CHUBB®

# ACE Property & Casualty Insurance Company

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

## CRITICAL ILLNESS INSURANCE CERTIFICATE
## THIS IS A LIMITED BENEFIT CERTIFICATE.
## PLEASE READ IT CAREFULLY.

This is Your Certificate while You are insured. You are the Certificateholder. This Certificate is in force as of the Certificate Effective Date. The Certificate Effective date is defined under this Certificate.

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

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

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

### NOTICE OF THIRTY DAY RIGHT TO CANCEL THIS CERTIFICATE

If You are not satisfied with this Certificate, contact us within 30 days of receipt to request cancellation of coverage and refund of premium.

### RENEWABILITY

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

For ACE Property & Casualty Insurance Company

Richard L. Williams, Jr., President

Brandon Peene, Secretary

## TABLE OF CONTENTS

CERTIFICATE IDENTIFICATION ..... 3-5
SCHEDULE OF BENEFITS ..... 3
DEFINITIONS ..... 6-10
BENEFITS ..... 11-12
EXCLUSIONS ..... 13
PREMIUMS ..... 13
ELIGIBILITY, EFFECTIVE DATE, TERMINATION OF
COVERAGE AND PORTABILITY PRIVILEGE ..... 14-15
CLAIM PROVISIONS ..... 16-17
GENERAL PROVISIONS ..... 17-18

## CERTIFICATE IDENTIFICATION

Policyholder: Salem Health Hospitals and Clinics

Policy Number: 100005745

Policy Effective Date: 01/01/26

Governing Jurisdiction: OR

Policyholder Address: 890 Oak St. SE
Salem, OR 97301

Annual Enrollment Date: January 01

Eligible Class: Eligible Employees

### SCHEDULE OF BENEFITS

| COVERED PERSON(S): | FACE AMOUNT: |
|---|---|
| **Insured**<br>Contributory | $10,000 - $30,000 as elected |
| **Spouse** | 100% of Insured Face Amount as elected |
| **Child** | 50% of Insured Face Amount as elected |

| STANDARD CRITICAL ILLNESS BENEFIT | PERCENTAGE OF FACE AMOUNT | | |
|---|---|---|---|
| | **Insured** | **Spouse** | **Child** |
| Covered conditions: | 100% | 100% | 100% |
| Alzheimer's Disease | 100% | 100% | 100% |
| Amyotrophic Lateral Sclerosis (ALS) Aneurysm (Ruptured Cerebral or Aortic) | 25% | 25% | 25% |
| Benign Brain Tumor | 100% | 100% | 100% |
| Cancer | 100% | 100% | 100% |
| Coma | 100% | 100% | 100% |
| End Stage Renal (Kidney) Failure | 100% | 100% | 100% |
| Heart Attack (Myocardial Infarction) | 100% | 100% | 100% |
| Loss of Sight, Hearing or Speech | 0% | 0% | 0% |
| Major Organ Failure | 100% | 100% | 100% |
| Multiple Sclerosis | 100% | 100% | 100% |
| Paralysis or Dismemberment | 100% | 100% | 100% |
| Parkinson's Disease | 100% | 100% | 100% |
| Severe Burns | 0% | 0% | 0% |
| Stroke | 100% | 100% | 100% |
| Sudden Cardiac Arrest | 100% | 100% | 100% |

Form No. C60601-OR-S-NN

**OCCUPATIONAL CRITICAL ILLNESS BENEFIT**
This benefit is payable only for the Insured or Spouse. No benefits are payable for Covered Child(ren).

| | PERCENTAGE OF FACE AMOUNT | |
|---|---|---|
| | **Insured** | **Spouse** |
| **Covered conditions:** | | |
| Occupational Hepatitis B, C or D | 100% | 100% |
| Occupational Human Immunodeficiency Virus (HIV) | 100% | 100% |
| Occupational Invasive MRSA Infection | 100% | 100% |
| Occupational Rabies | 100% | 100% |
| Occupational Tetanus | 100% | 100% |
| Occupational Tuberculosis | 100% | 100% |

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| PARTIAL CRITICAL ILLNESS BENEFITS | PERCENTAGE OF FACE AMOUNT | | |
|---|---|---|---|
| | **Insured** | **Spouse** | **Child** |
| **Covered conditions:** | | | |
| Carcinoma In Situ (Non Invasive Cancer) | 25% | 25% | 25% |
| Coronary Artery Obstruction | 25% | 25% | 25% |
| Transient Ischemic Attack | 10% | 10% | 10% |

| | BENEFIT AMOUNT | | |
|---|---|---|---|
| | **Insured** | **Spouse** | **Child** |
| Skin Cancer<br>This benefit is payable once per Calendar Year per Covered Person. | $1,000 | $1,000 | $1,000 |

