically changed to satisfy the minimum requirements of such laws.</p>
Workers' Compensation Insurance	<p>Workers' Compensation Insurance</p> <p>This insurance is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
ELIGIBILITY, EFFECTIVE DATE & TERMINATION PROVISIONS	These provisions are NOT in any of the states EXCEPT these states listed: DC, IN, KS, LA, MO, NC & VA
Policy Effective Date	<p>Policy Effective Date</p> <p>We agree to provide Accident Insurance Benefits described in this Certificate in consideration of the Policyholder's application, Your enrollment form and payment of the Premium when due.</p>
Eligibility	<p>Eligibility</p> <p>You are eligible for insurance under this Policy when You meet the definition of an Eligible Person shown in the Schedule of Benefits. You may be insured under only one Covered Class, even though You may be eligible under more than one Covered Class.</p>
Effective Date for Individuals	<p>Effective Date for Individuals</p> <p>Insurance becomes effective for the Eligible Person who enrolls and agrees to make the required contributions within 31 days of eligibility on the latest of the following dates:</p> <ol style="list-style-type: none"> 1. the Policy Effective Date; 2. the date the person becomes eligible; 3. the date We receive the Eligible Person's completed enrollment form and the required premium payment.
Effective Date of Changes	<p>Effective Date of Changes</p> <p>Any increase or decrease in the amount of insurance for You resulting from:</p> <ol style="list-style-type: none"> 1. a change in benefits provided by this Certificate; or 2. a change in Your Covered Class will take effect on the date of such change.
Termination of Insurance	<p>Termination of Insurance</p> <p>Your Insurance will end on the earliest of:</p> <ol style="list-style-type: none"> 1. the date You are no longer in an Eligible Class; and 2. the date You enter full time active duty in any Armed Forces. We will refund any premium paid for any period of active duty when We receive proof of active duty. Active duty does not include Reserve or National Guard duty for training; and 3. the end of the period for which the last premium was paid; and 4. The date coverage for the Eligible Class of which You are a member ends and; 5. the date the Policy under which this Certificate is issued ends. <p>Termination does not affect a claim for a Covered Loss due to a Covered Accident that occurs before the termination date. However, in no instance will benefits extend beyond the earliest of:</p> <ol style="list-style-type: none"> 1. the end of the Benefit Period.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

STATE VARIATIONS AND ADDITIONS

PROVISION VARIATIONS

In this section of the agent guide (pages 46-58), all of the state variations that are different from the provisions listed between pages 38-44 are detailed. The descriptions are done alphabetically. You will find all variations or additions for that state within each state section. Some states may carry over to multiple pages depending on the amount of variations or additions.

Make sure that **BEFORE** you discuss the right coverage, terms, definitions, limitations and exclusions with a client that you are reviewing the state-specific version so that you are giving the member the correct information for their home state.

QUICK STATE PAGES REFERENCE

COLORADO	PG 46
DISTRICT OF COLUMBIA (DC)	PG 46
DELAWARE	PG 47
GEORGIA	PG 47
ILLINOIS	PG 48
INDIANA	PG 48
KANSAS	PG 49
KENTUCKY	PG 49
LOUISIANA	PGS 49-50
MISSISSIPPI	PGS 51-52
MISSOURI	PGS 52-53
NEBRASKA	PG 53
NEVADA	PG 54
NORTH CAROLINA	PG 54
NORTH DAKOTA	PG 54
OHIO	PG 55
OKLAHOMA	PG 55
RHODE ISLAND	PG 56
TENNESSEE	PG 56
VIRGINIA	PG 57
WISCONSIN	PG 57
WYOMING	PG 58



PROVISION ²	PROVISION DESCRIPTION ²
COLORADO	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under the Policy for any loss, other than a loss for which the Policy provides any periodic payment, immediately, but in no event later than 30 days of a clean claim received electronically, or 45 days of a clean claim received by any other means.</p> <p>If We need additional information to resolve a claim, We will provide a full written explanation to the Covered Person of the information We require with instructions to submit the information to Us within 30 days. We may terminate the claim, as indicated in the Claimant Cooperation Provision, if the Covered Person fails to provide this information timely. Upon timely receipt of all of the information requested, We will pay, deny or settle the claim within 90 days.</p> <p>If We fail to pay, deny or settle a clean claim, or request additional information within the time periods shown above, We will pay the Covered Person interest at the rate of 10% annually on the total amount ultimately allowed on the claim, accruing from the date payment was due. If We fail to pay, deny or settle a claim within 90 days of Our receipt all of the additional information We request, We will pay the Covered Person a penalty in an amount equal to 20% of the total amount ultimately allowed on the claim, accruing from the 91st day after Our receipt of the claim. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in the Policy</p>
Legal Actions	<p>Legal Actions</p> <p>No action at law or in equity will be brought to recover benefits under the Policy prior to the time limits specified for the payment, denial or settlement of a claim in the Policy's Time Payment of Claims provision. No such action will be brought more than three years after the time such written proof of loss must be furnished.</p>
DISTRICT OF COLUMBIA (DC)	
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. Any premiums You are required to contribute will be based on the rates set forth in the Premium Rate Table, the plan and amounts of insurance in effect You and the premium mode shown in the Schedule of Benefits.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

