

SECTION VI

EXHIBITS

EXHIBIT A

The School Board of Miami-Dade County, Florida, adheres to a policy of nondiscrimination in employment and educational programs/activities and programs/activities receiving Federal financial assistance from the Department of Education, and strives affirmatively to provide equal opportunity for all as required by:

Title VI of the Civil Rights Act of 1964 - prohibits discrimination on the basis of race, color, religion, or national origin.

Title VII of the Civil Rights Act of 1964, as amended - prohibits discrimination in employment on the basis of race, color, religion, gender, or national origin.

Title IX of the Education Amendments of 1972 - prohibits discrimination on the basis of gender.

Age Discrimination in Employment Act of 1967 (ADEA), as amended - prohibits discrimination on the basis of age with respect to individuals who are at least 40.

The Equal Pay Act of 1963, as amended - prohibits sex discrimination in payment of wages to women and men performing substantially equal work in the same establishment.

Section 504 of the Rehabilitation Act of 1973 - prohibits discrimination against the disabled.

Americans with Disabilities Act of 1990 (ADA) - prohibits discrimination against individuals with disabilities in employment, public service, public accommodations and telecommunications.

The Family and Medical Leave Act of 1993 (FMLA) - requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons.

The Pregnancy Discrimination Act of 1978 - prohibits discrimination in employment on the basis of pregnancy, childbirth, or related medical conditions.

Florida Educational Equity Act (FEEA) - prohibits discrimination on the basis of race, gender, national origin, marital status, or handicap against a student or employee.

Florida Civil Rights Act of 1992 - secures for all individuals within the state freedom from discrimination because of race, color, religion, sex, national origin, age, handicap, or marital status.

School Board Rules 6Gx13- 4A-1.01, 6Gx13- 4A-1.32, and 6Gx13- 5D-1.10 - prohibit harassment and/or discrimination against a student or employee on the basis of gender, race, color, religion, ethnic or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, pregnancy, or disability.

Veterans are provided re-employment rights in accordance with P.L. 93-508 (Federal Law) and Section 295.07 (Florida Statutes), which stipulate categorical preferences for employment.

Revised 5/9/03

EXHIBIT B

3. **CERTIFICATIONS:** Indicate if this business shares common officers, owners, directors or management personnel with another business that has received, been denied, or had its certification revoked as an MBE/DBE/WBE or SBA 8(a) Certified Contractor. Indicate the name of the certifying authority, as well as the date and type of determination (certification/denial/revocation).

<u>Agency Name</u>	<u>Determination</u>	<u>Date</u>

4. **OWNERSHIP:**

a. Identify the proprietor, each partner, or stockholder by name, as well as his/her citizenship (c) or (r) residency status, gender, ethnic group, and percentage of ownership.

<u>Name</u>	<u>Owner/ shareholder</u>	<u>Resident or U.S. Citizen</u>	<u>Gender</u>	<u>Ethnicity</u>	<u>% Owned</u>	<u>Years Owned</u>

b. If the business is a corporation, please indicate the following:

1. The number of shares authorized: _____
2. The number shares issued: _____
3. Are there any stock option agreements? Yes ____ No ____
If yes, please provide a copy of each agreement.

5. **OPERATIONAL CONTROL:** Provide the name, title, race/ethnicity, and gender of each individual (including owners and non-owners) with the primary responsibility for the following:

	<u>Name and title</u>	<u>Race/ethnicity/ gender</u>
a. Check signing	_____	_____
	_____	_____

	Name and title	Race/ethnicity/ gender
b. Payroll signing	_____	_____
	_____	_____
c. Signing, or guaranteeing loans	_____	_____
	_____	_____
d. Acquiring lines of credit	_____	_____
	_____	_____
e. Acquiring surety bonding and insurance	_____	_____
	_____	_____
f. Purchasing major equipment/services	_____	_____
	_____	_____
g. Signing contracts/change orders/payment requisitions	_____	_____
	_____	_____
h. Estimating	_____	_____
	_____	_____
i. Qualifying the company for professional/trade license(s)	_____	_____
	_____	_____
j. Marketing/sales	_____	_____
	_____	_____
k. Hiring and firing managerial employees	_____	_____
	_____	_____
l. Hiring and firing non-management employees	_____	_____
	_____	_____
m. Supervising field/operations	_____	_____
	_____	_____
n. Supervising office personnel	_____	_____
	_____	_____

6. **PERSONNEL:** Identify the number of individuals, including owners, that are currently employed by the business in the following areas:

Please use the following to classify women/minority persons: AM-African American male, AF-African American female, HM-Hispanic male, HF-Hispanic female, WM-Non Hispanic White male, WF-Non Hispanic White female.

	<u>Total Number of Employees</u>					
	AM	AF	HM	HF	WM	WF
a. Management						
b. Administrative/clerical						
c. Professional/technical						
d. Craftsperson/laborers						

e. Provide a copy of the business affirmative action statement, if one is available.

7. **BUSINESS RELATIONSHIPS:** Provide the requested information for each of the following:

a. Bonding Company: _____
 Address: _____
 Agent name: _____ Phone number: (____) ____ - ____
 Single Contract Limit: _____ Aggregate Limit: _____

b. Bank(s) Name(s): _____
 Branch: _____
 Contact person: _____ Phone number: (____) ____ - ____
 Credit limit: _____

c. Identify the company's/creditors including banks and the amount of money owed to:

<u>Creditor</u>	<u>Loan Guarantor(s)</u>	<u>Address & telephone</u>	<u>Loan Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Insurance company: _____
 Type of insurance: _____ Insurance limits: _____

e. List the business' three largest contracts or jobs.

<u>Contract/ job type</u>	<u>Contact person</u>	<u>Telephone number</u>	<u>Contract amount</u>	<u>Bonded (Yes/No)</u>
		() -		
		() -		
		() -		

8. EQUIPMENT: List the type and value of major equipment that is owned (O) or leased (L) by the business.

<u>Equipment</u>	<u>O/L</u>	<u>Value (\$ amount)</u>

9. M/WBE JOINT VENTURE - Joint ventures must provide a copy of the joint venture agreement.

M/WBE CERTIFICATION APPLICATION

AFFIDAVIT

STATE OF _____ :
COUNTY OF _____ :SS

I hereby declare and affirm that I am the _____ (Title)
of: _____ (Firm)

That I am duly authorized to execute the foregoing M/WBE Certification Application, and that the contents of said documents are complete, true and correct to the best of my knowledge and belief. I hereby certify that the documents include all material information necessary to identify the true and lawful owners of the subject business enterprise. Further, the undersigned is notified of their responsibility to submit an updated Minority/Woman Business Enterprise Certification Application whenever a change occurs in ownership, management or control of the company. Any M/WBE applicant, certified M/WBE principal(s) and all related parties, who misrepresents the status of any concern as an M/WBE, or is a party to such misrepresentation to obtain business or contracts with the School Board under the Business Development and Assistance Program, **will be suspended from doing business with the School Board for fourteen (14) months.**

(Corporate Seal), if appropriate

Minority/Woman Owner's Signature

On this _____ day of _____, 20____, personally appeared before me, the undersigned officer authorized to administer oaths: _____ known to be the person described in the foregoing affidavit, who acknowledged that he/she executed the same in the capacity stated and for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

My Commission Expires: _____
SEAL

**M/WBE
Certification Check List**

Please attach copies, not originals, of all applicable items. Incomplete applications cannot be processed, and failure to submit the documents will delay or result in termination of the application process.

Please check if documents are attached:

1. M/WBE certifications from other public agencies.
2. M/WBE Certification Application Affidavit (Page 6 of Application).
3. Miami-Dade County Public Schools Vendor Application.
4. Lease/purchase agreement for the business' facilities.
5. Current professional/business license(s).
6. Proof of citizenship or permanent resident status.
7. Resumes for owners and key personnel.
8. Lease/purchase agreements for major business equipment.
9. Most current application for bonding, if applicable.
10. Management agreement(s).
11. Loan agreement(s) or promissory note(s).
12. Birth certificate, drivers license, passport or any other document which substantiates the ethnicity/race/gender of owners, officers and directors.