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**RECURRENCE CRITICAL ILLNESS BENEFIT**

| | PERCENTAGE OF FACE AMOUNT | | |
|---|---|---|---|
| | **Insured** | **Spouse** | **Child** |
| **Covered conditions:** | | | |
| Aneurysm – Ruptured Cerebral or Aortic | 50% | 50% | 50% |
| Benign Brain Tumor | 50% | 50% | 50% |
| Cancer | 50% | 50% | 50% |
| Carcinoma In Situ (Non Invasive Cancer) | 0% | 0% | 0% |
| Coma | 50% | 50% | 50% |
| Coronary Artery Obstruction | 50% | 50% | 50% |
| Heart Attack (Myocardial Infarction) | 50% | 50% | 50% |
| Major Organ Failure | 50% | 50% | 50% |
| Severe Burns | 0% | 0% | 0% |
| Stroke | 50% | 50% | 50% |
| Sudden Cardiac Arrest | 50% | 50% | 50% |

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**CHILDHOOD CRITICAL ILLNESS BENEFIT:**
This benefit is payable only for the Covered Child(ren)

| | **Child(ren)** |
|---|---|
| **Covered conditions:** | |
| Autism Spectrum Disorder | |
| DSM-V Severity Level 1 | 100% |
| DSM-V Severity Level 2 | 100% |
| DSM-V Severity Level 3 | 100% |
| Cerebral Palsy | 100% |
| Congenital Birth Defects | 100% |
| Cystic Fibrosis | 100% |
| Down Syndrome | 100% |
| Gaucher Disease | 100% |
| Muscular Dystrophy | 100% |
| Sickle Cell Disease | 100% |
| Type 1 Diabetes Mellitus | 100% |

Childhood Critical Illness Benefit is payable once per Covered Child.

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**Additional Benefit Riders:**

| | |
|---|---|
| **Bariatric Surgery Critical Illness Benefit Certificate Rider** | Not Covered |
| **Cancer Treatment Benefit Certificate Rider** | Not Covered |
| **Diabetes Benefit Certificate Rider** | Covered |
| **Family Care Benefit Certificate Rider** | Not Covered |
| **Hospital Admission Benefit Certificate Rider** | Not Covered |
| **Membership Endorsement for Health Care Referral, Consultation and Administration Services** | Covered |
| **Mortgage and Rent Helper Benefit Certificate Rider** | Not Covered |
| **Waiver of Premium Benefit Certificate Rider** | Not Covered |
| **Wellness Benefit Certificate Rider** | Covered |
| **Heart Rider** | Not Covered |
| **Miscellaneous Diseases Rider** | Covered |
| **Quality of Life Rider** | Not Covered |

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## DEFINITIONS

**Active Employee, Actively at Work** means You are at work for pay on a permanent basis at least 2.0 hours per week performing the normal duties of Your job.

**Alzheimer's Disease** means a progressive degenerative disease of the brain and memory, resulting in the inability to perform 2 or more of the following activities:

- Bathing
- Dressing
- Toileting
- Transferring
- Continence
- Eating

**Amyotrophic Lateral Sclerosis (ALS**), also known as Lou Gehrig's disease, means motor neuron disease, marked by muscular weakness and atrophy with spasticity and hyperreflexia due to a loss of motor neurons of the spinal cord, medulla and cortex.

**Benign Brain Tumor** means a non-cancerous tumor of the brain. The tumor must result in persistent neurological deficits including, but not limited to:

- Loss of vision;
- Loss of hearing; or
- Balance disruption.

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

The following are not considered Cancer:

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

For the purposes of this certificate, any cancer of the breast classified as Stage 0 or higher, Carcinoma In Situ or Non-invasive Cancer will be considered Cancer.

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

For the purposes of this certificate, any cancer of the breast classified as Stage 0 or higher, Carcinoma In Situ or Non-invasive Cancer will be considered Cancer.

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

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

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

**Chronic Kidney Disease Stage 6 (CKD6)** means End Stage Renal Failure.

**Civil Union** means a union as a same sex relationship similar like marriage that is recognized by law.

**Coma** means a disorder of consciousness resulting in a continuous altered state of consciousness no less than 30 days, with complete failure of the arousal system characterized by

- no spontaneous eye opening or
- inability to be awakened by application of vigorous sensory application.

A medically or pharmacologically induced altered state of consciousness at any level is excluded for this benefit.

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

**Contributory Coverage** means the coverage is paid by the Policyholder and provided at no cost to You

**Coronary Artery Obstruction** means a cross-sectional occlusion greater than 70% to one or more major coronary arteries, including left main, left anterior descending, circumflex and right coronary artery, determined by interpretation of coronary angiography, or the prevailing standard test being utilized at the time of diagnosis.

