

BAYLOR UNIVERSITY
Policy No. 24220

Voluntary Accident Insurance

THE INSURANCE POLICY UNDER WHICH THIS BOOKLET IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.



**FORT DEARBORN LIFE
INSURANCE COMPANY**

CLASS A
24220VAI0410A

Explanation

This certificate-booklet describes the voluntary accident insurance coverage made available to you and your family by your Employer. It gives a non-technical description of the benefits available in the event of Loss due to accidental bodily Injury or death.

The label affixed to the cover of this certificate-booklet shows your Group Policy and certificate numbers, your insurance coverage effective date, the Principal Sum, and whether you applied for the "Employee Only Plan," the "Employee and Spouse Plan," the "Employee and Child(ren) Plan," or the "Employee and Family Plan." If a change is made in your insurance coverage, you will be issued a new label to be affixed to this certificate-booklet indicating the new changes.

This certificate-booklet is not a contract. The necessary detailed provisions affecting this insurance coverage are contained in a Group Policy which has been issued to your Employer. It is necessary, however, that some words used in this certificate-booklet are technical words and are used in their technical sense as stated in the Group Policy. To be sure of their meaning, refer to "Definitions" on page 4. If there are any differences in meaning between this certificate-booklet and the Group Policy, the Group Policy prevails.

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All words which are used as defined terms are capitalized. The definitions for these words are found beginning on page 4.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Fort Dearborn Life Insurance Company's toll-free telephone number for information or to make a complaint at

1-800-633-3696

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the
Texas Department of Insurance:

P. O. Box 149104
Austin, TX 78714-9104
FAX #(512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Fort Dearborn Life Insurance Company para informacion o para someter una queja al

1-800-633-3696

Puede comunicarse con el Departamento de Seguros de Texas para conseguir informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir
al Departamento de Seguros de Texas:

P. O. Box 149104
Austin, TX 78714-9104
FAX #(512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con al Departamento de Seguros de Texas.

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

**SCHEDULE OF BENEFITS
VOLUNTARY ACCIDENT INSURANCE
IF ELECTED**

POLICYHOLDER: Baylor University

POLICY NUMBER: 24220

MASTER POLICY EFFECTIVE DATE: 7-1-1974

YOUR COVERAGE EFFECTIVE DATE: As indicated on your employer's records

**CLASS OF
INSUREDS**

DEFINITION

A

Any full-time, active employee

Amount of Life Insurance: Employee may select coverage in increments of \$25,000 to a maximum of \$300,000. The minimum principal sum is \$25,000; maximum is \$300,000 (any amount over \$150,000 shall not exceed 10 times the employee's annual salary). The principal sum for a Dependent Spouse may be either 100% or 50% of the employee's amount. The principal sum for a Dependent Child shall not exceed 10% of the employee's amount up to a maximum of \$30,000.

Reduction Features: Life reduces as follows:

% of the original amount	Age
To 65%	At 70
To 40%	At 75
To 25%	At 80
To 15%	At 85
To 10%	At 90

Coverage terminates at retirement

SCHA

An Amendment

To be inserted in your certificate-booklet describing your Voluntary Accident Insurance

This amendment will be effective on the date of the corresponding Group Policy amendment or the effective date shown on the label affixed to the cover of your certificate-booklet, whichever is later.

This certificate booklet is amended as follows:

The section entitled “**Definitions**” is amended by deleting the definition of “**Dependent**” in its entirety and substituting the following:

Dependent means:

1. An Employee’s spouse, or
2. Any unmarried child:
 - a. From date of Live Birth and under 19 years of age, or
 - b. Under 26 years of age and who is attending an accredited educational institution as a full-time student for at least 5 months of the year; or
3. Any disabled child, provided that in the case of a disabled child who has reached age 19, or up to age 26 if a student, such child is dependent upon the Employee for more than one-half of his support as defined by the Internal Revenue Code of the United States.