***If any of the aforementioned documents are not available, please provide a written notarized statement that information is not available.**

13. Sole Proprietor - Submit all of the above items, as applicable and the following:

- U.S. IRS 1040-C Schedule.
- Fictitious name affidavit, if applicable.

14. Partnerships - Submit all of the above items, and the following:

- Partnership agreement(s).
- U.S. IRS 1065, with schedules.
- Profit sharing agreements.

15. Corporations - Submit all of the above items, and the following:

- Articles of Incorporation, with amendments.
- By-Laws, with amendments.
- The most current U.S. IRS Corporate Tax Return 11 20 or 1 120s, with all schedules.
- All issued and canceled stock certificates (front & back).
- Minutes of the first shareholders' meeting.
- Minutes of the first board of directors' meeting.
- Minutes of meetings at which the current board of directors and officers were elected or appointed.
- Stock transfer ledger.
- Most current annual report filed with the Secretary of State.
- Profit sharing agreement(s).
- Agreements affecting management, control or rights of any stockholder(s).

16. Joint venture agreement(s).

17. Certificate(s) of insurance.

18. Sub-contractual agreement(s).

NOTE: If after filing this application, there is any significant change in the information submitted herein, you must inform the Division of Business Development and Assistance of the change, or the company may be denied certification.

Certified companies must inform the Division of Business Development and Assistance of any changes in the information contained herein, which formed the basis of certification. Failure to do so may result in denial , revocation or suspension of certification.

COMPLETE APPLICATION, INCLUDING VENDOR APPLICATION AND CATEGORY OF GOODS AND SERVICES LIST, SHOULD BE RETURNED TO:

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DIVISION OF BUSINESS DEVELOPMENT AND ASSISTANCE
1450 N.E. 2ND AVENUE, ROOM 456
MIAMI, FL 33132**

EXHIBIT C

STUDENT ACCIDENT

Current Plan Rates

<u>(Pre-K – 6)</u>	<u>Rates</u>
School Time Plan	\$14.00
School Time + Extended Dental	\$16.00
<u>(Grades 7 – 12)</u>	
School Time Plan	\$15.00
School Time + Extended Dental	\$17.00
<u>(Pre K – 12)</u>	
24 Hour Coverage	\$38.00
Extended Dental	\$40.00

Enrollment

School Time Plan	60,624
24 Hour Plan	6,170

Premium/Claims Data

(through 11/07) as provided by School Insurance of Florida, Inc.

	<u>2006/2007</u>	<u>2005/2006</u>	<u>2004/2005</u>
Premium	\$698,984	\$695,873	\$440,829
Paid Claims	\$444,105	\$456,866	\$229,156
Reserve for IBNR	\$ 97,960	\$ 64,720	\$ 15,452

FOOTBALL ACCIDENT

Current Plan Rates and Enrollment

<u>Football</u>	
Fall	\$147.55
Spring Practice	\$36.50

Premium/Claims Data

See attached.

CATASTROPHIC ATHLETICS

Premiums

07-08 \$80,809

06-07 \$80,809

05-06 \$64,347

04-05 \$61,283

03-04 \$57,814

02-03 \$61,500

Premium/Claims Data

See attached.

CLAIMS REPORT AS OF 12/12/07 FLORIDA (All Plans)

PREMIUM & CLAIMS LOSS RATIO REPORT FOR THE 2004 SCHOOL YEAR

POLICY #	SCHOOL SYSTEM	HIGH SCHOOL FOOTBALL	TOTAL
0904020005	MIAMI DADE COUNTY SCHOOLS		

PREMIUM	466,224.00
CLAIMS EXPENSE TO DATE	432,996.30
PROJECTED CLAIMS	0.00
LOSS/PREMIUM RATIO	0.929

CLAIMS REPORT AS OF 12/12/07 FLORIDA (All Plans)

PREMIUM & CLAIMS LOSS RATIO REPORT FOR THE 2005 SCHOOL YEAR

POLICY #	SCHOOL SYSTEM	HIGH SCHOOL FOOTBALL	TOTAL
0904020005	MIAMI DADE COUNTY SCHOOLS		

PREMIUM	645,000.71
CLAIMS EXPENSE TO DATE	336,194.70
PROJECTED CLAIMS	337,842.06
LOSS/PREMIUM RATIO	104.5

CLAIMS REPORT AS OF 12/12/07 FLORIDA (All Plans)

PREMIUM & CLAIMS LOSS RATIO REPORT FOR THE 2006 SCHOOL YEAR

POLICY #	SCHOOL SYSTEM	HIGH SCHOOL FOOTBALL	TOTAL
0904020005	MIAMI DADE COUNTY SCHOOLS		

PREMIUM	645,000.10
CLAIMS EXPENSE TO DATE	290,593.64
PROJECTED CLAIMS	303,018.39
LOSS/PREMIUM RATIO	0.92

EXHIBIT D



AIG Domestic Accident & Health Division

A Division of American International Companies*

Underwritten By: National Union Fire Insurance Company of Pittsburgh, PA

ADDENDUM

Reference No. AIC0015628 Policy No. SAG9710019
Name of School / School District: The School Board of Miami-Dade County
Address: 1500 Biscayne Blvd., Suite 127 City: Miami State: Florida Zip Code: 33132

Estimated Total Enrollment: _____ Grades Included: 7-12
of Jr. Highs: 57 # of Jr. Highs w/ Football: 0 # of Sr. Highs: 42 # of Sr. Highs w/ Football: 33

CLASSIFICATION OF ELIGIBLE PERSONS: Including Football Excluding Football
 Class I: All enrolled students of the Participating Organization.
 Class II: All interscholastic athletes, including interscholastic football and cheerleaders and participants of non-sport extracurricular activities of the Participating Organization. Junior High Senior High
 Class III: All interscholastic athletes, including interscholastic football, band members, cheerleaders, majorettes, participants of intramural sports, gym classes and non-sport extracurricular activities of the Participating Organization. Junior High Senior High

(All three classes include Coaches, Managers and Trainers.)

BENEFITS:

Accident Medical Expense Benefit
Maximum Benefit Amount Per Participant \$1,000,000 \$2,000,000 \$2,500,000 5,000,000
 Maximum Benefit Period - 10 Years Deductible \$25,000. Two year deductible incurral period.

Catastrophic Cash Benefit OPTION I OPTION II OPTION III
Maximum Benefit Amount \$500,000 \$750,000 \$1,000,000
Lump Sum After 6 Months \$100,000 \$150,000 \$200,000
Benefit Amount \$40,000/yr \$40,000/yr \$40,000/yr
Maximum Benefit Period 10 years 15 years 20 years

Accidental Death and Dismemberment Benefits (Included)
Maximum Accidental Death Benefit Amount \$ 10,000
Maximum Accidental Dismemberment Benefit Amount \$ 20,000

PREMIUM COMPUTATION:

Accident Medical Expense Benefit \$
Catastrophic Cash Benefit \$ 49,791.00
Total Premium \$ 31,018.00
Effective Date: 8/1/07 Termination Date: 8/1/08
..... \$ 80,809.00

SPECIAL NOTES:

We hereby request from the Company, Catastrophe Accident Insurance coverage. We understand that insurance will be in force as of the effective date indicated above, if this Addendum is accepted by the Company and the required premium is received by the Company when due.