**Covered Person** means a person listed in the Certificate Specifications as covered under this Certificate.

**Dependent** means:

- Your Spouse;
- Your newborn child;
- Your natural child, legally adopted child, or step-child; provided that such child is unmarried and under age 26; or
- Your unmarried grandchild under age 26 who is a dependent for federal income tax purposes.

**Domestic Partnership** means a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon.

**End Stage Renal Failure** means Chronic Kidney Disease Stage 6 (CKD6), resulting in irreversible loss of renal function requiring renal replacement therapy in the form of dialysis or transplant.

**Eligible Employee** means a person who is an Active Employee or retired employee of the Policyholder.

**Heart Attack** means acute heart muscle death confirmed by a Physician.

A Heart Attack diagnosis includes:

- electrocardiogram (EKG) changes; and
- high specificity blood biomarker rise and fall such as Troponin I, or any such biomarker providing equal specificity; or
- Imaging techniques demonstrating new function loss.

At least one abnormal biomarker value is required to distinguish from other cardiac or non-cardiac origin.

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

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

**Loss of Hearing, Sight or Speech.** "Loss of Hearing" means total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by use of any hearing aid or device shall not be considered an irrevocable loss. "Loss of Sight" means total and irreversible loss of sight in both eyes. **"**Loss of Speech" means damage to vocal cords due to injury that results in the total and permanent inability to speak.

The Loss of Hearing, Sight or Speech must be diagnosed after the Certificate Effective Date.

If We pay one of the following conditions: Loss of Hearing, Sight or Speech for a Covered Person, We will not pay the Standard Critical Illness Benefit for the other two conditions for that Covered Person.

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

**Major Organ Failure** means chronic and irreversible failure of a major organ to function and the Covered Person being placed on the UNOS (United Network of Organ Sharing) list for a transplant. For this benefit, a major organ is defined as:

- Heart
- Liver
- Lung
- Pancreas

Major Organ Failure must be diagnosed after the Certificate Effective Date.

If the Covered Person is determined to be too ill for a transplant, but otherwise meets the criteria for placement on the UNOS list, the network requirement will be waived. The network requirement will also be waived if the Covered Person receives a Major Organ transplant prior to placement on the network.

If multiple organs are to be replaced at the same time, only one benefit for Major Organ Failure is payable.

**Multiple Sclerosis** means the occurrence of at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system.

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

For the purposes of this certificate, any cancer of the breast classified as Stage 0 or higher, Carcinoma In Situ or Non-invasive Cancer will be considered Cancer.

**Paralysis or Dismemberment** "Paralysis" means complete and irrecoverable loss of sensory and motor functions of two or more limbs which is diagnosed after the Certificate Effective Date.

"Dismemberment" means the loss by actual and complete severance of two or more limbs which occurred after the Certificate Effective Date. Limb means an entire hand or foot at or above the wrist or ankle.

If we pay for either the following conditions: Paralysis or Dismemberment for a Covered Person, We will not pay the Standard Critical Illness Benefit for the other condition for that Covered Person.

**Parkinson's Disease** means a chronic, progressive neurodegenerative disorder characterized by at least two of the four cardinal signs: rest tremor, rigidity, bradykinesia and gait disturbance, resulting in the inability to perform 2 of the following activities:

- Bathing
- Dressing
- Toileting
- Transferring
- Continence
- Eating

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

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

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

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

**Ruptured Aneurysm** means a ruptured aortic aneurysm or a cerebral aneurysm. A Ruptured Aortic Aneurysm means a leak to an already widened aorta section. A Ruptured Cerebral Aneurysm is a leak from a bulge in the wall of an artery that supplies blood to the brain.

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

**Spouse** means the person to whom the Insured is legally married or the Insured's Domestic Partner or Civil Union partner as defined under this Certificate and as shown on the Schedule of Benefits.

**Severe Burns** means third degree burns covering at least 20% of your body.

**Skin Cancer** means:

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

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

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

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

**Sudden Cardiac Arrest** means the heart suddenly and unexpectedly ceases to function, as a result of a disturbance in the heart's rhythm, with no evidence of structural heart disease.

**Transient Ischemic Attack (TIA, Mini-Stroke)** means a sudden, transient neurologic dysfunction lacking neuroimaging or clinical symptoms suggesting an acute infarction or stroke.

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

Waiting Period means the period after the Certificate Effective Date for which no benefits are available. The Waiting Period is shown on the Schedule of Benefits.

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

**You or Your** means the Insured.

## BENEFITS

Benefits are paid according to the Schedule of Benefits and are subject to the conditions, limitations, exclusions, and waiting periods of this Certificate.