“Child” means:

1. the natural child of the Employee;
2. a legally adopted child of the Employee (including a child living with the adopting parents during the period of probation);
3. a stepchild of the Employee whose primary residence is the Employee’s household;
4. a child of the Employee’s child who is dependent upon the Employee for more than one-half of his or her support as defined by the Internal Revenue Code of the United States;
5. a child for which the Employee has received a court order requiring the Employee have financial responsibility for providing insurance coverage for such child; or
6. a child:
 - a. whose primary residence is the household of which the Employee is the head, and
 - b. to whom the Employee is legal guardian or related by blood or marriage, and

- c. who is dependent upon the Employee for more than one-half of his support as defined by the Internal Revenue Code of the United States.

“Disabled” means any medically determinable physical or mental condition which prevents the child from engaging in self-sustaining employment; provided that the disability commences prior to such child’s attainment of the limiting age and that satisfactory proof of such disability and dependency is submitted by the Employee within 31 days following the child’s attainment of the limiting age.

“Live Birth” means a newborn, natural child who is born alive as certified by an attending physician.

As a condition to the continued insurance coverage of a child as a disabled Dependent beyond the limiting age, FDL shall have the right to require periodic certification of the child’s physical or mental condition, but not more frequently than annually after the two-year period following the child’s attainment of the limiting age.

Voluntary Accident Insurance Benefits

Effective Date

The effective date of your insurance coverage is shown on the label affixed to the cover of this certificate-booklet. If for any reason you are not Actively at Work on the date your insurance coverage is to become effective, the insurance will become effective on the day following the first day you are again Actively at Work.

Dependent Eligibility

You may apply for insurance coverage for your spouse and eligible children. If you apply for "Employee and Child(ren)" or "Employee and Family" insurance coverage, then all eligible children which you have on the date you make application must be included. If you acquire an additional child or children while insured for Dependent coverage, they will become insured automatically.

If both you and your spouse are Employees of the Employer, neither of you will be eligible for insurance coverage as a Dependent. Also, in such cases, any child or children, if otherwise eligible for insurance coverage, will be considered as Dependents of one Employee only.

Amount of Insurance Coverage

The amount of insurance coverage for which you applied and were accepted is shown under "Principal Sum" on the label. If you applied for Dependent insurance coverage, the Principal Sum for your Dependent spouse will be either 100% or 50% of your amount, whichever you applied for in your application for this insurance coverage. The Principal Sum for each Dependent child will be 10% of your amount (not to exceed \$30,000).

Description of Insurance Coverage

If Injury caused by an accident results in any of the following specific Losses to an Insured (you or a Dependent) within one year from the date of the accident, FDL will pay the applicable benefit based on the Principal Sum for which the Insured is covered. Not more than one (the largest) of these benefits will be paid for any one Insured for Injuries resulting from any one accident:

1. Employee Only Plan:

Loss of Life.....	The Principal Sum
Loss of two or more Members.....	The Principal Sum
Loss of one Member.....	One-half the Principal Sum
Loss of speech or hearing.....	One-half the Principal Sum
Loss of thumb and index finger on the same hand.....	One-quarter the Principal Sum

2. Employee and Family Plan

The amounts applicable to you will be payable as described above. The amounts applicable to your covered Dependents will be as described in the section above entitled "Amount of Insurance Coverage."

Changes in Amount of Insurance Coverage

Increases in Amount

Any increase in the amount of your insurance coverage will become effective only if FDL provides written notice of acceptance. A condition for such acceptance of increased insurance coverage will be the submission by you, without expense to FDL, of evidence of insurability satisfactory to FDL. If FDL determines the required evidence to be satisfactory, the increased insurance coverage will become effective on the first day of the Insurance Month following the date FDL accepts such evidence of insurability.

Decreases in Amount

Any decrease in the amount of your insurance coverage will become effective automatically on the date of the change, except that any decrease due to attained age will become effective on the Policy Anniversary of the Group Policy next following the date of the change.

Payment of Benefits

Loss of Life

Benefits for accidental Loss of life will be payable in a lump sum to the beneficiary. However, if the Insured has made prior written election, the amount due (or any portion of it) will be paid in the fixed number of monthly installments as selected in the table below. If the Insured has not elected monthly installments, the beneficiary, after the death of the Insured, may elect in writing that all or any part of the amount payable be paid in a fixed number of monthly installments as selected in the table below. The remainder, if any, will be paid in a lump sum. Any lump sum payment will be made immediately upon receipt at the Administrative Office of FDL of the required proof of Loss. When installment payments are elected, the first installment will be paid immediately upon receipt of such proof.