Authorized School Official's Signature: [Signature] Print Name: Scott B. Clark
Title: Asst. Dir. of Benefits Telephone: (305) 995-7155 Date of Request: 6-1-07
Agent Signature: [Signature] Print Name: James M. Greene

LOCAL ADMINISTRATION:

Name: Arthur J. Gallagher & Co. (Florida)
Address: 2255 Glades Road, Suite 400E
City: Boca Raton State: Florida Zip Code: 33431
Tax I.D. #: 59-1743669 S.S. #: _____
Telephone: 561-995-6706 E-Mail: james.greene@aig.com

THE MAK SIN GROUP
2500 McClellan Avenue, Suite 100
Pennsauken, NJ 08109
(800)375-6826 Fax: (856)858-1121

www.maksin.com

NC _____ AA _____ AC _____ BA _____ BS _____ P _____ N _____ R x



AIG Domestic Accident & Health Division

A Division of American International Companies

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**

Name of Participating Organization: **The School Board of Miami-Dade County**

Policy Number: **SRG9710019**

Reference Number: **AIC0015628**

BLANKET ACCIDENT INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insureds are all persons described in the Classification of Eligible Persons section of the Master Application. This Policy provides accident insurance to Insureds while they are participating in Covered Activities.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application, which is attached to and made part of this Policy.

This Policy begins on the Policy Effective Date shown in the Master Application and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates set by the Company for the renewal period.

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:

President

Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

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DEFINITIONS

Any capitalized terms in the Policy, Master Application, and any riders, amendments, or other attached papers are to be given the meanings as ascribed in this section or as later defined.

Benefit Schedule - means the Benefit Schedule section of the Master Application.

Covered Activity (ies) - means those activities set out in the Covered Activities section of the Master Application, with respect to which Insureds are provided accident insurance under this Policy.

Injury - means bodily injury caused by an accident that: (1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid; and (3) while covered under this Policy.

Immediate Family Member - means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. This Policy may, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the earlier of: (1) the Policy Termination Date shown in the Master Application; or (2) the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for the Insured's coverage is paid; or (3) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application.

A change in an Insured's coverage under this Policy due to a change in his or her eligible class or Covered Activity becomes effective on the later of: (1) when the change in his or her eligible class or Covered Activity occurs; or (2) if the change requires a change in premium, the date the first changed premium is paid. However, a change in coverage applies only with respect to accidents that occur once the change becomes effective.

Termination Date. An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated; (2) the end of the period for which premiums have been paid; or (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Master Application.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. The Company may change the required premiums due on any Policy anniversary date, as measured annually from the Policy Effective Date. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any change affecting rates is made in this Policy.(Any such change in this Policy will not take effect until any required additional premium is received by the Company, except as otherwise agreed to in writing by the Company and the Policyholder.)

BENEFITS

Maximum Amount. As applicable to each Benefit provided by this Policy for each Insured, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured's eligible class in the Benefit Schedule.

Accidental Death Benefit. If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured results within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of	Percentage of Maximum Amount
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
Speech and Hearing in Both Ears.....	100%
One Hand or One Foot.....	50%
The Sight of One Eye.....	50%
Speech or Hearing in Both Ears.....	50%
Hearing in One Ear.....	25%
Thumb and Index Finger of Same Hand.....	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under this Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers

a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured has suffered accidental death within the meaning of this Policy.

LIMITATIONS

Limitation on Multiple Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit.

Limitation on Multiple Covered Activities. If an Insured Person's Injury is caused by an accident that occurs while the Insured is participating in more than one Covered Activity applicable to that Insured, and if the same Benefit applies to that Insured with respect to more than one such Covered Activity, then for Policy purposes the Maximum Amount for that Benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.

EXCLUSIONS

This Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. the Insured's commission of or attempt to commit a felony.
4. declared or undeclared war, or any act of declared or undeclared war.
5. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft not licensed for the transportation of passengers for hire.
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.

8. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
9. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after an Insured's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at Maksin Management Corp., CN98000, Pennsauken, NJ 08110, with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give 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.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured will be made, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured suffering the loss. If an Insured dies before all payments due have been made, the amount still payable will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Master Application, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured will be considered representations and not warranties. No written statement made by an Insured will be used in any contest unless a copy of the statement is furnished to the Insured or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may not assign any of his or her rights, privileges or benefits under this Policy.

New Entrants. This Policy will allow from time to time, that new eligible Insureds of the Policyholder be added to the class(es) of Insureds originally insured under this Policy.

Misstatement of Age. If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.



AIG Domestic Accident & Health Division

A Division of American International Companies

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

**PARTICIPATING ORGANIZATION APPLICATION FOR
BLANKET ACCIDENT INSURANCE POLICY**

Application is hereby made for a plan of accident insurance based on the following statements and representations:

1. Identification of Policyholder:

Name of Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**
Address of Policyholder: **100 White Clay Center, Route 273
P.O. Box 6995, Newark, DE 19711
Attn: Corporate Trust Administration**
Policy Number: **SRG9710019**
Reference Number: **AIC0015628**

2. Identification of Participating Organization:

Name of Participating Organization: **The School Board of Miami-Dade County**
Address of Participating Organization: **See Addendum**

3. Classification of Eligible Persons:

Class	Description of Class	Number of Eligible Persons
See Addendum	See Addendum	See Addendum

4. Participating Organization Coverage:

The plan per Covered Activity applicable to this Participating Organization is as selected on the Addendum.

A. Covered Activities:

i) **Sports:** While participating during the official season of the sport as a member of an interscholastic athletic team, including interscholastic football, cheerleaders, coaches, managers, trainers and non-sport extracurricular activities of the Participating Organization. Participation must be in a regularly scheduled and approved practice session or game of the Participating Organization and under the supervision of proper adult authority of the Participating Organization. This includes coverage for travel directly and uninterrupted to or from the above with other members of the team in a vehicle designated by the Participating Organization and under the direct supervision of the proper adult authority of the Participating Organization.

B. Benefit Schedule:

Handwritten mark
CLASS II

Accidental Death Benefit

Maximum Amount	\$10,000
Loss Period	365 Days

Accidental Dismemberment Benefit

Maximum Amount	\$20,000
Loss Period	365 Days

Accident Medical Expense Benefit

Maximum Amount	\$5,000,000
Benefit Period	520 Weeks
Deductible Per Accident	\$25,000
Incurral Period	104 Weeks

Catastrophe Cash Benefit

Option I: Maximum Amount	\$500,000
Initial Lump Sum	\$100,000
Monthly Maximum Amount	\$3,333.33
Maximum Number of Months	120 Months

C. Participating Organization Riders and/or Endorsements:

The following Riders and/or Endorsements are attached to and made part of the Participating Organization's coverage under the Policy as of the Participating Organization Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

FORM NO.	DESCRIPTION
C11700DBG	Catastrophe Cash Benefit Rider
C11704DBG	Excess Benefits with Integrated Deductible Rider
C11710DBG	Participating Organization Endorsement
S30432DBG	Brain Death Catastrophe Cash Benefit Rider
S30443DBG	Penalty for Non-Compliance Amendatory Endorsement
S30549DBG	Accident Medical Expense Benefit Rider
S30559DBG	Heart and/or Circulatory Benefit Rider
S30567DBG	Payment of Claims Amendatory Endorsement

5. **Premiums:** See Addendum
6. **Participating Organization Effective Date:** See Addendum
7. **Participating Organization Termination Date:** See Addendum

See Addendum

 Signed for the Policyholder

 Title

 Date

See Addendum

Signed by Licensed Resident Agent
(Where Required by Law)



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Executive Offices: 70 Pine Street, New York, NY 10270
(212) 770-7000

(a capital stock company, herein referred to as the Company)

**MASTER APPLICATION FOR
BLANKET ACCIDENT INSURANCE POLICY**

Application is hereby made for a plan of accident insurance based on the following statements and representations:

1. Identification of Policyholder:

Name of Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**
Address of Policyholder: **100 White Clay Center, Route 273
P.O. Box 6995, Newark, DE 19711
Attn: Corporate Trust Administration**
Name of Participating Organization: **The School Board of Miami-Dade County**
Policy Number: **SRG9710019**
Reference Number: **AIC0015628**