PROVISION ²	PROVISION DESCRIPTION ²
DELAWARE	
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>
ADMINISTRATIVE PROVISIONS	
Grace Period	<p>Grace Period</p> <p>A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> 1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or 2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and 3. written notice of Our intention not to renew is delivered to the Policyholder at least 45 days before the premium is due. <p>The Policy and all evidences of coverage under the Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time the Policy was in force.</p>
GEORGIA	
CLAIMS PROVISIONS	
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate. If any payee of benefits is a minor or otherwise legally incompetent, we will pay benefits to the parent, guardian or person designated as his legal guardian or conservator. If the entire cost of the insurance has been borne by the employer, the benefits may be made payable to the employer.</p> <p>If the amount of any benefit payable is determined based on benefits payable under another Health Care Plan, We have the right to require the Covered Person to provide information about that Plan and benefits paid or payable for the same claim before We pay benefits. We may, at Our option, pay any accident medical benefits directly to a health care provider that renders services to the Covered Person, unless the Covered Person requests in writing when submitting the claim that such payment not be made to the provider.</p> <p>If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability for that payment.</p> <p>Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability for that payment.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
ILLINOIS	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment within 30 days upon receipt of due written or authorized electronic proof of such loss. If We fail to pay the claim within 30 days following receipt of written due proof of loss. We will pay the amount due plus interest at the rate of 9% per annum from the 30th day. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in the Policy.</p>
Subrogation	<p>Subrogation</p> <p>We are assigned the right to recover from the negligent third party, or his or her insurer, to the extent of the benefits we paid for that sickness or injury. The Covered Person is required to furnish any information or assistance, or provide any documents that we may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.</p>
Right of Reimbursement	<p>Right of Reimbursement</p> <p>If a Covered Person recovers expenses for sickness or injury that occurred due to the negligence of a third party, we have the right to first reimbursement for all benefits we paid from any and all damages collected from the negligent third party for those same expenses whether by action at law, settlement, or compromise, by the Covered Person, the Covered Person's parents if the Covered Person is a minor, or the Covered Person's legal representative as a result of that sickness or injury. You are required to furnish any information or assistance, or provide any documents that we may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.</p>
INDIANA	
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay or deny a clean claim for benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment, immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefit descriptions. If We fail to pay or deny a clean claim for written proof of loss within 45 days and for electronic proof of loss in 30 days, then We shall pay the provider that submitted the claim interest on the allowable amount of the claim. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Policy.</p>
ADMINISTRATIVE PROVISIONS	
Premiums	<p>PREMIUMS</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. Any premiums You are required to contribute will be based on the rates set forth in the Premium Rate Table, the plan and amounts of insurance in effect You and the premium mode shown in the Schedule of Benefits.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
KANSAS	
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>
Errors Related to Your Coverage	<p>Errors Related to Your Coverage We have the right to correct benefit payments that are made in error. You have the responsibility to return any overpayments to Us. We have the responsibility to make additional payments if any underpayments have been made.</p>
ADMINISTRATIVE PROVISIONS	
Premiums	<p>Premiums Premium rates are expressed in, and premiums are payable in, United States currency. Any premiums You are required to contribute will be based on the rates set forth in the Premium Rate Table, the plan and amounts of insurance in effect You and the premium mode shown in the Schedule of Benefits.</p>
KENTUCKY	
CLAIMS PROVISIONS	
Notice of Claim	<p>Notice of Claim Written or authorized electronic/telephonic notice must be given to Us or Our agent within 31 days after a Covered Accident occurs or the loss begins or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at Our Home Office in New York, New York, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address</p>
LOUISIANA	
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
LOUISIANA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment, immediately, but not more than 30 days (60 days for accidental death) from the date upon receipt of due written or authorized electronic proof of such loss, unless just and reasonable grounds, such as would put a reasonable and prudent businessman on his guard, exist. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefit descriptions. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Policy.</p> <p>If We fail to pay a claim for loss other than accidental death within 30 days, We shall pay double the amount due under the terms of this Policy during the period of delay, together with attorney's fees to be determined by the court. Any court of competent jurisdiction in the parish where the Covered Person lives or has his domicile, excepting a justice of the peace court, shall have jurisdiction to try such cases. If We fail to pay a claim for loss for accidental death within 60 days without just cause, the amount due shall bear interest at the rate of six percent per annum from date of receipt of due proof of death until paid.</p>
Conditional Claim Payment	<p>Conditional Claim Payment</p> <p>If You incur expenses for Covered Injuries received in a Covered Accident and it is likely a third party may be liable, We will pay benefits if:</p> <ol style="list-style-type: none"> 1. You first agree in writing to refund the lesser of: <ol style="list-style-type: none"> a. the amount We actually paid for such expenses; and b. the amount actually received from the third party regardless of whether the amount is for such expenses; and 2. the third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. <p>However, if the third party's liability is satisfied in an amount less than the benefits paid under this Policy, We will pay the difference.</p> 3. We agree to pay our portion of the Covered Person's attorney's fee or other costs associated with a claim or lawsuit to the extent that We recover any portion of the benefits paid under this Policy pursuant to Our right of reimbursement. <p>Our right whether by subrogation or reimbursement is subordinate to the Covered Person's right to be fully compensated for his damages.</p>
Subrogation	<p>Subrogation</p> <p>To the extent that benefits are provided or paid under this Policy, We have the right to recover all payments, including future payments, which We have made, or will be obligated to pay in the future, to the Covered Person from anyone liable for the Covered Loss. If the Covered Person recovers from anyone liable for the Covered Loss, We will be reimbursed from such recovery to the extent of Our payments to the Covered Person, however Our right of subrogation is secondary to the right of the Covered Person to be fully compensated for damages. The Covered Person agrees to assist Us in preserving Our rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by Us. We agree to pay our portion of the Covered Person's attorneys' fee or other costs associated with a claim or lawsuit to the extent that we recover any portion of the benefits paid under this Policy pursuant to our right of subrogation.</p>
ADMINISTRATIVE PROVISIONS	
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. Any premiums You are required to contribute will be based on the rates set forth in the Premium Rate Table, the plan and amounts of insurance in effect You and the premium mode shown in the Schedule of Benefits.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
MISSISSIPPI	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims: All benefits payable under the Policy will be paid within 25 days after receipt of due written proof of such loss in the form of a clean claim where claims are submitted electronically and will be paid within 35 days after receipt of due written proof of such loss in the form of clean claim where claims are submitted in paper format. Benefits due under the Policy and claims are overdue if not paid within 25 days or 35 days, whichever is applicable, after We receive a clean claim containing necessary medical information and other information essential for us to administer preexisting condition, coordination of benefits and subrogation provisions. A "clean claim" means a claim received by Us for adjudication and which requires no further information, adjustment or alteration by the provider of the services or the Covered Person in order to be processed and paid. A claim is clean if it has no defect or impropriety, including any lack of substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment from being made on the claim under this provision. A clean claim includes resubmitted claims with previously identified deficiencies corrected. Errors, such as system errors, attributable to Us, do not change the clean claim status.</p> <p>A clean claim does not include any of the following:</p> <ul style="list-style-type: none"> a. A duplicate claim, which means an original claim and its duplicate when the duplicate is filed within 30 days of the original claim; b. Claims which are submitted fraudulently or that are based upon material misrepresentations; c. Claims that require information essential for Us to administer preexisting condition, coordination of benefits or subrogation provisions; or d. Claims submitted by a provider more than thirty 30 days after the date of service; if the provider does not submit the claim on behalf of the Covered Person, then a claim is not clean when submitted more than 30 days after the date of billing by the provider to the Covered Person. <p>Not later than 25 days after the date We actually receive an electronic claim, We shall pay the appropriate benefit in full, or any portion of the claim that is clean, and notify the provider (where the claim is owed to the provider) or the Covered Person (where the claim is owed to the Covered Person) of the reasons why the claim or portion thereof is not clean and will not be paid and what substantiating documentation and information is required to adjudicate the claim as clean. Not later than 35 days after the date We actually receive a paper claim, We shall pay the appropriate benefit in full, or any portion of the claim that is clean, and notify the provider (where the claim is owed to the provider) or the Covered Person (where the claim is owed to the Covered Person) of the reasons why the claim or portion thereof is not clean and will not be paid and what substantiating documentation and information is required to adjudicate the claim as clean. Any claim or portion thereof resubmitted with the supporting documentation and information requested by Us shall be paid within 20 days after receipt.</p> <p>For purposes of this provision, the term "pay" means that We shall either send cash or a cash equivalent by United States mail, or send cash or a cash equivalent by other means such as electronic transfer, in full satisfaction of the appropriate benefit due the provider (where the claim is owed to the provider) or the Covered Person (where the claim is owed to the Covered Person). To calculate the extent to which any benefits are overdue, payment shall be treated as made on the date a draft or other valid instrument was placed in the United States mail to the last known address of the provider (where the claim is owed to the provider) or the Covered Person (where the claim is owed to the Covered Person) in a properly addressed, postpaid envelope, or, if not so posted, or not sent by United States mail, on the date of delivery of payment to the provider or Covered Person.</p> <p>If the claim is not denied for valid and proper reasons by the end of the applicable time period prescribed in this provision, We will pay the provider (where the claim is owed to the provider) or the Covered Person (where the claim is owed to the Covered Person) interest on accrued benefits at the rate of 3 % per month accruing from the day after payment was due on the amount of the benefits that remain unpaid until the claim is finally settled or adjudicated. Whenever interest due pursuant to this provision is less than \$1.00, such amount shall be credited to the account of the person or entity to whom such amount is owed. The provisions of this subparagraph shall not apply to any claims or benefits owed under Medicare Advantage plans or Medicare Advantage Prescription Drug plans.</p> <p>In the event the We fail to pay benefits when due, the person entitled to such benefits may bring action to recover such benefits, any interest which may accrue as provided in the previous paragraph and any other damages as may be allowable by law. If it is determined in such action that the We acted in bad faith as evidenced by a repeated or deliberate pattern of failing to pay benefits and/or claims when due, the person entitled to such benefits (health care provider or Covered Person) shall be entitled to recover damages in an amount up to 3 times the amount of the benefits that remain unpaid until the claim is finally settled or adjudicated.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
MISSISSIPPI	
CLAIMS PROVISIONS	
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person or to his estate. If any payee of benefits is a minor or otherwise legally incompetent, we will pay benefits to the person designated as his legal guardian or conservator.</p> <p>If the amount of any benefit payable is determined based on benefits payable under another Health Care Plan, We have the right to require the Covered Person to provide information about that Plan and benefits paid or payable for the same claim before We pay benefits.</p> <p>We may pay any accident medical benefits directly to a health care provider that renders services to the Covered Person, unless the Covered Person requests in writing when submitting the claim that such payment not be made to the provider.</p> <p>If the Covered Person provides Us with written direction that all or a portion of any benefits provided by the Policy be paid to a licensed health care provider rendering hospital, nursing, medical or surgical services, then We shall pay directly the licensed health care provider rendering such services. That payment shall be considered payment in full to the provider, who may not bill or collect from the Covered Person any amount above that payment, other than the deductible, coinsurance, copayment or other charges for equipment or services requested by the Covered Person that are noncovered benefits.</p> <p>If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay up to an amount not exceeding \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability for that payment.</p>
Physical Examination	<p>Physical Examination</p> <p>We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending where it is not forbidden by law.</p>
MISSOURI	
CLAIMS PROVISIONS	
Notice of Claim	<p>Notice of Claim</p> <p>Written or authorized electronic/telephonic notice must be given to Us or Our agent within 31 days after a Covered Accident occurs or the loss begins or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at Our Home Office in New York, New York, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.</p>
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 120 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to You or to Your estate. If any payee of benefits is a minor or otherwise legally incompetent, we will pay benefits to the person designated as his legal guardian or conservator.</p> <p>If the amount of any benefit payable is determined based on benefits payable under another Health Care Plan, We have the right to require You to provide information about that Plan and benefits paid or payable for the same claim before We pay benefits. We may, at Our option, pay any Accident Medical Benefits directly to a health care provider that renders services to You, unless You request in writing when submitting the claim that such payment not be made to the provider.</p> <p>If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay \$1,000 to a relative by blood or marriage whom We believe is equitably entitled or the beneficiary of the Covered Person. All other benefits shall be payable to the Covered Person.</p>

