

The following is a brief description of the Business Travel Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy or certificate of insurance. For specific definitions of terms used below as well as further details and information about this Plan, please see the policy or certificate of insurance.

## Eligibility

**Class I:** All active full-time and part-time U.S. and foreign Employees of the policyholder.

**Class II:** The eligible Spouse or Domestic Partner of a Covered Person.

**Class III:** The eligible Dependent Child(ren) of a Covered Person.

## Benefit Amount

**Class I:** Ten (10) times your **Base Annual Earnings\*** subject to a maximum benefit amount of \$1,000,000.

\* **Base Annual Earnings** means your base annual pay, excluding overtime, bonuses, commissions and special compensation.

**Class II:** \$100,000

**Class III:** \$50,000

## Description of Coverage

### 24 Hour Accident Protection, While on Business Trip

Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-2

**Class I Only:** This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any covered accident incurred while on the **business of the policyholder** during the course of a business trip, including certain accidents while traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

**Business of the policyholder** means an assignment by or at the direction of the policyholder to further the business of the policyholder. It does not include an accident occurring during usual travel to and from work, bona fide leaves of absence or vacation. It does include a **Personal Deviation** and **Side Trips** of a personal nature.

### 24 Hour Accident Protection, While on a Specified Trip

Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-3

**Class II and III Only:** This plan offers protection against any covered accident incurred during a specified trip to:

While traveling on a business trip and/or relocation trip \* with a primary Insured person.

\* The trip must be approved by and at the expense of the policyholder.

Coverage, subject to limitations and exclusions, is provided between: a) the later of the time you leave the place where you normally work or live; and b) the earlier of the time you return to the place where you normally work or live. This includes certain accidents while traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

### Personal Deviation and Side Trip Coverage

**All Classes:** You will receive coverage if you undertake a personal deviation, non-business activity while on the business of the policyholder during a business trip; and/or a side trip which is non-business travel of a personal nature that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; 3) is taken during the course of the business trip; and 4) is limited to 7 days.

### Exposure and Disappearance Coverage

**All Classes:** If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, we will presume that you lost your life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay your benefit amount, subject to all policy terms.

If you are exposed to weather because of an accident and this results in a loss of life, we will pay your benefit amount, subject to all policy terms and conditions.

### War Risk Coverage

**All Classes:** Provides for injury you sustain that is caused by or results from declared or undeclared war or any act thereof while you are traveling on company business in selected areas of the world; provided the war or act of war causing the injury does not occur within any of the states of the United States of America (including the District of Columbia), Afghanistan, Belarus, Iraq, Mali, Russia, Ukraine or your country of residence.

### Benefits Provided (All Classes)

If you have a covered accident that results in any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown to you or your designated beneficiary. If the covered accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

Covered Loss of:	Benefit Amount
(1) Life .....	100% of benefit amount
(2) Both hands or both feet.....	100% of benefit amount
(3) One hand and one foot .....	100% of benefit amount
(4) One hand or one foot plus the sight of one eye .....	100% of benefit amount
(5) Sight of both eyes .....	100% of benefit amount
(6) Speech and Hearing.....	100% of benefit amount
(7) Speech or Hearing .....	50% of benefit amount
(8) One hand, one foot, or sight of one eye .....	50% of benefit amount
(9) Thumb and index finger of the same hand.....	25% of benefit amount

Plegia	Benefit Amount
(1) Quadriplegia (total paralysis of all four Limbs).....	100% of benefit amount
(2) Triplegia (total paralysis of three Limbs).....	75% of benefit amount
(3) Paraplegia (total paralysis of both lower Limbs) .....	75% of benefit amount
(4) Hemiplegia (total paralysis of upper and lower Limbs .....	50% of benefit amount
on one side of the body)	
(5) Uniplegia (total paralysis of one Limb).....	25% of benefit amount

### Coma Benefit

If you sustain a covered injury within 365 days of a covered accident and such injury causes you to be in a coma for at least 31 consecutive days, you may receive a monthly benefit equal to 1% of your benefit amount for up to 100 months.

### Additional Benefits through the Plan (All Classes)

#### Carjacking Benefit

If you suffer a covered loss which is payable under the Accidental Death or Accidental Dismemberment and Plegia Benefit as a direct result of an accident that occurs during a carjacking of a private passenger automobile that you were operating, getting into or out of, or riding in as a passenger, we may pay an additional benefit equal to 10% of the applicable benefit amount to a maximum of \$10,000.