### STANDARD CRITICAL ILLNESS BENEFIT

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

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

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

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

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**OCCUPATIONAL CRITICAL ILLNESS BENEFIT**

We will pay this benefit when You or Your Spouse is diagnosed with a covered condition while this coverage is in force. Diagnosis must be made by a Physician.

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

This benefit is payable once per Insured or Spouse.

**Occupational Hepatitis B, C, or D** means a viral hepatitis, types B, C, and D contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace to blood or other bodily fluids from a person known to be infected with Hepatitis. Hepatitis under this provision does not include type-A Hepatitis. In order for Occupational Hepatitis to be covered under this Certificate:

- The Covered Person had not tested positive for Hepatitis prior to Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace; and
- The diagnosis of Hepatitis must be confirmed by blood testing administered under the direction of a Physician.

Hepatitis infection acquired outside the workplace is not considered Occupational Hepatitis.

**Occupational Human Immunodeficiency Virus (HIV)** means HIV contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace to blood or other bodily fluids from a person known to be infected with HIV. In order for Occupational HIV to be covered under this Certificate:

- The Covered Person had not tested positive for HIV prior to the Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
- The diagnosis of HIV infection must be confirmed by blood testing administered under the direction of a Physician; and
- The date of a positive HIV antibody test for HIV must be subsequent to a prior negative test with a lapse of between 90 and 180 days between the two tests.
- HIV infection acquired outside the workplace is not considered Occupational HIV.

**Occupational Invasive MRSA Infection** means an infection with Methicillin-resistant Staphylococcus aureus (MRSA) contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace to blood or other bodily fluids from a person known to be infected with MRSA. In order for Occupational Invasive MRSA to be covered under this Certificate:

- The Covered Person had not tested positive for MRSA prior to the Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
- The diagnosis of Invasive MRSA must be diagnosed by a Physician; and
- Invasive MRSA acquired outside the workplace is not considered Occupational Invasive MRSA.

**Occupational Rabies** means viral disease of mammals transmitted through the bite of an animal infected with the rabies virus contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace from an animal known to be infected with Rabies. In order for Occupational Rabies to be covered under this Certificate:

- The Covered Person had not tested positive for Rabies prior to the Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
- The diagnosis of Rabies must be diagnosed by a Physician; and
- Rabies acquired outside the workplace is not considered Occupational Rabies.

**Occupational Tetanus** means an infectious disease caused by contamination of wounds with the bacteria Clostridium tetani contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace. In order for Occupational Tetanus to be covered under this Certificate:

- The Covered Person had shown signs or symptoms or diagnosed by a Physician for Tetanus prior to the Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
- The diagnosis of Tetanus must be diagnosed by a Physician; and
- Tetanus acquired outside the workplace is not considered Occupational Tetanus.

**Occupational Tuberculosis** means an infection by the bacteria Mycobacterium tuberculosis contracted by the Covered Person as a result of the Covered Person's documented accidental exposure in the workplace bodily fluids from a person known to be infected with Tuberculosis. In order for Occupational Tuberculosis:

- The Covered Person had not tested positive for Tuberculosis prior to the Covered Person's effective date of coverage under this Certificate;
- The Covered Person was performing his or her normal occupational duties at the time of the accidental exposure;
- The accidental exposure was documented by an accident report in accordance with the established occupational procedures at the Covered Person's workplace;
- The diagnosis of Tuberculosis must be diagnosed by a Physician; and

Tuberculosis acquired outside the workplace is not considered Occupational Tuberculosis.

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

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

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

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

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

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

Diagnosis must be made by a Physician.

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

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**CHILDHOOD CRITICAL ILLNESS BENEFITS**
We will pay this benefit when a Child is diagnosed with a covered condition while this coverage is in force. Diagnosis must be made by a Physician.

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

This benefit is payable once per Child.

**Autism Spectrum Disorder** means a biological based neurodevelopment disorder characterized by impairment in two major domains:
- Deficits in social communication and interaction; and
- Restricted repetitive patterns of behavior, interests, and activities.

A Physician must diagnose Autism Spectrum Disorder based on current DSM-V diagnostic criteria. The diagnosis must include the DSM-V severity level specifier for both major domains listed above.

**Cerebral Palsy** means a group of permanent disorders of the development of movement and posture, causing activity limitation that is attributed to non-progressive disturbances, which occurred in the developing fetal or infant brain. The motor disorders of Cerebral Palsy are often accompanied by disturbances of sensation, perception, cognition, communication, and behavior, by epilepsy, and by secondary musculoskeletal problems.