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PROVISION ²	PROVISION DESCRIPTION ²
MISSOURI	
ADMINISTRATIVE PROVISIONS	
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. Any premiums You are required to contribute will be based on the rates set forth in the Premium Rate Table, the plan and amounts of insurance in effect You and the premium mode shown in the Schedule of Benefits.</p>
NEBRASKA	
CLAIMS PROVISIONS	
Notice of Claim	<p>Notice of Claim</p> <p>Written or authorized electronic/telephonic notice must be given to Us or Our agent within 31 days after a Covered Accident occurs or the loss begins or as soon thereafter as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at Our Home Office in New York, New York, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.</p>
Conditional Claim Payment	<p>Conditional Claim Payment</p> <p>If the Covered Person incurs expenses for Covered Injuries received in a Covered Accident and it is likely a third party may be liable, We will pay benefits if:</p> <ol style="list-style-type: none"> 1. the Covered Person first agrees in writing to refund the lesser of: <ol style="list-style-type: none"> a. the amount We actually paid for such expenses in excess of the Covered Person being fully compensated; and b. the amount actually received from the third party regardless of whether the amount is for such expenses; and 2. the third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. However, if the third party's liability is satisfied in an amount less than the benefits paid under this Policy, We will pay the difference.
Recovery of Overpayment	<p>Recovery of Overpayment</p> <p>If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the overpaid amount. 2. A reduction of any amounts payable under this Policy. <p>We will not withhold any portion of any benefit payable, on the basis that the sum withheld is an adjustment or correction of an overpayment made on a prior claim arising under the same Policy unless:</p> <ol style="list-style-type: none"> 1. We have clear, documented evidence of an overpayment and written authorization from the claimant permitting such reduction; or 2. We have clear documented evidence that: <ol style="list-style-type: none"> a. The overpayment was clearly erroneous under the provisions of this Policy. If the overpayment is the subject of a reasonable dispute as to facts, this procedure will not be used; and b. The error which resulted in the overpayment is not a mistake of law; and c. We have notified the claimant within 6 months of the date of the error, except that in instances of error prompted by representations or nondisclosures of claimants, We will notify You within 15 days after the date that clear, documented evidence of discovery of such error is included in its file; and d. The notice states clearly the nature of the error, the amount of the overpayment, and the three year limitation.