2. Policy Coverage:

A. Benefit Schedule:

new

CLASS II

Accidental Death Benefit

Maximum Amount **\$10,000**
Loss Period **365 Days**

Accidental Dismemberment Benefit

Maximum Amount **\$20,000**
Loss Period **365 Days**

Accident Medical Expense Benefit

Maximum Amount **\$5,000,000**
Benefit Period **520 Weeks**
Deductible Per Accident **\$25,000**
Incurral Period **104 Weeks**

Catastrophe Cash Benefit

Option I: Maximum Amount **\$500,000**
Initial Lump Sum **\$100,000**
Monthly Maximum Amount **\$3,333.33**
Maximum Number of Months **120 Months**

B. Policy Riders and/or Endorsements:

The following Riders and/or Endorsements are attached to and made part of the Policyholder's coverage under the Policy as of the Policy Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

FORM NO.	DESCRIPTION
C11700DBG /	Catastrophe Cash Benefit Rider
C11704DBG o	Excess Benefits with Integrated Deductible Rider
C11710DBG p	Participating Organization Endorsement
S30432DBG e	Brain Death Catastrophe Cash Benefit Rider
S30443DBG o	Penalty for Non-Compliance Amendatory Endorsement
S30549DBG o	Accident Medical Expense Benefit Rider
S30559DBG p	Heart and/or Circulatory Benefit Rider
S30567DBG /	Payment of Claims Amendatory Endorsement

- 3. **Premiums:** See Addendum
- 4. **Policy Effective Date:** See Addendum
- 5. **Policy Termination Date:** See Addendum

See Addendum

Signed for the Policyholder

Title

Date

See Addendum

Signed by Licensed Resident Agent
(Where Required by Law)



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(a capital stock company, herein referred to as the Company)

Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**

Policy Number: **SRG9710019**

CATASTROPHE CASH BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Catastrophe Cash Benefit. If Injury to the Insured results, within 180 days of the date of the accident that caused the Injury, in Paralysis or Coma, the Company will pay a benefit under the conditions described in this Rider. In order for a benefit to be payable under this Rider, the Paralysis or Coma must continue for a Waiting Period of 6 consecutive months, must be determined by a Physician to be permanent and irreversible at the end of that Waiting Period and must result in Disability. The benefit payable is based on the percentage of the Initial Lump Sum and Monthly Maximum Amount(s) shown below for the causes of Disability shown below.

Cause of Disability	Percentage of Initial Lump Sum and Monthly Maximum Amount(s)
Coma.....	100%
Paralysis of Two or More Limbs (Upper and/or Lower)	100%
Paralysis of One Limb (Upper or Lower)	50%
Paralysis of One or More Other Parts of the Body	See NOTE below.

NOTE: If the Insured's Paralysis is a part of the body other than a Limb, the percentage of the Maximum Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of Paralysis of the listed parts of the body. The final determination of comparable extent will be made through the use of the most current edition of the "Guides to the Evaluation of Permanent Impairment" published by the American Medical Association. (In the event the referenced guide ceases to be published, the Company will select another appropriate measurement of impairment values.)

If the Insured suffers more than one cause of Disability as a result of the same accident, only one Percentage of the Maximum Amount, the largest for any one cause of Disability suffered by the Insured, will be used to determine the benefit payable.

The benefit payable is the percentage of the Initial Lump Sum Maximum Amount shown above, payable at the end of the Waiting Period; followed by a monthly benefit equal to the percentage of the Monthly Maximum Amount shown above, starting one month after the end of the Waiting Period. The monthly benefit is payable monthly as long as the Insured remains continuously Disabled due to the Paralysis or Coma, but ceases on the earliest of: (1) the date the Insured dies; or (2) the date the Insured is no longer Disabled due to the Paralysis or Coma; or (3) the date monthly Catastrophe Cash benefits have been paid for the Maximum Number of Months shown for the Catastrophe Cash Benefit in the Benefit Schedule for all Disabilities caused by the same accident.

Periods of Disability separated by less than 30 consecutive days will be considered one period of disability unless due to separate and unrelated causes.

The Company reserves the right, at the end of the Waiting Period (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the Insured is Disabled due to the Paralysis or Coma, including, but not limited to, requiring an independent medical examination at the expense of the Company.

Coma - as used in this Rider, means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Disabled/Disability - as used in this Rider, means that the Insured is unable while under the regular care of a Physician, to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured immediately prior to the accident.

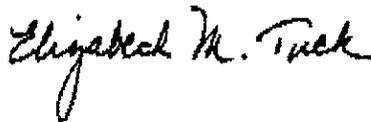
Limb - as used in this Rider, means entire arm or entire leg.

Paralysis - as used in this Rider, means the complete loss of function in a part of the body as a result of neurological damage, as determined by a Physician.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary



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Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**
Policy Number: **SRG9710019**

EXCESS BENEFITS WITH INTEGRATED DEDUCTIBLE RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Excess Benefits with Integrated Deductible. This Rider applies when an Insured has Accident Medical Expense coverage (herein called This Plan) under the Policy and health care coverage under one or more other Plans. When there is a basis for a claim under This Plan and another Plan, This Plan is an excess plan which has its benefits determined in excess of the benefits of the other Plan as described below, unless both: (1) the other Plan has coordination or excess benefits rules that require its benefits to be determined in excess of the benefits of This Plan; and (2) This Plan has covered the Insured longer than the other Plan has. When This Plan is an excess plan, the benefits of This Plan for any Allowable Expenses will be reduced when the sum of:

1. the benefits that would be payable for those Allowable Expenses under This Plan in the absence of this Rider; and
2. the benefits that would be payable for those Allowable Expenses under the other Plans in the absence of provisions with a purpose like that of a coordination or excess benefits provision, whether or not claim is made;

exceeds the amount of those Allowable Expenses. In that case, This Plan's benefits will be reduced so that they and the other Plans' benefits do not total more than the amount of those Allowable Expenses.

Right to Receive and Release Needed Information. The Company has the right to decide which facts it needs to administer this Rider. It may get needed facts from or give them to any other organization or person. The Company need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give the Company any facts it needs to pay the claim.

Facility of Payment and Right of Recovery. If a payment made under another Plan includes an amount that should have been paid under This Plan, the Company may pay that amount to the organization making that payment. That amount will then be treated as though it were a benefit paid under This Plan. The Company will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services. If the amount of the payments made by the Company is more than it should have paid under this Rider, it may recover the excess from the persons it has paid or for whom it has paid, insurance companies or other organizations.

Plan - as used in this Rider, means any of the following group, group-type (such as, but not limited to, franchise or blanket), family or individual coverages which provide benefits or services for, or because of,

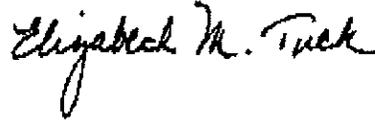
health care: (1) insurance policies; (2) subscriber contracts; (3) uninsured arrangements; (4) coverage through health maintenance organizations and other prepayment, group practice and individual practice plans; (5) medical benefits coverage in automobile "no-fault" and traditional automobile "fault" type contracts; and (6) coverage under a governmental plan or coverage required or provided by law; but not including: (a) a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time); or (b) a plan or law when, by law, its benefits are in excess of those of any private insurance plan or other non-governmental plan.

Allowable Expense - as used in this Rider, means a necessary, reasonable and customary item of expense for health care when the item of expense is covered at least in part by the Policy and is covered at least in part by one or more other Plans covering the Insured. When a Plan provides benefits in the form of services, the reasonable cash value of each service rendered is both an Allowable Expense and a benefit paid, if the reasonable cash value had been charged as the cost for the service and such expense would have been covered at least in part by the Policy.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary



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Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**
Policy Number: **SRG9710019**

PARTICIPATING ORGANIZATION ENDORSEMENT

This Endorsement is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement.

The following definition is added to the Definitions section of the Policy:

Participating Organization - means an organization: 1) which elects to offer coverage under the Policy by completing a Participation Organization Application that has been accepted by the Company; 2) which completes a participation agreement with the Policyholder; 3) which remits the required premium when due; if applicable, and 4) while coverage through the Participating Organization is available under the Policy.