**Congenital Birth Defects** means the malformation or an organ or organ system.
Examples include but are not limited to the following:
- Heart defects
- Lung defects
- Spina Bifida
- Cleft lip or palate
- Limb malformations
- Development disorders of the brain

Congenital Birth Defects includes a newborn child who is born with Loss of Sight. Congenital Birth Defects does not include prematurity.

**Cystic Fibrosis** means a genetic disorder primarily affecting the lung, but also the pancreas, liver, kidney, and the intestines.

**Down Syndrome** means a genetic disorder finding all or part of a third copy of chromosome 21.

**Gaucher Disease** means a genetic disorder characterized by the abnormal accumulation of glucocerebroside, a class of lipids (fats), in cells and certain organs—spleen, liver, kidneys, lungs, brain, and bone marrow.

**Muscular Dystrophy** means a group of genetic disorders leading to progressive skeletal muscle weakness and breakdown.

**Sickle Cell Disease** means a severe hereditary form of anemia in which a mutated form of hemoglobin distorts the red blood cells.

Sickle Cell Disease does not mean the sickle cell trait, or heterozygous form.

**Type 1 Diabetes Mellitus** once known as juvenile diabetes or insulin diabetes, means a chronic condition in which the pancreas produces little or no insulin. The diagnosis of Type 1 Diabetes Mellitus must be made by a Physician.

## EXCLUSIONS

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

- Injuring oneself intentionally or committing or attempting to commit suicide;
- Committing or attempting to commit a felony or engaging in an illegal occupation or activity, for which the Covered Person has plead guilty to the charges or been convicted;

## PREMIUMS

### PAYMENT OF PREMIUM

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

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

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

### GRACE PERIOD

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

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

### PREMIUM CHANGES

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

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

### UNPAID PREMIUM

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

### REFUND OF PREMIUM AT DEATH

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

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

### ELIGIBILITY FOR COVERAGE

You are eligible for coverage under this Certificate if:

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

A Dependent is eligible for coverage on the later of:

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

A Dependent is deemed to be acquired as follows:

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

### ADDITION OF DEPENDENTS

1. Newborns: Coverage for a newborn is effective from the moment of birth provided that We receive notice of the newborn within 45 days after birth, and You pay all required premiums within 31 days after receiving a notice of amount due. If notification of a newborn is received more than 45 days after birth, coverage will be effective on the date notification is received by Us, provided You pay all required premiums within 31 days after receiving a notice of amount due.
2. Newly Adopted Children: Coverage for an adopted child is effective from the date of adoption or placement for adoption if You apply for coverage within sixty (60) days after adoption or placement for adoption. For coverage to continue We must receive notice within 60 days after the date of adoption or placement for adoption whichever is earlier; and You must pay all required premiums within 60 days after receiving a notice of amount due. Failure to provide notice within the required time period will not end coverage if it is shown that the notice was furnished as soon as reasonably possible. If notification of the adoption or placement for adoption is received more than 60 days after the date of adoption or placement for adoption, coverage will be effective on the date notification is received by Us, provided You pay all required premiums within 45 days after receiving a notice of amount due.
3. Other than a Newborn or Newly Adopted Child: To add other eligible Dependents You must apply for coverage during an open enrollment period. If approved by Us, coverage will be effective on the monthly anniversary of the Policy Effective Date following approval.

### EFFECTIVE DATE

Your coverage will start on the Certificate Effective Date.

**TERMINATION OF COVERAGE**

Your coverage will terminate at the earliest of:

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

Dependent coverage will terminate at the earliest of:

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

  Dependent ceases to be a Dependent as defined

**CONTINUATION FOR INCAPACITATED CHILDREN**

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

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

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

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**PORTABILITY PRIVILEGE**
We will provide accident insurance portability coverage subject to these provisions.

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

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

No portability coverage will be provided if Your accident insurance was terminated due to failure to pay premium.

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when Active Employment with the Policyholder ended. Portability coverage may include any Covered Persons. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

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

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

- The date of Your death.
- The end of the period for which You paid premiums, if You stop making a required premium contribution, subject to the Grace Period.
- The date You became covered under another group accident plan.
- The date You are no longer in an Eligible Class.
- The date the Policy terminates.

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## CLAIM PROVISIONS

### NOTICE OF CLAIM

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

### CLAIM FORMS

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

### PROOF OF LOSS

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

### TIME OF PAYMENT OF CLAIMS

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

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

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

All claims will be paid or denied no later than 120 days after receiving the claim.

### PAYMENT OF CLAIMS

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

**RECOVERY OF CLAIM OVERPAYMENT**
We reserve the right to recover any payment made by Us that were:

- Made in error;
- Made to You and/or any party on Your behalf, where We determine that such payment made is greater than the amount payable under this Certificate; or
- Made to You and/or any party on Your behalf based on fraudulent or misrepresented information.