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PROVISION ²	PROVISION DESCRIPTION ²
NEVADA	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment, immediately and in no event later than 30 days after receipt of due written or authorized electronic proof of such loss.</p> <p>Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefit descriptions. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Policy.</p>
NORTH CAROLINA	
CLAIMS PROVISIONS	
Notice of Claim	<p>Notice of Claim</p> <p>Written or authorized electronic/telephonic notice must be given to Us or Our agent within 31 days after a Covered Accident occurs or the loss begins or as soon as reasonably possible, but in no case any longer than 15 months after the date of loss. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible.</p> <p>Notice can be given at Our Home Office in New York, New York, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address. Within 30 days after receiving written notice of claim, if the notice contains sufficient information for Us to identify the specific coverage involved, an acknowledgment of the claim must be given as one of the following: (1) A statement made to the claimant or the claimant's legal representative advising that the claim is being investigated; or (2) Payment of the claim; or (3) A bona fide written offer of settlement; or (4) A written denial of the claim.</p>
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 180 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 180 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>
ADMINISTRATIVE PROVISIONS	
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. Any premiums You are required to contribute will be based on the rates set forth in the Premium Rate Table, the plan and amounts of insurance in effect You and the premium mode shown in the Schedule of Benefits.</p>
NORTH DAKOTA	
CLAIMS PROVISIONS	
Recovery of Overpayment	<p>Recovery of Overpayment</p> <p>If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the overpaid amount. 2. A reduction of any amounts payable under this Policy.