### Home Alteration and Vehicle Modification Benefit

If you suffer an injury and receive a benefit under the Accidental Dismemberment and Plegia Benefit of the policy, you may be entitled to an additional benefit equal to the lesser of 10% of your benefit amount to a maximum of \$25,000 for the one-time cost of alterations to your primary residence to make it wheelchair accessible and habitable; and the one-time cost of modifications necessary to your motor vehicle to make the vehicle accessible or drivable. You will be entitled to this benefit provided: 1) that you are required to use a wheelchair to be ambulatory on a permanent basis; and 2) the injury that caused the payment of the Accidental Dismemberment and Plegia Benefit is the same injury that requires you to need the wheelchair.

### Rehabilitation Benefit

If you suffer an injury which causes you to receive an Accidental Dismemberment and Plegia Benefit under the policy, you may be entitled to receive an additional benefit for the Reasonable and Customary expenses actually incurred for a prescribed Rehabilitation Training program by a licensed physician that is required due to your injury which will prepare you for an occupation which you would not have engaged in except for the injury in an amount equal to the lesser of the actual expenses that are incurred within two years from the date of your covered accident for the Rehabilitation Training; \$10,000; or 10% of your benefit amount.

### Safety Device Benefit

If you suffer a covered loss and the injury which caused your accidental death directly resulted from an accident, you may receive an additional benefit equal to 10% of your benefit amount to a maximum of \$25,000, provided you were operating or riding as a passenger in or on any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities; and wearing or protected by, as per manufacturer's instructions, a safety device (including, but not limited to a seat belt, lap and shoulder restraint, air bag, flotation device and/or helmet) as defined in the policy.

### Therapeutic Counseling Benefit

If you suffer a covered injury which requires Therapeutic Counseling by a licensed therapist or counselor who is registered or certified to provide psychological treatment or counseling, we may reimburse the charges for such counseling up to a maximum of \$1,000, for your incurred expense, provided: 1) all terms and conditions of the policy are met; 2) Therapeutic Counseling begins within ninety (90) days of the covered accident; and 3) Therapeutic Counseling must be received within one (1) year from the date of the covered loss.

### Out of Country Travel Medical Insurance

This Out-of-Country Travel Medical Insurance Benefit will apply to the following Covered Persons: you and your spouse/domestic partner and/or dependent child(ren) if the spouse/domestic partner and/or dependent child(ren) are with you while you are covered under the policy. The spouse/domestic partner and/or dependent child(ren) will not be covered while making a trip without you.

<b>Out of Country Travel Medical Insurance Schedule</b>			
<b>Benefit</b>	<b>Maximum Benefit Amount per Covered Person per Covered Accident or Illness</b>	<b>Deductible per Covered Person per Covered Accident or Illness</b>	<b>Co-Insurance Rate(s) per Covered Person per Covered Accident or Illness</b>
Medical Expense Benefit	\$250,000	\$0	100%
<b>Medical Expense Benefit Sublimits:</b>			
Daily Hospital Room and Board	The average semi-private room rate per day	The Deductible shown in the Medical Expense Benefit	100%
Daily Intensive Care Unit	Two (2) times the average semi-private room rate per day	The Deductible shown in the Medical Expense Benefit	100%

Dental	The Maximum Benefit Amount Shown in the Medical Expense Benefit	The Deductible shown in the Medical Expense Benefit	100%
Pregnancy	The Maximum Benefit Amount Shown in the Medical Expense Benefit	The Deductible shown in the Medical Expense Benefit	100%

We or Zurich Travel Assist will pay the Reasonable and Customary expenses incurred by the covered person for medically necessary medical services or treatments resulting from a covered accident or an illness while such covered person is traveling outside his or her country of principal residence, while on the business of the policyholder including personal deviations and side trips. We or Zurich Travel Assist will pay the Co-Insurance Rate up to the maximum benefit amount for the Medical Expense Benefit, subject to any Medical Expense Sublimits as shown in the Out of Country Travel Medical Insurance Schedule. The Medical Expense Benefit Sublimits are included within, and not in addition to, the Maximum Benefit Amount for the Medical Expense Benefit.

Coverage under this benefit is conditional upon notification within twenty-four (24) hours, or as soon as reasonably possible the Covered Person or Policyholder to Us or Zurich Travel Assist at 1-800-263-0261 from the U.S. or Canada; and collect from anywhere else in the world at +1-416-977-0277 of the need for medical treatment. Our Assistance Provider, in conjunction with the local attending Physician, shall coordinate the most suitable medical care including emergency evacuation or repatriation, if necessary.