If monthly installment payments are selected in lieu of a lump sum payment for accidental Loss of life, installment payments will be made for one of the three payment periods shown as follows:

Number of years during which monthly installments will be paid	Amount of each monthly installment payment per \$5,000 Principal Sum
3	\$144.00
5	88.50
10	47.00

The amount of each monthly installment for a Principal Sum other than \$5,000 will be in proportion to the above amounts, but may in no case be less than \$90.

Any Insured may designate his or her other beneficiary or beneficiaries or, from time to time, change his or her other designation of beneficiary or beneficiaries. This can be done only by signed written request filed at the Administrative Office of FDL through your Employer. The request must be made on a form furnished by or satisfactory to FDL. FDL will not be required to recognize any beneficiary designation unless it is provided in this manner.

The change of beneficiary will take effect as of the date the Insured signs the request, whether or not the Insured is living at the time of the filing of the request with FDL, but without prejudice to FDL on account of any payments made by it before it receives the request at its Administrative Office in a form satisfactory to FDL. For this purpose, a designation, change, or cancellation of beneficiary in a will or other document not so furnished by or satisfactory to FDL has no force or effect.

The benefits provided by this Voluntary Accident Insurance coverage will be paid, on the establishment of a valid claim, to the person or persons surviving the Insured by 120 hours in the following order of precedence:

- First, to the beneficiary or beneficiaries named by the Insured in his or her beneficiary designation on file with FDL;
- Second, if there is no designated beneficiary, to the widow or widower of the Insured.
- Third, if none of the above, to the natural and legally adopted child or children of the Insured and to descendants of deceased children;
- Fourth, if none of the above, to the parent or parents of the Insured;
- Fifth, if none of the above, to the duly appointed executor or administrator of the estate of the Insured;
- Sixth, if none of the above, to other kin of the Insured entitled under the laws of the domicile of the Insured at the date of his or her death.

If the death of both the Insured and the beneficiary occur within a period of less than 120 hours of each other, the Insured will be deemed to have survived the beneficiary for purposes of determining the rights to the proceeds of the insurance coverage described above.

If within one year after the death of the Insured:

- No claim for payment has been filed by a person entitled under the order of precedence described above, or
- Payment to the person within that period is prohibited by any statute or regulation,

payment may be made in the order of precedence as if the person has predeceased the Insured, and such payment bars recovery by any other person.

If the Insured has elected monthly installment payments and the beneficiary dies before the payment of all the monthly installments to which he is entitled, the commuted value of any remaining installments will be paid in one sum to the estate of the deceased beneficiary, unless the Insured has designated otherwise. The amounts payable in accordance with the table above are based upon interest at the rate of 2-1/2% per annum.

Upon any Policy Anniversary of the Group Policy, FDL may substitute for the table above a comparable table based upon a

different rate of interest, which will in no case be less than 2-1/2%. The new table will not be applicable to any claim resulting from an accident which occurred prior to the date of such substitution.

All Other Losses

All other benefits payable under the insurance coverage described above will be payable to the Insured.

Aggregate Limit of Liability

The aggregate limit of liability for each accident for all Insureds jointly will be as stated in the Group Policy. FDL will not be liable for any amount in excess of that aggregate limit. If the total amount for all benefits otherwise payable as described in this certificate-booklet exceeds that aggregate limit of liability, FDL will not be liable with respect to each Insured for a greater proportion of the benefits otherwise payable than the aggregate limit of liability bears to the total amount of all such benefits.