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PROVISION ²	PROVISION DESCRIPTION ²
OHIO	
CLAIMS PROVISIONS	
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under the Policy will be payable to the Covered Person or to his designated beneficiary or estate. If any payee of benefits is a minor or otherwise legally incompetent, we will pay benefits to the person designated as his legal guardian or conservator.</p> <p>If the amount of any benefit payable is determined based on benefits payable under another Health Care Plan, We have the right to require the Covered Person to provide information about that Plan and benefits paid or payable for the same claim before We pay benefits. We may, at Our option, pay any accident medical benefits directly to a health care provider that renders services to the Covered Person, unless the Covered Person requests in writing when submitting the claim that such payment not be made to the provider.</p> <p>If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability for that payment.</p>
Conditional Claim Payment	<p>Conditional Claim Payment</p> <p>If the Covered Person incurs expenses for Covered Injuries received in a Covered Accident and it is likely a third party may be liable, We will pay benefits if:</p> <ol style="list-style-type: none"> 1. the Covered Person first agrees in writing to refund the lesser of: <ol style="list-style-type: none"> a. the amount We actually paid for such expenses; and b. the amount actually received from the third party regardless of whether the amount is for such expenses; and 2. the third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. However, if the third party's liability is satisfied in an amount less than the benefits paid under the Policy, We will pay the difference. <p>If the Covered Person's recovery is less than the full value of their claim for damages as outlined in Ohio Rev. Stat. § 2323.44, Our claim shall be diminished in the same proportion as the Covered Person's interest is diminished.</p>
Subrogation	<p>Subrogation</p> <p>We have the right to recover all payments including future payments, which We have made, or will be obligated to pay in the future, to the Covered Person from anyone liable for the Covered Loss. If the Covered Person recovers from anyone liable for the Covered Loss, We will be reimbursed first from such recovery to the extent of Our payments to the Covered Person. If the Covered Person's recovery is less than the full value of their claim for damages as outlined in Ohio Rev. Stat. § 2323.44, Our claim shall be diminished in the same proportion as the Covered Person's interest is diminished. The Covered Person agrees to assist Us in preserving Our rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by Us.</p>
OKLAHOMA	
CLAIMS PROVISIONS	
Recovery of Overpayment	<p>Recovery of Overpayment</p> <p>If benefits are overpaid, We have the right to recover the amount overpaid, within 24 months, or at any time for fraud or if the claimant has otherwise agreed to make a refund after the payment is made, by either of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the overpaid amount. 2. A reduction of any amounts payable under this Policy. <p>If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

PROVISION ²	PROVISION DESCRIPTION ²
RHODE ISLAND	
CLAIMS PROVISIONS	
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under the Policy for any loss, other than a loss for which the Policy provides any periodic payment, immediately, but not more than 60 days, upon receipt of due written or authorized electronic proof of such loss.</p> <p>Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid monthly unless otherwise specified in the benefit descriptions. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in the Policy.</p>
ADMINISTRATIVE PROVISIONS	
Grace Period	<p>Grace Period</p> <p>A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> 1. We do not intend to renew the Policy beyond the period for which premium has been accepted; and 2. written notice of Our intention not to renew is delivered to the Policyholder at least 45 days before the premium is due. <p>The Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium computed pro rata for the time the Policy was in force.</p>
TENNESSEE	
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 60 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity. Acceptance of the proof of loss or the investigation of any claim thereunder, shall not operate as a waiver of any of Our rights in defense of any claim arising under the Policy.</p>
Recovery of Overpayment	<p>Recovery of Overpayment</p> <p>If benefits are overpaid, We have the right to recover the amount overpaid within 18 months of payment of a claim, and at any time if the Covered Person does not provide complete information, was not eligible for coverage, or material misstatements or fraud have occurred, by either of the following methods.</p> <ol style="list-style-type: none"> 1. A request for lump sum payment of the overpaid amount. 2. A reduction of any amounts payable under the Policy. <p>If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.</p>
Subrogation	<p>Subrogation</p> <p>We have the right to recover all payments including future payments, which We have made, or will be obligated to pay in the future, to the Covered Person from anyone liable. If the Covered Person recovers from anyone liable for the injury that necessitated the medical expense or disability benefits We have paid, We will be reimbursed from such recovery to the extent of Our payments to the Covered Person, after the Covered Person has been reimbursed. The Covered Person agrees to assist Us in preserving Our rights against those responsible for such loss, including but not limited to, signing subrogation forms supplied by Us.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