[Enhanced Travel Assistance Plan](#)

This Enhanced Travel Assistance Plan is a comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your principal residence. This plan will apply to the following Covered Persons when on a Covered Trip: you and your Spouse/Domestic Partner and/or Dependent Child(ren) if your Spouse/Domestic Partner and/or Dependent Child(ren) are with you while you are covered under the policy. Your Spouse/Domestic Partner and/or Dependent Child(ren) will not be covered while making a trip without you. The transportation and/or services provided under this Enhanced Travel Assistance Plan must be pre-authorized by us or Zurich Travel Assist. This Enhanced Travel Assistance Plan consists of the following benefits:

- Hospital Admission/Medical Expense Guarantee..... Maximum Benefit Amount: Unlimited**  
 We or Zurich Travel Assist will pay the actual expenses incurred for guarantee of payment to the hospital or the medical provider.
- Medical Evacuation Benefit ..... Maximum Benefit Amount: Unlimited**  
 We or Zurich Travel Assist will arrange for, and cover the cost for, the transport of the Covered Person to the nearest hospital or medical facility which can provide such care.
- Medical Repatriation Benefit ..... Maximum Benefit Amount: Unlimited**  
 We or Zurich Travel Assist will arrange for, and cover the cost for, the transport of the Covered Person to his or her Principal Residence, in such transportation.
- Non-Medical Repatriation Benefit ..... Maximum Benefit Amount: Unlimited**  
 We or Zurich Travel Assist will arrange for, and cover the cost for, the transport of the Covered Person who has sufficiently recovered to travel in a regularly scheduled economy class air flight to his or her Principal Residence, in such transportation.
- Return of Remains Benefit ..... Maximum Benefit Amount: Unlimited**  
 We or Zurich Travel Assist will make arrangements and pay for the local preparation of the body for transport or cremation (not including the cost of cremation), travel clearances and authorizations, standard shipping container (not including urn or coffin) and transportation of the body or remains to its country of destination.
- Visit to Hospital Benefit ..... Maximum Benefit Amount: \$10,000**  
 We or Zurich Travel Assist will arrange for, and cover the cost for, a regularly scheduled round trip economy class air flight and accommodations (including hotel/lodging and meals; but excluding personal comfort or convenience items) for as many as

two (2) people chosen by the Covered Person to visit the Covered Person while he or she is hospitalized for more than 3 consecutive days.

- **Return of Child Benefit** ..... **Maximum Benefit Amount: \$10,000 per Dependent Child / \$10,000 per Attendant**  
We or Zurich Travel Assist will arrange for, and cover the cost of, the transport of the Dependent Child(ren) by a regularly scheduled economy class if flight to the location chosen by the Covered Person and for an attendant, if applicable.
- **Return of Companion Benefit** ..... **Maximum Benefit Amount: \$10,000**  
We or Zurich Travel Assist will arrange for, and cover the cost for, the lesser of the change fee for the companion's return air flight or a one way economy class flight.
- **Escort Services Benefit** ..... **Maximum Benefit Amount: \$10,000**  
If a Covered Person is traveling with a companion while on a Covered Trip, and due to Illness or Injury the Covered Person qualifies for medical evacuation, medical repatriation, non-medical repatriation or return of remains transportation and/or services, We or Our Assistance Provider will arrange for, and cover the cost for, the companion to join the Covered Person during the Covered Person's transport..
- **Dispatch of a Physician or Specialist Benefit** ..... **Maximum Benefit Amount: \$10,000**  
We or Zurich Travel Assist will arrange for, and cover the cost of, a physician's or specialist's travel to the Covered Person's location, as well as the medical services provided on location by such physician or specialist, to make the assessment.
- **Security Evacuation Benefit** ..... **Maximum Benefit Amount: \$100,000**  
If, as a result of an Event that takes place while a Covered Person is on a Covered Trip, the Covered Person requires extrication from a location in which he or she is traveling due to an imminent physical danger, We or Our Assistance Provider will arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the Covered Person; but excluding personal comfort and convenience items) of the Covered Person to the nearest place of safety. We or Our Assistance Provider must be contacted prior to the transport and We or Our Assistance Provider must pre-authorize the transport for this Security Evacuation Benefit to be payable. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, We or Our Assistance Provider will make every effort to maintain contact with the Covered Person.

We or Our Assistance Provider will also arrange for, and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection for the Covered Person; but excluding personal comfort and convenience items) of the Covered Person within seven (7) days of the Covered Person's extrication from a location in which he or she was traveling due to an imminent physical danger back to the location in which the Covered Person was traveling, provided return is safe and permitted, or the Covered Person's Principal Residence.

Based on all the circumstances, for the limited purpose of determining Our liability, We or Our Assistance Provider will determine the necessity of the extrication, the feasibility of the extrication and the appropriateness of the scheduling, as well as what mode of transportation and special equipment and/or personnel are covered.