If benefits are overpaid or paid in error, We have the right to recover the amount overpaid, or paid in error, including but not limited to, by any of the following methods:

- A request for You and/or the Covered Person to make a lump sum payment of the amount overpaid or paid in error; and/or,
- A reduction of any proceeds payable under this Certificate for a then-current or future claim(s) by any amounts overpaid or paid in error.

## GENERAL PROVISIONS

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

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

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

**CONFORMITY WITH STATE STATUTES**
Any provision of this Certificate which, on its effective date, is in conflict with the laws of the Governing Jurisdiction on that date is amended to conform to the minimum requirements of such laws.

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

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

**BENEFICIARY**

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

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

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

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

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

**PHYSICAL EXAMINATION AND AUTOPSY**

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

**NOTICE**

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

CHUBB

# ACE Property & Casualty Insurance Company

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

## MEMBERSHIP ENDORSEMENT
## FOR HEALTH CARE REFERRAL,
## CONSULTATION AND ADMINISTRATION SERVICES
## ENDORSEMENT SCHEDULE

**Endorsement Issue Date:** 1/1/2026

## ENDORSEMENT PROVISIONS

This Membership Endorsement ("Endorsement") is attached to and forms part of the Critical Illness Insurance Certificate ("Certificate"). This Endorsement was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete.

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

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

ACE Property & Casualty Insurance Company will provide a membership to You and any of your Eligible Dependents in a health care referral, consultation, and advocacy service through a vendor.

Membership in health care referral, consultation, and advocacy services includes, but is not limited to, a Covered Persons to access the following services:

- A review of a Covered Person's medical file by a Physician which will result in a written report defining that Covered Person's diagnosis and identifying treatment options.

- Identification and referral to Physicians who are suited to perform medical treatment of the Covered Person's medical condition.

Additional services may be available with this membership. For specific details, You may contact the health care referral, consultation, and advocacy service vendors directly.

The services provided under this Membership Endorsement are intended only as referral, consultation, and advocacy services. No medical advice or treatment are being offered or provided by Us, nor are We endorsing the quality of any Physician or other health care provider selected through these services. You are not required to use these services to receive benefits under the Policy.

**Termination of Endorsement and Vendor Changes.** This Endorsement is annually renewable by Us at our discretion. We reserve the right to change vendors for the above services, terminate a service, or terminate this Endorsement, including membership, at any time.

This Endorsement, including membership, will terminate at the earliest of the following:

- Termination of the Certificate to which this Endorsement is attached; or
- Forty-five (45) days after written notice of termination by Us has been sent to You at Your last known address.

No other Policy or Certificate provision or condition is changed in any way by this, Endorsement except as described above.

For ACE Property & Casualty Insurance Company

John J. Lupica, President

Brandon Peene, Secretary

CHUBB

**ACE Property & Casualty Insurance Company**
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# DIABETES BENEFIT
# CERTIFICATE RIDER
## RIDER SCHEDULE

**Rider Issue Date:** 1/1/2026

**Diabetes Diagnosis Benefit**

| | Benefit Amount |
|---|---|
| **Insured** | **Spouse** |
| $250 | $250 |

The Diabetes Diagnosis Benefit is payable once per Covered Person.

## RIDER PROVISIONS

This Certificate Rider ("Rider") is attached to and forms part of the Critical Illness Insurance Certificate ("Certificate"). This Rider was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete.

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

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

This Certificate Rider is renewable by Us at our discretion. We reserve the right to terminate this Certificate Rider and the coverage it provides at any renewal date.

## DEFINITIONS

**Diabetes (Diabetes Mellitus)** means a long-term metabolic disorder that is characterized by

- fasting plasma sugar >125 mg/dL or
- two hour plasma glucose >200 mg/dL after ingestion of 75g oral glucose load.

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

## BENEFITS

**Diabetes Diagnosis Benefit**

We will pay this benefit when a Covered Person's date of diagnosis for Diabetes occurs on or after the Rider Effective Date and while this coverage is in force. Diagnosis must be made by a Physician.The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