PROVISION ²	PROVISION DESCRIPTION ²
VIRGINIA	
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p>
Time of Payment of Claims	<p>Time of Payment of Claims</p> <p>We will pay benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment, immediately, but no more than 60 days, upon receipt of due written or authorized electronic proof of such loss.</p> <p>Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefit descriptions. Any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise stated in this Policy.</p>
ADMINISTRATIVE PROVISIONS	
Premiums	<p>Premiums</p> <p>Premium rates are expressed in, and premiums are payable in, United States currency. Any premiums You are required to contribute will be based on the rates set forth in the Premium Rate Table, the plan and amounts of insurance in effect You and the premium mode shown in the Schedule of Benefits.</p>
WISCONSIN	
CLAIMS PROVISIONS	
Proof of Loss	<p>Proof of Loss</p> <p>Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. It is a sufficient service of notice or proof of loss if a 1st class postage prepaid envelope addressed Us and containing the proper notice or proof is deposited in any U.S. post office within the time prescribed. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.</p> <p>Our acknowledgment of the receipt of notice, the furnishing of forms for filing proof of loss, the acceptance of such proofs, or the investigation of any claim are not alone sufficient to waive any of Our rights in defense of any claim arising under the Policy.</p>
ADMINISTRATIVE PROVISIONS	
Complaint	<p>Complaint</p> <p>The Policyholder or any Covered Person, has the right to file a complaint with the Office of the Commissioner of Insurance of Wisconsin regarding Us, the policy or any other insurance matter. Please read the notice attached to the Outline of Coverage.</p>
Grace Period	<p>Grace Period</p> <p>A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:</p> <ol style="list-style-type: none"> 1. the Policyholder has given Us advance written notice of intent to discontinue coverage in accordance with the terms of the Policy; or 2. We do not intend to renew the Policy beyond the period for which premium has been accepted; and 3. written notice of Our intention not to renew is delivered to the Policyholder at least 60 days before the premium is due. <p>The Policy and all evidences of coverage under the Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time the Policy was in force.</p>

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

PROVISION ²	PROVISION DESCRIPTION ²
WYOMING	
CLAIMS PROVISIONS	
Payment of Claims	<p>Payment of Claims</p> <p>All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under the Policy, unless otherwise stated, will be payable to the Covered Person or to his estate. If any payee of benefits is a minor or otherwise legally incompetent, we will pay benefits to the person designated as his legal guardian or conservator.</p> <p>If the amount of any benefit payable is determined based on benefits payable under another Health Care Plan, We have the right to require the Covered Person to provide information about that Plan and benefits paid or payable for the same claim before We pay benefits. We may, at Our option, pay any accident medical benefits directly to a health care provider that renders services to the Covered Person, unless the Covered Person requests in writing when submitting the claim that such payment not be made to the provider.</p> <p>If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay \$1,000 to a relative by blood, marriage or adoption of the person whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability for that payment.</p>

SPECIAL STATE SPECIFIC ADDITIONAL DISCLAIMERS

COLORADO

THE POLICY IS NOT A SUBSTITUTE FOR A HEALTH BENEFIT PLAN REQUIRED BY FEDERAL LAW

DISTRICT OF COLUMBIA

BLANKET ACCIDENT INSURANCE CERTIFICATE

IT PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS

LIMITED BENEFIT, PLEASE READ YOUR CERTIFICATE CAREFULLY

FLORIDA

The benefits of the Policy providing your coverage are governed primarily by the laws of a state other than Florida.

KANSAS, LOUISIANA, MISSOURI, NORTH CAROLINA, VIRGINIA

BLANKET ACCIDENT INSURANCE CERTIFICATE IT PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS PLEASE READ YOUR CERTIFICATE CAREFULLY.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

NORTH CAROLINA

This certificate is not intended to be issued where other medical insurance exists. If other medical insurance does exist at the time of the claim, then the amounts of benefit payable by such other medical insurance will become the deductible amount of this policy if such benefits exceed the deductible amounts shown in the Schedule of Benefits.

TENNESSEE

THE POLICY IS LIMITED AND PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.

VIRGINIA

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 this insurance at the following address and telephone number:

SiriusPoint America Insurance Company
One World Trade Center
285 Fulton Street, 47th Floor, New York, NY 10007
(212)312-2500

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commissions Bureau of Insurance at:

Bureau of Insurance
P.O. Box 1157 Richmond, Virginia 23218-1157
Call (804) 371-9741 or 1-800-552-7945 (VA Only) or 1-877-310-6560

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.

WISCONSIN

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Sirius America Insurance Company
One World Trade Center
285 Fulton Street, 47th Floor
New York, NY 10007 212-312-2500

You can also contact the OFFICE OF THE COMMISSIONER OF INSURANCE, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can file a complaint electronically with the OFFICE OF THE COMMISSIONER OF INSURANCE at its website at <http://oci.wi.gov/>, or by contacting:

Office of the Commissioner of Insurance
Complaints Department
P. O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103.

²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.



²This is a very brief description of the provisions in the TX Certificate of Insurance along with state variations for Blanket Group Accident Insurance issued by SiriusPoint America Insurance Company. **For full details, limitations, exclusions, and terms of coverage, review the Policy, Certificate of Insurance and/or Riders in your state. Coverage and benefits may vary or may not be available in all states.** Please review for full details.