The following section is added to the Policy:

PARTICIPATING ORGANIZATION EFFECTIVE AND TERMINATION DATES

Effective Date. A Participating Organization's coverage under the Policy begins on the later of: 1) Participating Organization Effective Date shown in the Participating Organization Application at 12:01 AM Standard Time at the address of the Participating Organization shown in the Participating Organization Application; or 2) the Policy Effective Date shown in the Master Application.

Termination Date. Either the Company or the Participating Organization may terminate the Participating Organization's coverage under the Policy on any premium due date by giving 30 days advance written notice to the other party. The Participating Organization's coverage under the Policy may also, at any time, be terminated by the mutual written consent of the Company and the Participating Organization. A Participating Organization's coverage terminates automatically on the earliest of: 1) the Participating Organization Termination Date shown on the Participating Organization Application; 2) the premium due date if premiums are not paid when due; if applicable, or 3) the date the Policy terminates. Termination of the Participating Organization's coverage takes effect at 12:01 AM Standard Time at the Participating Organization's address on the date of termination.

The references in the Policy to "this Policy/coverage under this Policy" and "Policyholder" may also, where applicable, mean "a Participating Organization's coverage under this Policy" and "Participating Organization", respectively.

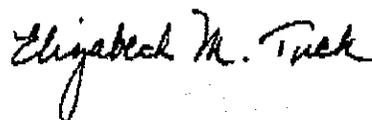
The following language applies to each Rider attached to the Policy:

Any Riders attached to the Policy apply only with respect to accidents that occur on or after the later of: 1) the effective date of each Rider; or 2) the effective date of the Participating Organization's coverage under each Rider. Each Rider applies with respect to a Participating Organization's coverage under the Policy only if the Participating Organization has elected the coverage described in each Rider as indicated in the Participating Organization Application.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



President



Secretary



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Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**
Policy Number: **SRG9710019**

BRAIN DEATH CATASTROPHE CASH BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Brain Death Catastrophe Cash Benefit. If an Insured suffers an Injury that results in Brain Death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Lump Sum Benefit shown in the Master Application. In order for a benefit to be payable under this Rider, Brain Death must be determined and certified by a Physician.

Brain Death, as used in this Rider, means irreversible unconsciousness with total loss of brain function and complete absence of electrical activity of the brain even though the heart is still beating.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary



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Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**
Policy Number: **SRG9710019**

PENALTY FOR NON-COMPLIANCE AMENDATORY ENDORSEMENT

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

In the event that an Insured is eligible under this Policy for benefits in excess of other coverage and the Insured has other coverage that is primary under a health maintenance organization, preferred provider organization or similar health service program, a penalty will apply if he or she does not use the facilities or services of the health maintenance organization, preferred provider organization or similar health service program. In such case, the benefits otherwise payable under the Excess provision in this Policy will be reduced by 50%. This reduction shall not apply to emergency treatment required within 24 hours of an accident when the accident occurs outside the geographic area served by a health maintenance organization, preferred provider organization or similar health service program.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:

President

Secretary



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Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**
Policy Number: **SRG9710019**

ACCIDENT MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Accident Medical Expense Benefit. If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Maximum Amount per Insured for all Injuries caused by the same accident. The benefit is payable only for such charges incurred after the Deductible has been met. Benefits are then payable for charges incurred within (See Addendum) weeks after the date of the accident causing the Injury.

No expenses paid under this Benefit will be payable under any other Rider in the Policy.

Covered Accident Medical Service(s) - as used in this Rider, means any of the following services:

1. services of a Physician;
2. private duty nursing by a registered nurse (R.N.);
3. laboratory tests;
4. radiological procedures;
5. anesthetics and the administration of anesthetics;
6. blood, blood products and artificial blood products, and the transfusion thereof;
7. physical therapy ;
8. occupational therapy;
9. rental of Durable Medical Equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances;
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription;
12. use of an Ambulatory Medical Center;
13. Hospital's most common charge for semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
14. ambulance service to or from a Hospital.

Ambulatory Medical Center - as used in this Rider, means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Deductible - as used in this Rider, means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services, otherwise payable under this program, that must be incurred by the Insured before Accident Medical Expense benefits become payable. The amount of the Deductible is the Deductible Amount shown in the Benefit Schedule on the Master Application. Accident Medical Expense benefits are not payable for charges applied to the Deductible.

Durable Medical Equipment - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured and sick people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except if there is a legal obligation to pay.

Medically Necessary - as used in this Rider, means a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - as used in this Rider, means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred; or (3) is a negotiated fee; and (4) does not include charges that would not have been made if no insurance existed.

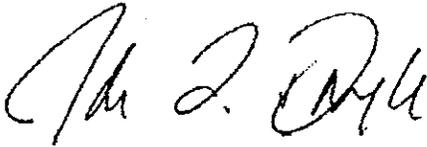
Exclusions. In addition to the Exclusions in the Exclusions section of the Policy and any amendment thereto, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless due to a covered Injury;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement as a result of Injury up to the Dental Maximum shown in the Benefit Schedule
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless due to a covered Injury;
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless due to a covered Injury;

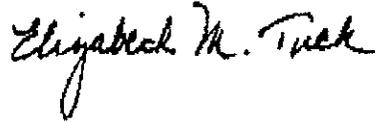
BSR

5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an Immediate Family Member;
8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, Hospital telephone charges, television rental, or guest meals while confined in a Hospital;
10. plastic or cosmetic surgery, except for reconstructive surgery on an injured part of the body;

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary



AIG Domestic Accident & Health Division

A Division of American International Companies

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**
Policy Number: **SRG9710019**

HEART AND/OR CIRCULATORY BENEFIT RIDER

This Rider is attached to and made part of this Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to heart and/or circulatory malfunctions that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of this Policy except as they are specifically modified by this Endorsement.

Heart and/or Circulatory Benefit. If an Insured suffers a heart and/or circulatory malfunction that results in death as a direct result of participating in a Covered Activity, the Company will pay an Accidental Death Benefit of \$10,000 provided that: (1) the symptom(s) of such malfunction(s) is (are) first medically treated while the Policy is in force with respect to such Insured and within 48 hours after such participation, and (2) such Insured has not, prior to the date of such participation in the Covered Activity, been diagnosed with, or received any medication for any myocardial infarction, angina pectoris, coronary thrombosis or a cerebral vascular incident.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

President

Secretary



AIG Domestic Accident & Health Division

A Division of American International Companies

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Policyholder: **c/o The Bank of New York (Delaware), as Trustee
of the AIG Group Insurance Trust (Delaware)**

Policy Number: **SRG9710019**

Handwritten initials

PAYMENT OF CLAIMS AMENDATORY ENDORSEMENT

This Endorsement is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement.

The Payment of Claims provision applicable to the Policy is amended to include the following:

Payment of Claims. Upon receipt of due written proof of loss, benefit payments for charges incurred by the Insured for covered medical services may be made to the provider at the Company's option. If any such charges have been paid by the Insured, the benefit payment for those charges will be made to the Insured.

In the event the charges have been paid by the Policyholder, the Company, at its option, may pay the benefits to the Policyholder upon receipt of documentation that the charges were paid by the Policyholder.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:

Handwritten signature of President

President

Handwritten signature of Secretary

Secretary

IMPORTANT NOTICE TO OUR CUSTOMERS REGARDING THE OFFICE OF FOREIGN ASSETS CONTROL

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL (OFAC).

WHAT IS OFAC?

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers

PROHIBITED ACTIVITY

- OFAC enforces certain embargoes and sanctions against certain designated countries. No U.S. business or person may enter into certain transactions in or connected to such designated "sanctioned" countries.
- OFAC maintains a directory known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may transact business with any person or entity named on the SDNBP list.

Additional and more in-depth information on OFAC is available at the following website:
<http://www.us-treas.gov/offices/eoftfc/ofac>.