Exclusions

This insurance coverage does not cover Loss caused by or resulting from any one or more of the following:

1. Suicide or attempted suicide, or intentionally self-inflicted injury, while sane or insane; or
2. Illness, disease, pregnancy, childbirth, miscarriage, or bodily or mental infirmity; or
3. Any medical or surgical treatment or diagnosis therefor; or
4. Ptomaine, bacterial infection, or any other infection (except pyogenic infection which occurs through or with an external cut or wound sustained through external, violent, and accidental means); or
5. War or insurrection, whether declared or undeclared, or any incident attributable thereto, or any act of war, or any hostile action by a foreign power, whether or not the Insured is in any armed forces; or
6. Accidental bodily Injury occurring while the Insured is serving on active duty in the Armed Forces of any country or international authority; or
7. Travel or flight in any vehicle or device for aerial navigation, including boarding or alighting therefrom:
 - a. While being used for any test or experimental purpose; or
 - b. While traveling or flying in any aircraft as a member of the crew thereof; or
 - c. While engaged in skydiving, crop dusting, banner towing, glider or parasailing or other aerial devices, or experimental test flights; or
 - d. While engaged in learning to fly an aircraft; or
8. Loss occurring while attempting or engaging in any felonious activity.

Termination of Individual Insurance Coverage

The insurance coverage on any Insured will automatically terminate immediately upon the earliest of the following dates:

1. The date of termination of your employment with the Employer, or of your membership in the class or classes eligible for insurance coverage under the Group Policy; or
2. The effective date of an amendment to the Group Policy which terminates the insurance coverage of the eligible class to which you belong; or
3. The date of termination of the Group Policy; or
4. The date of expiration of the last period for which you have made any required contribution toward payment of premiums; or
5. The date the Insured enters full-time active duty in the armed forces of any state, country, or international authority, except for temporary duty of 30 days or less; or
6. The date you retire; or
7. The last day of the Insurance Month during which you cease to be an Employee as defined in this certificate-booklet; or
8. The last day of the Insurance Month during which a Dependent ceases to be a Dependent as defined in this certificate-booklet.

Cessation of Active Work will be deemed termination of employment, except that if the cessation of Active Work is on account of your (1) sickness or Injury, or (2) being temporarily laid off, or (3) having been granted a leave of absence, then in any such event your insurance coverage under the Group Policy will automatically and without notice terminate when premium payments for your insurance coverage are discontinued by your Employer. In no event will your insurance coverage be continued by payment of premiums beyond (1) the end of the Insurance Month following the month during which leave or layoff commences, or (2) the expiration of 12 months following the month during which sickness or Injury commences.

General Provisions

The following is an outline of portions of the "General Provisions" section of the Group Policy:

Discretionary Authority: FDL has the authority and discretion to determine your eligibility for benefits under, and construe the terms and conditions of, the Group Policy.

Entire Contract; Amendments: The Group Policy, the Employer's Application (a copy of which is attached to the Group Policy), the applications of Employees and any riders, amendments, or endorsements constitute the entire contract between the Employer and FDL.

FDL has the right to modify the terms or conditions of the Policy on its anniversary date (through an amendment to the Policy approved by an officer of FDL in writing) and may terminate the policy in accordance with the "Termination Provisions" of the Policy. Insured Employees will receive written notice of any modification, or termination, of the Policy.

Employee Retirement Income Security Act of 1974 (ERISA):

If the benefits provided by the Policy comprise all or a portion of the group voluntary accident components of the Employer's "employee welfare benefit plan" as that term is defined in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, the responsibilities of your Employer, you, and FDL include the following:

- The Employer will furnish summary plan descriptions, annual reports, and summary annual reports to you and other plan participants and the government as required by ERISA and its regulations. Failure by the Employer to provide such information will in no way affect the existence of the employee welfare benefit plan.
- FDL is not the ERISA "plan administrator" for benefits or activities pertaining to the Plan.

Statements: In the absence of fraud, all statements you made when applying for this insurance and providing evidence of insurability are considered representations and not warranties. No statements made by you will be used to reduce or deny a claim unless a copy of your statements has been given to you.

Gender: Use herein of a personal pronoun in the masculine gender shall be deemed to include the feminine unless the context clearly indicates the contrary.