For ACE Property & Casualty Insurance Company

John J. Lupica, President

Brandon Peene, Secretary

CHUBB®

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# MISCELLANEOUS DISEASES BENEFIT CERTIFICATE RIDER

## RIDER SCHEDULE

**Rider Issue Date:** 01/01/2026

| **Miscellaneous Diseases Benefit** | **Percentage of Face Amount** | | |
|---|---|---|---|
| | **Insured** | **Spouse** | **Child** |
| Covered conditions include: | | | |
| Addison's Disease | 100% | 100% | 100% |
| Cerebrospinal Meningitis | 100% | 100% | 100% |
| COVID-19 | 0% | 0% | 0% |
| Diphtheria | 100% | 100% | 100% |
| Huntington's Chorea | 100% | 100% | 100% |
| Legionnaire's Disease | 100% | 100% | 100% |
| Malaria | 100% | 100% | 100% |
| Myasthenia Gravis | 100% | 100% | 100% |
| Meningitis | 100% | 100% | 100% |
| Necrotizing Fasciitis | 100% | 100% | 100% |
| Osteomyelitis | 100% | 100% | 100% |
| Polio | 100% | 100% | 100% |
| Rabies | 100% | 100% | 100% |
| Scleroderma | 100% | 100% | 100% |
| Systemic Lupus | 100% | 100% | 100% |
| Tetanus | 100% | 100% | 100% |
| Tuberculosis | 100% | 100% | 100% |

The Miscellaneous Diseases Benefit is payable once per covered condition per Covered Person.

**RIDER PROVISIONS**

This Certificate Rider (“Rider”) is attached to and forms part of the Critical Illness Insurance Certificate (“Certificate”). This Rider was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete.

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

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

**DEFINITIONS**

**Adrenal Hypofunction (Addison's Disease)** means a disease occurring when the body's adrenal glands do not produce sufficient steroid hormones. Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

**Cerebrospinal Meningitis** means a disease resulting in the inflammation of the meninges of both the brain and spinal cord caused by infection from viruses, bacteria, or other microorganisms or from Cancer.

**COVID-19** means a disease resulting in a positive COVID-19 diagnostic screening and 5 consecutive days of hospital confinement.

**Diphtheria** means an infectious disease caused by the bacterium Corynebacterium diphtheriae and characterized by the production of a systemic toxin and the formation of a false membrane lining of the mucous membrane of the throat and other respiratory passages, causing difficulty in breathing, high fever, and/or weakness.

Diphtheria can be diagnosed either through laboratory tests that confirm Diphtheria through a culture obtained from the infected area or through clinical observation of visible symptoms.

**Huntington's Chorea** means a hereditary disease characterized by gradual loss of brain function and voluntary movement due to degenerative changes in the cerebral cortex and basal ganglia.

**Legionnaire's Disease** means an infectious lung disease caused by species of the aerobic bacteria belonging to the genus Legionella.

**Malaria** means an infectious disease characterized by cycles of chills, fever, and sweating, caused by the bite of an anopheles mosquito infected with a protozoan of the genus Plasmodium.

**Myasthenia Gravis** means a disease characterized by progressive weakness and exhaustibility of voluntary muscles without atrophy or sensory disturbance and caused by an autoimmune attack on acetylcholine receptors at the neuromuscular junction.

**Necrotizing Fasciitis** means a severe soft tissue infection by bacteria that is marked by edema and necrosis of subcutaneous tissues with involvement of adjacent fascia and by painful red swollen skin over the affected areas.

**Osteomyelitis** means an infectious inflammatory disease of the bone that typically results from a bacterial infection and may result in the death of bone tissue.

**Polio (Poliomyelitis)** means an acute infectious disease caused by the poliovirus and characterized by fever, motor paralysis, and atrophy of skeletal muscles. It often results in permanent disability and deformity, and marked by inflammation of nerve cells in the anterior gray matter in each lateral half of the spinal cord.

**Rabies** means an acute viral disease of the nervous system caused by a rhabdovirus, which is usually transmitted through the bite of a rabid animal. It is typically characterized by increased salivation, abnormal behavior, and eventual paralysis.

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

**Scleroderma** means a progressive autoimmune disease characterized by the hardening and tightening of the skin and connective tissues.

**Systemic Lupus** means an autoimmune disease where the body's immune system attacks healthy tissue, leading to long-term inflammation. This disease is primarily characterized by joint pain and swelling.

**Tetanus** means a disease marked by rigidity and spasms of the voluntary muscles, caused by the bacterium Clostridium tetani.

**Tuberculosis** means an infectious disease caused by Mycobacterium tuberculosis bacteria. It is characterized by the growth of nodules in the bodily tissues, as well as by fever, cough, difficulty breathing, caseation, pleural effusions, and fibrosis.

## MISCELLANEOUS DISEASES BENEFIT

We will pay this benefit when a Covered Person's date of diagnosis for a covered condition occurs while this coverage is in force. The amount You will receive is based on the amount of coverage in effect on the date of diagnosis.

Payment of the Miscellaneous Diseases Benefit is subject to the Standard Critical Illness Benefit provisions in your Certificate.