**INSURANCE PREMIUMS FOR
BLANKET GROUP ACCIDENT INSURANCE
UNDERWRITTEN BY SIRIUSPOINT AMERICA INSURANCE COMPANY**

GAP BASIC, GAP 5000 & GAP 5000+	Insurance Premiums [†] (per month)
Individual	\$4.17
Individual+1	\$8.37
Family	\$15.76

GAP 10 & GAP 10000	Insurance Premiums [†] (per month)
Individual	\$6.00
Individual+1	\$12.00
Family	\$22.61

GAP 25, GAP 25000 & GAP EDGE+	Insurance Premiums [†] (per month)
Individual	\$8.54
Individual+1	\$17.07
Family	\$32.18

[†]This is only the Blanket Group Accident Insurance Premiums for these plans. There could be **other insurance premiums** for different types of group insurance and/or non-insurance Benefit Boost subscriptions costs included in the total overall plan cost on the enrollment application. The member must join the United Business Association to enroll in any of the Blanket Group Accident Insurance plans offered on the UBA Enrollment. UBA dues are **in addition** to the overall member plan cost and are **\$10 per month** for the entire family.

**NOTE: THIS IS NOT THE PLAN COST OF THE PLAN.
IT IS JUST THE INSURANCE PREMIUMS FOR THE BLANKET GROUP ACCIDENT INSURANCE.**

DISCLAIMERS FOR BLANKET GROUP ACCIDENT INSURANCE

Below are the disclaimers that need to be disclosed to a potential member when doing a Blanket Group Accident Insurance sale that is issued by SiriusPoint America Insurance Company.

MAIN DISCLAIMER

This is a brief description of various group association insurance products and is not an insurance contract, nor part of the Certificate of Insurance and is subject to the terms, conditions, limitations, and exclusions of the Group Policy and Certificate(s) of Insurance. Coverage may vary or may not be available in all states. You'll find complete coverage details in the Certificate(s) of Insurance. Blanket Group Accident Insurance is underwritten by SiriusPoint America Insurance Company, New York, NY. The insurance described in this document provides limited benefits. Limited benefit plans are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. The insurance coverage is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, the insurance coverage is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Optional Supplemental UBA Gap Disclaimer

The optional supplemental UBA Gap Products available to members to add to their membership in the United Business Association allows the member to enhance their overall membership opportunities. These optional supplemental UBA Gap Products are not intended to supplement, not replace, comprehensive health insurance coverage. UBA Gap products are not major medical insurance and should not be purchased to replace any major medical insurance, Cobra, Medicare, Medicaid, or Medical Disability coverage that you have in place currently. UBA Gap products do not satisfy the requirement of minimum essential coverage under the Affordable Care Act and does not qualify or generate a 1095-A tax form.

Blanket Group Accident Insurance Disclaimer

You hereby request Blanket Group Accident Insurance that includes Accidental Death & Dismemberment and Accident Medical Expense benefits, underwritten by SiriusPoint America Insurance Company, New York, NY.

You understand the insurance described provides limited benefits and that this insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. You understand that the information contained herein is a summary of the coverage offered. A Certificate of Insurance along with your UBA membership guide will be made available to you upon enrollment. You will receive a UBA Gap I.D. card in the mail along with a welcome letter that includes your effective date for your membership plan.

You attest that you have read and understood the limitations and exclusions of this coverage:

(You should have emailed them a copy of the Certificate of Insurance for the state in which they reside to review prior to the sale being completed. It is best practices to keep a copy of the email which included a copy of the state-specific Certificate of Insurance that you sent the potential member for your records during the sales process in case of future complaint. It will help prove that you gave the member the information up front and that the member understood what they are purchasing.)

DISCLAIMERS FOR BLANKET GROUP ACCIDENT INSURANCE

Below are the disclaimers that need to be disclosed to a potential member when doing a Blanket Group Accident Insurance sale that is issued by SiriusPoint America Insurance Company.

PAYMENT AUTHORIZATION

You authorize H A Partners, Inc. to initiate charges to your credit card in the total monthly amount shown for the plans or products you've selected. This authorization will remain in effect until H A Partners, Inc. receives notice from you that it should be cancelled.

UBA Membership and all optional supplemental UBA products are subscription based enrollments. You will continue to be drafted every month until you cancel by submitting a cancellation request via online form or email, or by phone at 866-438-4274.

Your total initial payment, which includes your first monthly payment for these selected products as well as any applicable administrative fees or one-time enrollments fees, will be charged immediately when your application is processed. Subsequent monthly payments will be charged on the 5th each month if your effective date is the 1st, or the 15th each month if your effective date is the 15th. If other UBA products have been purchased along with UBA membership, you will be charged only one monthly payment for the total cost of all purchased products. Your credit card statements will show these transactions as paid to "UBA GAP 866-438-4274".

You agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, it may result in forfeiture of your membership, and neither H A Partners, Inc. nor your financial institution shall be held liable whatsoever.

You agree that it is your responsibility to check the transactions occurring on your account every month and to cancel with us when desired. Every month we pay for the membership services and the insurance premiums for any applicable group insurance programs on your behalf, whether or not you use the membership services or file a claim with the group insurance programs (if applicable). Please refer to our Refund Policy for details on refunds.