Incontestability: The Group Policy shall be incontestable after it has been in force for two years from date of issue except for nonpayment of premiums. In the absence of fraud, no statement made by any person insured under the Group Policy relating to his or her insurability shall be used in contesting the validity of the insurance coverage with respect to which such statement was made after such insurance coverage has been in force prior to the contest for a period of two years during such person's lifetime nor unless it is contained in a written instrument signed by him or her.

Nonassignability: The insurance coverage and any benefits provided are not assignable.

Notice of Claim: Written notice of Loss on which claim is based must be given to FDL within 20 days after the occurrence or commencement of any Loss covered by the Group Policy or as soon thereafter as is reasonably possible. Such notice given by or on behalf of the Insured to FDL at its Administrative Office in Dallas, Texas, shall be deemed to be notice to FDL. Failure to give notice within the time provided herein shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

Claim Forms: FDL, upon receipt of such notice of claim, will furnish to the Insured or to the Employer for delivery to the Insured, or the Insured's beneficiary, such forms as are usually furnished by it for filing Proof of Loss. If such forms are not so furnished within 15 days after receipt of such notice by FDL, the Insured or beneficiary shall be deemed to have complied with the requirements of the Group Policy as to Proof of Loss upon submitting, within the time fixed herein for filing such proof, written proof covering the occurrence, the character, and the extent of the Loss for which claim is made.

Proof of Loss: Written Proof of Loss must be furnished to FDL at its Administrative Office in Dallas, Texas, within 91 days after the date of the Loss for which claim is made. Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it was not reasonably possible to furnish such proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Time of Payment of Claims: Benefits payable under the Group Policy shall be payable not more than 60 days after receipt by FDL of written proof of Loss.

Physical Examinations and Autopsy: FDL shall have the right and opportunity to examine the person of the Insured for whom claim is made, when and so often as it may reasonably require during the pendency of a claim under this insurance coverage and also the right and opportunity to make an autopsy in case of death where it is not prohibited by law.

Legal Actions: No action at law or in equity shall be brought to recover under the Group Policy prior to the expiration of 60 days after written Proof of Loss has been filed in accordance with the requirements herein and no such action shall be brought at all unless brought within three years from the expiration of the time within which written Proof of Loss is required to be furnished by the Group Policy.

Disclosure Authorization by Insured: Each Insured, by making application for insurance coverage hereunder, shall be deemed to have authorized any employer, physician, nurse, hospital, or other person or entity to furnish FDL full information and records or copies of records relating to the death, diagnosis, treatment, care, or any other information relating to claim for Loss, and such authorization shall be treated as a waiver of all provisions of any law regarding disclosure of such information and records.

Nonagency: The Employer is not the agent of FDL and nothing herein shall be construed to make the Employer the agent of FDL.

Workers' Compensation Insurance: The Group Policy is not in lieu of and does not affect any requirements for coverage under any Workers' Compensation Insurance.

Misstatement of Age: In the event the age of any Insured covered under the Group Policy has been misstated, the amount of insurance coverage for such Insured will be that determined in accordance with the terms of the Group Policy, based on the true age of the Insured, and there will be an equitable adjustment of premiums made so that the Employer will pay to FDL the actual premiums at the true age of any such Insured covered under the Group Policy.

Definitions

As used in this certificate-booklet:

Actively at Work, Active Work or Active Service means the active expenditure of time and energy in the services of the Employer at the Employee's usual and customary place of employment by an Employee who is physically and mentally capable of performing on a regular basis all of the usual and customary duties required for his position; provided, however, that an Employee will be deemed to be so actively expending time and energy on each day of a regular paid vacation, or on a regular nonworking day, on which he or she is not disabled provided he or she was so actively expending time and energy on the last scheduled working day preceding such vacation or nonworking day.

Annual Salary means the gross amount of monthly earnings payable to the Employee as compensation for his or her personal services in the business of the Employer, excluding overtime or extra compensation other than bonuses and commissions, multiplied by a factor of 12 to annualize; provided that the amount of bonuses and commissions to be included in such monthly earnings will be the average of the bonuses and commissions earned by the Employee during the 24-month period immediately preceding the date of calculation or during the total period of employment preceding such date if less than 24 months.