For ACE Property & Casualty Insurance Company



John J. Lupica, President



Brandon Peene, Secretary

CHUBB

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

# WELLNESS BENEFIT CERTIFICATE RIDER

## RIDER SCHEDULE

**Rider Issue Date:** 1/1/2026

**Benefit Amount:** $50

**Maximum Days of Service:** **1 day(s) of service per Covered Person per calendar year**
The first calendar year begins on the Certificate Effective Date and continues through December 31 of that year. Subsequent calendar years begin on January 1 and continue through December 31.

**Waiting Period:** **30 days**

## RIDER PROVISIONS

This Certificate Rider ("Rider") is attached to and forms part of the Critical Illness Insurance Certificate ("Certificate"). This Rider was issued on the basis that the information provided by the Policyholder and any information provided by You are correct and complete.

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

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

## DEFINITIONS

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

## WELLNESS BENEFIT

We will pay this benefit if a Covered Person undergoes one or more of the following health screening tests or procedures after the waiting period up to the maximum Days of Service.

Wellness Tests are:

| | |
|---|---|
| Blood test for triglycerides | Hemoccult stool analysis |
| Bone marrow aspiration or biopsy | Mammography |
| CA 15-3 (blood test for breast cancer) | Pap smear |
| CA-125 (blood test for ovarian cancer) | PSA (blood test for prostate cancer) |
| Carotid Doppler | Serum cholesterol test to determine HDL and LDL levels |
| Chest x-ray | Serum protein electrophoresis (blood test for myeloma) |
| Colonoscopy | Skin cancer biopsy |
| Echocardiogram | Stress test on a bicycle or treadmill |
| Fasting blood glucose test | Thermography |
| Fasting plasma glucose (FPG) | Thin prep pap test |
| Hemoglobin A1C(HbA1c) | Two hour post-load plasma glucose |
| Flexible sigmoidoscopy | Virtual colonoscopy. |
| CEA (carcinoembryonic antigen – blood test for colon cancer) | Lipid Panel |
| Doppler screening for carotids | Endoscopy |
| Doppler screening for peripheral vascular disease | Human Papillomavirus (HPV) Testing |
| Whole Body Skin Cancer Screening | Immunizations |
| Routine Eye Exam | Routine Physicals |
| Well Child/Preventive Exams ages birth through 18 | |
| | |

Over time, We may add covered Wellness Tests at our option to adjust to advances in medical technology.

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

For ACE Property & Casualty Insurance Company



John J. Lupica, President



Brandon Peene, Secretary

CHUBB

# CHUBB GROUP
# U.S. PRIVACY NOTICE

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

| Reasons we can share your personal information | Does Chubb share? | Can you limit this sharing? |
|---|---|---|
| **For our everyday business purposes –** such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | Yes | No |
| **For our marketing purposes –** to offer our products and services to you | Yes | No |
| **For joint marketing with other financial companies** | Yes | No |
| **For our affiliates' everyday business purposes –** information about your transactions and experiences | Yes | No |
| **For our affiliates' everyday business purposes –** information about your creditworthiness | No | We don't share |
| **For our affiliates to market to you** | No | We don't share |
| **For nonaffiliates to market to you** | No | We don't share |
| **Questions?** | **Call 1-800-258-2930 or go to** https://www2.Chubb.com/us-en/privacy.aspx | |

| | |
|---|---|
| **Who is providing this notice?** | The Chubb Group. A list of these companies is located at the end of this document. |
| **What we do** | |
| **How does Chubb Group protect my personal information?** | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.<br><br>We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations. |
| **How does Chubb Group collect my personal information?** | We collect your personal information, for example, when you<br><br>▪ apply for insurance or pay insurance premiums<br>▪ file an insurance claim or provide account information<br>▪ give us your contact information<br><br>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies. |
| **Why can't I limit all sharing?** | Federal law gives you the right to limit only<br><br>▪ sharing for affiliates' everyday business purposes – information about your creditworthiness<br>▪ affiliates from using your information to market to you<br>▪ sharing for nonaffiliates to market to you<br><br>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law. |
| **Definitions** | |
| **Affiliates** | Companies related by common ownership or control. They can be financial and nonfinancial companies.<br><br>▪ Our affiliates include those with a Chubb name and other companies, such as Westchester Fire Insurance Company and Great Northern Insurance Company. |
| **Nonaffiliates** | Companies not related by common ownership or control. They can be financial and nonfinancial companies.<br><br>▪ Chubb does not share with nonaffiliates so they can market to you. |
| **Joint Marketing** | A formal agreement between nonaffiliated financial companies that together market financial products or services to you.<br><br>▪ Our joint marketing partners include categories of companies such as banks. |

## Other important information

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

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

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

## Chubb Group Companies Providing This Notice

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