You can access Zurich Travel Assist® services by calling, toll-free, 1-800-263-0261 and referencing policy number GTU 4380727 or logging on to their web site at [www.zurichtravelassist.com](http://www.zurichtravelassist.com).

## To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 4380727.

## Beneficiary Designation

Covered Losses resulting from the Insured's death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as the Insured, We will pay the benefit to the Insured's estate.

All other indemnities shall be payable to you.

## Payment for a Foreign National Employee

If you are a citizen of a country or other jurisdiction other than the United States of America and are entitled to benefits for a covered loss and we are unable to make payment directly to you because of legal restrictions in the country or jurisdiction where you are located, we will either: (1) pay the benefits to a bank account owned by you in the United States of America; or (2) if no such bank account is established or maintained, we will pay the benefits to the policyholder on your behalf. It will then be the responsibility of the policyholder to remit the benefit to you.

The Payment for a Foreign National Employee shall not apply to foreign nationals domiciled in the EEA. Where an amount is paid directly to an insured who is a foreign national residing in the EEA, the insured receives such benefit in the capacity of a **Loss Payee** only.

**Loss Payee** means a person who is employed by the policyholder, is domiciled in the European Economic Area (EEA), and would qualify as a Covered Person under the policy but for the fact that the Loss Payee is located in the EEA. Loss Payees are neither a party to nor Covered Persons under the policy; a Loss Payee's only right under the policy is to receive such benefit in the capacity of a Loss Payee as described above.

## General Exclusions

A loss shall not be a covered loss if it is caused by, contributed to, or resulted from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
5. participation in the commission or attempted commission of any felony;
6. being intoxicated.
  - a. You will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated, if operating a motor vehicle.
  - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of your intoxication.
7. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
8. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy.

## Hazard Exclusions

The following exclusions pertain to Hazard H-2 and Hazard H-3.

Coverage is not provided:

- A. If you are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. **Applies to Class I with regard to Hazard H-2:** For an assignment by the policyholder or relocation that exceeds three hundred sixty-five (365) days in duration. Note: If an assignment exceeds three hundred sixty-five (365) days in duration, the location of the assignment will be considered the place of permanent assignment, and you will then have coverage when traveling elsewhere on the Business of the Policyholder.  
**Applies to Class II and III with regard to Hazard H-3:** For travel or activities by you, which deviate from the requirements for making the specified trip, or travel that is an extension of the specified trip. This does not include a Personal Deviation and Side Trips of a personal nature.
- C. Unless we have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:

1. any aircraft other than those expressly stated in this Coverage;
2. any aircraft owned or controlled by, or under lease to the policyholder;
3. any aircraft owned or controlled by, or under lease to an insured or a member of an Insured's family or household;
4. any aircraft operated by the policyholder or one of the policyholder's employees including members of an employee's family or household;
5. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, aerial photography, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, endurance tests, exploration, firefighting, hang gliding, hunting, parachuting or skydiving, pipe line inspection, power line inspection, racing, skywriting, test or experimental purpose, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
6. any conveyance used for tests or experimental purposes, or in a race or speed test.

## General Limitations

**Limitation on Multiple Covered Losses.** If you suffer more than one loss as a result of the same accident, we will pay only one benefit, the largest benefit.

**Limitation on Multiple Benefits.** If you can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Plegia Benefit, Coma Benefit, as a result of the same accident, the most we will pay for these benefits in total is your benefit amount.

**Limitation on Multiple Hazards.** If you suffer a covered loss that is covered under more than one Hazard, we will pay only one benefit, the largest benefit.

## Aggregate Limit of Liability

The **Aggregate Limit of Liability** per covered accident is \$5,000,000.

**Aggregate Limit of Liability** means the total benefits we will pay for a covered accident or covered accidents set forth in the Schedule or Coverages section of the policy. For purposes of the Aggregate Limit of Liability provision, covered accident or covered accidents will include a covered loss or covered losses arising out of a single event or related events or originating cause and includes a resulting covered loss or covered losses. If the total benefits under the Aggregate Limit of Liability is not enough to pay full benefits to each Insured, We will pay each one a reduced benefit based upon the proportion that the Aggregate Limit of Liability bears to the total benefits which would otherwise be paid.

## Important

This is a brief description of the coverage provided through the business travel Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

## Sanctions Exclusion Endorsement

Notwithstanding any other terms under the policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under the policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

Zurich • 1299 Zurich Way, Schaumburg, Illinois 60196-1056 • 800-382-2150 [www.zurichna.com](http://www.zurichna.com)

The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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Intuit, Inc.

Underwritten by Zurich American Insurance Company  
Version: August 2023