Dependent means:

1. An Employee's spouse, or
2. Any unmarried child who is either:
 - a. Over 14 days and under 19 years of age, or
 - b. Under 23 years of age and who is attending an accredited educational institution as a full-time student, or
3. Any disabled child, provided that in the case of a disabled child who has reached age 19, or up to age 23 if a student, such child is dependent upon the Employee for more than one-half of his support as defined by the Internal Revenue Code of the United States:

"Child" means:

1. the natural child of the Employee;
2. a legally adopted child of the Employee (including a child living with the adopting parents during the period of probation);
3. a stepchild of the Employee whose primary residence is the Employee's household;
4. a child of the Employee's child who is dependent upon the Employee for more than one-half of his or her support as defined by the Internal Revenue Code of the United States;

5. a child for which the Employee has received a court order requiring the Employee have financial responsibility for providing insurance coverage for such child; or
6. a child:
 - a. whose primary residence is the household of which the Employee is the head, and
 - b. to whom the Employee is legal guardian or related by blood or marriage, and
 - c. who is dependent upon the Employee for more than one-half of his support as defined by the Internal Revenue Code of the United States.

“Disabled” means any medically determinable physical or mental condition which prevents the child from engaging in self-sustaining employment; provided that the disability commences prior to such child’s attainment of the limiting age and that satisfactory proof of such disability and dependency is submitted by the Employee within 31 days following the child’s attainment of the limiting age.

As a condition to the continued insurance coverage of a child as a disabled Dependent beyond the limiting age, FDL shall have the right to require periodic certification of the child’s physical or mental condition, but not more frequently than annually after the two-year period following the child’s attainment of the limiting age.

Employee means a person who regularly renders personal services at the Employee’s usual and customary place of employment with the Employer for not less than 120 hours per month in the business of the Employer, and who is duly recorded as such on the payroll records of the Employer and is compensated for such services by salary or wages; except that proprietors, partners, corporate officers and directors need not be compensated for such services by salary or wages. An Employee of any subsidiaries and/or affiliates of the Employer, if named in the Group Policy or Employer’s Application attached thereto, shall be deemed an Employee of the Employer.

Group Policy means the group master policy issued to the Employer by FDL setting forth the benefits, terms, and provisions of this group voluntary accident insurance program, including any amendments, endorsements, or riders.

Insurance Month means each succeeding monthly period beginning on the Policy Date.

Injury means bodily injury, caused by an accident directly and independently from all other causes, occurring while the Group Policy is in force as to the Insured whose injury is the basis of claim, except as limited or excluded by the provisions of the Group Policy.

Insured means either the Employee or a Dependent, as defined above, who is eligible to become insured under the Group Policy.

Loss means loss of life or with regard to:

1. Hand or foot - actual complete severance through or above the wrist or ankle joints;
2. Eye - entire and irrecoverable loss of sight;
3. Speech - irrecoverable loss of speech which does not allow audible communication in any degree;
4. Hearing - irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; and
5. Thumb and index finger - actual severance through or above metacarpophalangeal joints.

Member means the Insured’s hand, foot, or eye only. It does not include the thumb and index finger.

Policy Anniversary means the month, day and year specified in the Group Policy, and the corresponding date in each year thereafter for as long as the Group Policy is in force.

Policy Date means the month, day and year on which the Group Policy becomes effective.

Principal Sum means the amount of insurance coverage for which the Employee is eligible as indicated on the label affixed to the cover of this certificate-booklet.

Certificate of Insurance

Fort Dearborn Life Insurance Company

(herein called "FDL")

Hereby certifies that it has issued a Voluntary Accident Insurance Policy for the Employee of the Employer shown on the label affixed to the cover of this certificate-booklet. Subject to the provisions of that Policy, each Employee to whom a label is issued, shall have insurance coverage thereunder, commencing on the effective date shown on such label.



President



**FORT DEARBORN LIFE
INSURANCE COMPANY**

Administrative Office:
P. O. Box 655403
Dallas, Texas 75265-5403

Information on Fort Dearborn Life Insurance
Company's product portfolio can be obtained
through the Customer Service toll free number:
1-800-778-2281