OBLIGATIONS PLACED ON US BY OFAC

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations enforced by OFAC, we must block or "freeze" property and payment of any funds transfers or transactions and report all blocks to OFAC within ten (10) days.

POTENTIAL ACTIONS BY US:

1. We may immediately cancel your coverage effective on the day that we determine that we have transacted business with an individual or entity associated with your policy on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC.
2. If we cancel your coverage, you will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
3. We will not pay a claim, accept premium or exchange monies or assets of any kind to or with individuals, entities or companies (including a bank) on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC. And, we will not defend or provide any other benefits under your policy to individuals, entities or companies on the SDNBP list or connected to a sanctioned country as described in the regulations enforced by OFAC.

YOUR RIGHTS AS A POLICYHOLDER

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See <http://www.us-treas.gov/offices/eoftfc/ofac/legal/forms/license.pdf>

AIG AIG Domestic Accident & Health Division

Privacy Notice

Administrative Offices
600 King Street, Wilmington, DE 19801

Our Customers' Privacy Is Important to Us

We are committed to providing individuals covered by our accident and health insurance policies (our "Customers") with top-notch products backed by top-quality customer service. While information is fundamental to our ability to do this, we recognize the great importance of keeping our Customers' non-public personal information secure. Accordingly, we, the Domestic Accident & Health Division of the AIG CompaniesSM listed below, have established practices and procedures with respect to the collection and sharing of our current and former Customers' non-public personal financial and health information ("Customer Information").

Information Collection

We may collect information about our Customers from enrollment forms, applications, transactions, and other interactions with us or our affiliates, as well as from credit reporting agencies and other third parties. We will collect and disclose this information only in accordance with applicable laws or regulations or in response to our Customer's request for a product or service from us. The information we gather helps us identify who our Customers are, manage our relationship with them, and develop products and services that meet their needs.

Information Sharing

We may share Customer Information with third parties under the following circumstances:

- **Affiliates:** We may share Customer Information with our affiliates. These affiliates may include providers of financial services such as other insurance companies, banks, securities broker-dealers, and insurance agents and agencies. They may also include affiliated non-financial entities such as marketing companies, e-commerce service providers, and companies providing administrative services.

We will not share our Customer's non-public personal *financial* information with our affiliates, other than transaction or experience-related information, without first providing our Customer an opportunity to direct that such information not be shared. Furthermore, we will not share our Customer's non-public personal *health* information with affiliates except as directed or authorized by our Customer.

- **Non-Affiliates:** We may also share Customer Information with non-affiliated companies for administrative purposes, the purposes of risk management, underwriting, to detect and prevent fraud, as directed or authorized by our Customer, or as otherwise permitted or required by law.

From time to time, we may also enter into joint marketing and/or service agreements to share Customer non-public personal *financial* information with non-affiliated third parties as permitted by law. These third parties may include providers of financial products or services such as insurance companies, financial institutions, and securities firms.

The types of information we may share in these circumstances include identifying information (e.g., name or address), application information (e.g., income or assets), transactional information (e.g., premium history), and/or information received from a consumer reporting agency (e.g., credit history). Because we do not share Customer Information in any other way there is no need for an opt-out process in our privacy procedures.

Information Protection

We maintain physical, electronic, and procedural safeguards designed to protect Customer Information and permit only authorized insurance agents, administrators, and employees who are trained in the proper handling of Customer Information, to have access to that information.

We expect any non-affiliated third party that serves our Customers on our behalf to adhere to our privacy policy. Those third parties are legally bound to use our Customers' Information only for the purposes for which it was provided, and to not disclose it or use it in any way. These third parties are also subject to and governed by federal and state privacy laws and regulations, and we are not responsible for their misuse of information.

To help prevent unwarranted disclosure of your non-public personal information and secure it from theft, we utilize secure computer networks and restrict access to non-public personal information about you to those employees who need to know that information to provide products or services to you.

Maintaining Accurate Information

We also maintain procedures to ensure that the information we collect is accurate, up-to-date, and as complete as possible. If you believe the information we have about you in our records or files is incomplete or inaccurate, you may request that we make additions or corrections, or if it is feasible, that we delete this information from our files. You may make this request in writing to (include your name, address and policy number):

Chief Privacy Officer
AIG - Domestic Brokerage Group
175 Water Street, 3rd Floor
New York, NY 10038
E-Mail: DBG.Privacy@AIG.com

Special notice for policyholders who reside in any of the following states: Arizona, California, Connecticut, Georgia, Illinois, Kansas, Maine, Massachusetts, Minnesota, Montana, Nevada, New Jersey, North Carolina, Ohio, Oregon, Virginia or Wisconsin: You can obtain access to any non-public personal information we have about you if you properly identify yourself and submit a written request to us at the address above describing the information you want to review (include your name, address and policy number). Once we have received your request, and if the information is reasonably locatable and retrievable, we will, within 30 business days, take the following actions:

- Inform you of the nature and substance of the recorded information;
- Allow you to see and copy, in person, such recorded personal information; or
- Send you a copy of the recorded personal information by mail (we may charge you a reasonable fee to cover the cost of this service).

We will also tell you at this time the identity, if recorded, of persons to whom we have disclosed the non-public personal information within the preceding two years.

If you ask us to correct, amend or delete any information about you, we will, within 30 business days, either correct, amend or delete the non-public personal information in dispute or notify you of our refusal to take such action along with the reasons for our decision. If we make the correction, amendment or deletion you've requested, we will also notify you along with any person you designate who has received the information about you within the preceding two years, together with any insurance support organization(s) which provided us with the disputed information.

If we refuse to make the requested correction, amendment or deletion, you are permitted to file a concise statement setting forth what you think is the correct, relevant or fair information along with a statement of the reasons why you disagree with our refusal to correct, amend or delete the information subject to dispute. We will file your statement with the disputed personal information and make any person who reviews your file aware of your statement. We will also furnish your statement to any person who has received personal information from us within the two preceding years and any insurance support organization whose primary source of personal information is an insurer.

Important Information Concerning the Applicability and Future Changes to this Privacy Policy

This privacy policy applies, with respect to non-public personal financial information, to products or services provided primarily for personal, family, or household purposes in the United States by the AIG Companies listed below, and it applies to all non-public personal health information these Companies may have. Although we may change this policy at any time, please rest assured that you will be notified of any changes as required by law.

Our Customers Can Depend on Us

We are committed to maintaining our trusted relationship with our Customers. We consider it our privilege to serve our Customers' insurance and financial needs and we value the trust they have placed in us. Our Customers' privacy is a top priority with us and thus we will continue to monitor our privacy practices in order to protect and respect that privacy and will comply with state privacy laws that require more restrictive practices than those set out in this notice.

AIG AIG Domestic Accident & Health Division

• National Union Fire Insurance Company of Pittsburgh, Pa. • The Insurance Company of the State of Pennsylvania
• American International South Insurance Company • American Home Assurance Company • Illinois National Insurance Company
• AIG Life Insurance Company • American International Life Assurance Company of New York
Members of American International Group, Inc.

HIPAA Privacy Notice

Administrative Offices

500 King Street, Wilmington, DE 19801

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

PLEASE REVIEW IT CAREFULLY.

Our Duties

By law, the Domestic Accident & Health Division of the American International Companies[®] listed below is required to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. "Protected health information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

We are required to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. In the event we revise the notice, we will provide you with a revised notice by mail.

Your Individual Rights

With respect to protected health information, you have the following rights:

1. The right to request restrictions on certain uses and disclosures of protected health information including the uses and disclosures listed in this notice and permitted disclosures. However, we are not required to agree to a requested restriction;
2. The right to reasonably request to receive confidential communications of protected health information by alternative means or at alternative locations;
3. The right to inspect and copy your protected health information in our records, except for:
 - psychotherapy notes;
 - information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
 - protected health information that is subject to a law prohibiting access to that information; or
 - if the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

We may also deny your request to inspect and copy your protected health information if:

- a licensed health care professional has determined that the access requested is reasonably likely to endanger your life or physical safety or the life or physical safety of another person;
- the protected health information makes reference to another person and a health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or
- a licensed health care professional has determined that the access requested by your personal representative is reasonably likely to cause substantial harm to you or another person.