You will receive your I.D. Cards in the mail within 14 days of purchase. Digital copies of your I.D. Cards, as well as all Membership Guides and Certificates of Insurance pertaining to the plans or products you've purchased, will be immediately available for download upon completion of your application. Please take the time to review all Guides and Certificates to ensure you fully understand your products and plan benefits, including any limitations, exclusions, definitions, or state variations.

You understand that the UBA membership, any optional supplemental UBA products you selected for this enrollment application are separate from any other health plans or insurance coverage you may have purchased or applied for elsewhere.

SATISFACTION GUARANTEED

We want you to be completely satisfied. If you have any problems, or any questions about your UBA Membership or any product benefits, please call your Personal Membership Concierge at 1-866-438-4274.

If you are not completely satisfied with your UBA Membership, any supplemental UBA Gap or Benefit Boost products, you can cancel at any time in the first thirty (30) days for a full refund of paid premiums or membership dues. Cancellation requests can be made by email (info@ubamembers.com), phone (866-438-4274), or through the Member Portal (members.UBAapplication.com). Any refunds are processed within 7-10 business days from date of request. **Please be aware that premiums & dues cannot be refunded if a claim has been filed for a group insurance benefit.** We showcase our name UBA GAP and our number 866-438-4274 on all transactions (all together like this UBAGAP8664384274) on your account statement, and it is your responsibility to check the transactions occurring on your account every month and to cancel with us when desired. Every month we pay for the membership services and the insurance premiums for any applicable optional supplemental group insurance programs on your behalf, whether you use the membership services or file a claim with the group insurance programs.

SCRIPT FOR BLANKET GROUP ACCIDENT INSURANCE

Below is an outline of a script along with the verification / applicant signature script to follow when conducting sales for the Blanket Group Accident Insurance that is issued by SiriusPoint America Insurance Company. As long as the general practice and points of the script is followed, it doesn't have to be word for word since all conversations flow in different ways with different sales. It is good practices that all main points of the script outline are part of a sales recording. This will help protect you for any potential complaints you could have in the future from a disgruntled or unhappy member. We recommend saving the sales recording for any future needs.

BASIC STARTING SCRIPT OUTLINE (an outline of points that need to be addressed in recording)

The [PLAN NAME] includes Blanket Group Accident Insurance underwritten by SiriusPoint America Insurance Company and includes the following:

- Schedule of Benefits information for the **[PLAN NAME / CLASS]** chosen (page 5 in Agent Guide for reference)
- Explain the Full Excess and how it works (pages 6-7 in Agent Guide for reference)
- Explain the Accidental Death & Dismemberment Description of Benefits (page 9 in Agent Guide for reference)
- Explain the Accident Medical Expense Benefits (pages 10-11 in Agent Guide for reference)
- Send the member a PDF copy of the state-specific Certificate of Insurance by email so that they can review the insurance details along with the Limitations and Exclusions so that you can answer any questions that they might have on the coverage. Make sure that discuss this point that you have sent them a copy of the Certificate to review in your sales presentation.
- Answer any questions based on the STATE in which the member resides. Read all disclaimers. Then complete the application or send your unique link for them to complete the application. Instruct and explain to the potential member that they will receive an email for the verification, application review and e-signature to complete and that the application process will not be completed unless the application is reviewed, accepted and e-signed by them.
- Follow the Application Signature for Recording Script before ending the sales call recording. It is best practices to keep the recording of the entire sales call for any potential future complaint needs for your protection.

APPLICANT SIGNATURE FOR RECORDING

You attest to the best of your knowledge and belief that the answers to the questions on the Enrollment application are true and complete. You understand that the Blanket Group Accident Insurance provided as part of **[PLAN NAME]** is issued and underwritten by SiriusPoint America Insurance Company.

Sign your application by completing the verification review and e-signature process from the email or text link that you received. Your signature will be saved to your application along with your IP address and the current date & time. You agree that your electronic signature will serve as your original signature, and by signing you agree to all acknowledgments, agreements, authorizations, and certifications that have been presented to you based on the memberships, plans, or products you've selected.

You hereby request to enroll in **[PLAN NAME]** and the UBA Membership through United Business Association. You have reviewed both **[PLAN NAME]** and the UBA Membership. You understand and agree to all terms and conditions, limitations and exclusions and state availability of coverage that may apply to the plans you are purchasing. You authorize H A Partners, Inc., the Administrator of these products, to charge all monthly premiums / dues for these products to the credit card or bank account you provided. You attest that you are the owner of, an authorized signer on, or have been granted express authority to use, the credit card or bank account provided for this purchase. You understand that it is your responsibility to check the transactions occurring on your account every month. You understand and agree that membership services and the insurance premiums for any applicable group insurance programs are paid for on your behalf, whether or not you use the membership services or file a claim with any applicable group insurance programs. You agree that this Authorization is to remain in full force until revoked by me in writing to 409 W Vickery Blvd, Fort Worth, TX 76104, by email at info@ubamembers.com, cancellation form at ubamembers.com, or by phone 866-438-4274.

You understand that if the Enrollment is accepted by the Company, coverage will begin on the Requested Effective Date, subject to the payment of the required premium. Coverage will not become effective unless you meet all eligibility requirements on the date of the enrollment and the effective date of coverage.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.