If we deny access on one of the above three grounds, you have the right to have the denial reviewed in accordance with applicable law.

4. The right to amend your protected health information contained in our records. However, if the information was not created by us, is not part of your medical or billing records, is not available for inspection, or the information is accurate and complete, we are not required to amend the information;

AIG Domestic Accident & Health Division

National Union Fire Insurance Company of Pittsburgh, Pa. The Insurance Company of the State of Pennsylvania
American International South Insurance Company American Home Assurance Company Illinois National Insurance Company
AIG Life Insurance Company American International Life Assurance Company of New York
Members of American International Group, Inc.

5. The right to receive an accounting of disclosures of protected health information made by us in the six years prior to the date on which the accounting is required, except for disclosures:
- to carry out payment and health care operations as provided below;
 - for notification purposes, as provided by law;
 - for national security or intelligence purposes, as provided by law;
 - to correctional institutions or law enforcement officials, as provided by law; or
 - that occurred prior to April 14, 2003; and
6. The right to obtain a paper copy of this notice upon request if you are viewing this notice electronically.

Uses and Disclosures of Protected Health Information

Under Federal law, we are permitted to use and disclose protected health information for the purposes of treatment, payment, and health care operations.

- **Treatment.** We do not provide treatment.
- **Payment.** Payment refers to activities involving collection of premium and payment of claims. Examples of uses and disclosures under this section include (1) sharing protected health information with other insurers to determine coordination of benefits, the administration of claims, determining coverage, and providing benefits; and (2) sharing protected health information with third party administrators for the processing of claims.
- **Operations.** Operations refers to the business functions necessary for us to operate, such as quality assurance activities, audits, and complaint responses. Examples of uses and disclosures under this section include (1) using protected health information to for the purpose of underwriting and calculating premium rates, (2) using protected health information to perform legal, actuarial, and auditing services, (3) disclosing protected health information when responding to complaints, and (4) use of protected health information for general data analysis and long term management and planning.

We may also use or disclose your protected health information for other purposes permitted or required by law, including the following:

- to you, as the covered individual;
- to a personal representative designated by you to receive protected health information or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual;
- to the Secretary of Health and Human Services, or any employee thereof, as part of an investigation to determine our compliance with the HIPAA Privacy Rules;
- to a business associate as part of a contracted agreement to perform services for the group health plan;
- to a health oversight agency, such as the Insurance Commissioner's Office, to respond to inquiries or investigations of the plan, requests to audit the plan, or to obtain necessary licenses;
- in response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding;
- as required for law enforcement purposes;
- as required to comply with Workers' Compensation or other similar programs established by law.

The examples of permitted uses and disclosures listed above are not provided as an all inclusive list of the ways in which protected health information may be used. They are provided to describe in general the types of uses and disclosures that may be made.

Other uses and disclosures of your protected health information may be made only with your written authorization unless otherwise permitted or required by law. You may revoke such authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your protected health information in good faith with the authorization.

Complaints Regarding Your Privacy Rights

If you believe your privacy rights have been violated, you may complain to the Secretary of Health and Human Services or you may file a complaint with us. Address your complaint to HIPAA Privacy Officer, 600 King Street, 8th Floor, Wilmington, DE 19801. You will not be retaliated against by us for filing a complaint.

Contact Us

For further information regarding any matter covered by this notice, contact HIPAA Privacy Officer, Administrative Offices, 600 King Street, 8th Floor, Wilmington, DE 19801 or at 1-866-244-4786.

Effective Date

This notice becomes effective on April 14, 2003.

AIG AIG Domestic Accident & Health Division

National Union Fire Insurance Company of Pittsburgh, Pa. The Insurance Company of the State of Pennsylvania
American International South Insurance Company American Home Assurance Company Illinois National Insurance Company
AIG Life Insurance Company American International Life Assurance Company of New York
Members of American International Group, Inc.

EXHIBIT E

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: Chicago, Illinois • Administrative Office: 2501 Parkway, Philadelphia, PA 19130-2499

POLICYHOLDER: MIAMI-DADE COUNTY SCHOOL BOARD
ADDRESS: 1500 Biscayne Blvd. #127 B
Miami, FL 33132
POLICY NUMBER: 09-0101-2008
POLICY EFFECTIVE DATE: August 6, 2007, 12:00 A.M. (EST)
POLICY TERMINATION DATE: August 6, 2008, 12:00 A.M. (EST)
JURISDICTION: State of Florida

The Company agrees to pay, subject to all provisions, conditions, exclusions and limitations of this Policy, the benefits provided for loss resulting from a cause covered by this Policy.

The Policy is issued in consideration of the statements and agreements contained in the Policyholder's application attached to this Policy and payment of the required premium when due. Coverage under this Policy with respect to Insureds will be effective in consideration of statements made in the individual applications or enrollment forms, if any, of such Insureds and the payment of premiums as required.

The provisions on the following pages are a part of this Policy as fully as if appearing over the signatures below.

This Policy is subject to the laws of the jurisdiction noted above. Coverage issued under this Policy may be subject to further requirements of the jurisdiction in which a Member is located. If any requirements of the jurisdiction in which this Policy is issued conflict with the requirements of the jurisdiction in which a Member is located, the requirements of the Member's jurisdiction will prevail.

This Policy takes effect and expires at 12:00 A.M., Eastern Time at the address of the Policyholder. All periods of insurance under this Policy take effect and expire at 12:00 A.M., Eastern Time at each Member's respective addresses.

Signed for the Company,


Secretary



President

**Blanket Policy Providing
Non-Renewable Accident Only
Excess Insurance Coverage**

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SCHEDULE OF RATES

Pre-K-6th Grade Students and 'Before and After School Care' Participants:

School Time Plan	\$12.00	Extended Dental Option	\$ 2.00
24 Hour Plan	\$38.00	Optional Hospital Confinement Sickness Plan	\$40.00

Full Time Students Grades 7-12; Vo-Tech Students:

School Time Plan	\$15.00	Extended Dental Option	\$ 2.00
24 Hour Plan	\$38.00	Optional Hospital Confinement Sickness Plan	\$40.00

SCHEDULE OF BENEFITS

MAXIMUM MEDICAL BENEFITS

School Time Basic Accident Plan	\$ 25,000.00
24 Hour Basic Accident Plan	\$ 25,000.00
Interscholastic Sports Accident	\$ 25,000.00 (Except Senior High School Tackle Football FHSAA sanctioned practices and competition excluded)
Motor Vehicle Accidents (Other than 2 or 3 wheeled)	\$ 2,000.00

MAXIMUM DENTAL BENEFITS

Basic Plan	\$100.00/tooth; \$500 aggregate maximum per accident
Optional Extended Plan	\$500.00/tooth; \$1,000 aggregate maximum per accident

OPTIONAL HOSPITAL CONFINEMENT SICKNESS BENEFIT:

\$5,000.00 aggregate maximum @ \$500.00 per day of hospital confinement

MAXIMUM DISMEMBERMENT BENEFIT: \$ 7,500.00

ACCIDENTAL DEATH BENEFIT: \$1,500.00

DEDUCTIBLE AMOUNT: None

POLICY ENDORSEMENTS:

LRS-9010-0100	(EFF. OF COV.)
LRS-9013-0100	(EXT. DENTAL)
LRS-9014-0100	(24 HOUR)
LRS-9020-0100	(MED. EXP.)
LRS-9179-0504	(INHOSP.)

PART I - ELIGIBILITY AND TERMINATION PROVISIONS

ELIGIBILITY: To be eligible for coverage under this Policy the Insured must be:

1. a student who is enrolled in grades kindergarten through 12 or early education classes; or
2. a full-time school employee such as a secretary, administrator, teacher, janitor, principal or superintendent; in a Member school.

We have the right to check the records of the Member school to verify that the Insured is eligible. If and when we discover that an Insured is not eligible for coverage, we only have to refund the premium which has been paid. We reserve the right to require evidence of insurability.

EFFECTIVE DATE: Coverage under the Policy is effective on the later of the following dates:

1. On the Member's Effective Date of coverage under this Policy; or
2. At 11:59 P.M. (EST) on the date premium is received by us.

From time to time additional persons may be added to the group originally insured. This may be done by payment of the premium for such persons in full. Coverage will begin on the date the premium is paid to the Member and the person is properly recorded on the list of Insureds. Such premiums received by the Member must be sent to us together with the list of new Insureds within 30 days after the Member receives the premium.

TERMINATION DATE: Coverage under this Policy will continue to the end of the regular nine (9) month Member school term unless the Insured's coverage ends on the earliest of the following dates:

1. The date the Insured ceases to be eligible;
2. The last day of the period through which the premium is paid;
3. The date the Member fails to pay the required premium; or
4. The date the Policy terminates.

Coverage will continue while the Insured is attending a Member sponsored and Member supervised academic summer class provided that paid Member employees supervise such activity.

TRANSFER STUDENTS: Coverage will continue if the Insured transfers to other public or parochial day schools until the Member's expiration date. Coverage will not continue if the Insured transfers to a boarding school.

NON-INTERRUPTION OF COVERAGE: If a covered Insured would be eligible for a new term of insurance at the commencement of the next Member school term, the insured will be protected by the new Policy without interruption of coverage to the earlier of:

1. At 12:00 A.M. (EST) on the first day of the third week of the 2007-2008 official school term, or;
2. At 11:59 P.M. (EST) on the day that premium for the new term of insurance under the Policy is paid.

If premium for the new term of insurance is not paid within the time period, as outlined in number 1, coverage will terminate on the date the Member's coverage under this Policy terminates.

PART II - DEFINITIONS

1. "*Beneficiary*" means the person named to receive the proceeds in the event of the Insured's death.
2. "*Covered Accident*" means bodily injury of the Insured which results directly and independently of all other causes from an accident. Self-inflicted injuries caused by prolonged over-exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under this Policy.
3. "*Covered Charges*" means reasonable charges which are:
 - a. Not in excess of usual and customary charges;
 - b. Not in excess of the maximum benefit amount payable per service as specified in Part VII, "*Medical Expense*";
 - c. Made for services and supplies not excluded from coverage;
 - d. Made for services and supplies which are a medical necessity;
 - e. In excess of the amount stated as a deductible, if any.

Covered medical expenses will be deemed "*incurred*" only:

- a. When the covered services are given; and
 - b. When a charge is made to the Insured for such services.
4. "*Deductible*" means the amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. This can be satisfied by the amounts payable by any other coverage.
 5. "*Dental Accident*" means an injury to the Insured's tooth or teeth caused by a physical trauma which is not the result of the normal function of the tooth or teeth.
 6. "*Each Accident*" means one (1) or more terms of impairment due to the same or related cause. Each term will end only when there is complete recovery from the impairment. The Insured's Physician will decide when there is complete recovery.
 7. "*Elective Surgery and Elective Treatment*" includes, but is not limited to, surgery and/or treatment for acne; acupuncture; allergy, including allergy testing; biofeedback-type services; birth control; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an injury for which benefits are otherwise payable under this Policy; deviated nasal septum, including submucous resection and/or other surgical correction thereof; family planning; fertility tests; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nonmalignant wart, moles and lesions; obesity and any condition resulting therefrom; hernia of any kind; premarital examinations; preventative medicine or vaccines or diet supplements; sexual reassignment surgery; skeletal irregularities of one (1) or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing thereof; temporomandibular joint dysfunction; tubal ligation; vasectomy; and weight reduction. Elective Surgery and Elective Treatment includes a service, treatment or supply that: (1) we deem to be research or experimental; or (2) are not recognized and generally accepted medical practices in the United States.
 8. "*Emergency Room*" means any emergency facility in a Hospital.

9. *"Hospital"* means a licensed or properly accredited general hospital which:
- Is open at all times;
 - Is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients;
 - Is under the supervision of a staff of one (1) or more legally qualified physicians available at all times;
 - Continuously gives 24-hour nursing service by Registered Nurses on duty or call;
 - Has organized facilities for diagnosis and surgery on the premises; and
 - Is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental and nervous disorders, alcoholics or drug addicts.

With respect to outpatient surgery or diagnostic testing, an ambulatory surgical center or a clinic will be considered as a hospital. Such facility must be properly accredited and where required by law, hold a license allowing the facility to operate as such.

If services specifically for the treatment of a physical disability are provided in a licensed Hospital which is accredited by the Joint Commission on the Accreditation of Health Care Organizations, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities, payment for these services will not be denied solely because such Hospital lacks major surgical facilities and is primarily of a rehabilitative nature. Recognition of these facilities does not expand the scope this Policy. It only expands the setting where covered benefits may be performed.

10. *"Hospital Confined/Hospital Confinement"* means confined in a Hospital for at least eighteen (18) hours by reason of a Covered Accident for which services are payable.
11. *"Medical Necessity"* means those services or supplies given or prescribed by a hospital or physician which are:
- Essential for the symptoms and diagnosis or treatment of the Injury;
 - Given for the diagnosis, or the direct care and treatment of the Injury;
 - In accordance with the standards of good medical practice;
 - Not primarily for the convenience of the Insured, or the Insured's Physician; and,
 - The most appropriate supply or level of service which can safely be given to the Insured.

The Medical Necessity of being hospital confined means that:

- The Insured requires acute care as a bed patient; and
- The Insured cannot receive safe and adequate care as an outpatient.

12. *"Member"* means an educational institution (school) that has agreed to participate under this Policy for the benefit of its students.
13. *"Member of the immediate family"* means any person related to an Insured within the third degree by the laws of consanguinity or affinity.
14. *"Miscellaneous Supplies"* includes but is not limited to ace bandages, sutures and suturing supplies, bandaids, injections, medications, oxygen, blood and blood plasma.
15. *"Other Valid and Collectible Insurance"* means:
- Any group plan, program or insurance policy;
 - Any other group hospital, surgical or medical benefit plan;
 - Union welfare plans; or
 - Group employer or employee benefit programs, HMO, PPO or similar pre-paid service programs.

16. *"Physician"* means either:

- a. A Doctor of Medicine (M.D.); or
- b. A Doctor of Osteopathy (D.O.); or
- c. A Doctor of Dentistry (D.M.D. or D.D.S.); or
- d. A Doctor of Chiropractic (D.C.); or
- e. A Doctor of Optometry (O.D.); or
- f. A Doctor of Podiatry (D.P.M.)
licensed to practice as such by the governmental authority having jurisdiction over licensing of such classification of doctor in the state where the service is rendered;
- g. Any duly licensed practitioner of the healing arts who we are required by law to recognize as a "Physician."

The term "*Physician*" does not mean an Audiologist; Speech Language Pathologist or Therapist; Social Worker; Sociologist; or any person who is a member of the Insured's immediate family.

- 17. "*Physiotherapy*" means any form of the following: physical, electrical, water, cold, heat, fusion or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation, adjustment or massage in any form; acupressure, acupuncture, strength measurement, exercise, testing or instructions.
- 18. "*Pre-existing Condition*":
 - a. An injury that occurs before the date that the Insured is covered under this Policy;
 - b. Any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior condition.
- 19. "*Prescription Drugs*" means:
 - a. Prescription legend drugs in tablet, capsule, injectable, elixir or any other form;
 - b. Compound medications of which at least one (1) ingredient is a prescription legend drug; and
 - c. Any other drugs which under the applicable state or federal laws may be dispensed only upon written prescription of a physician.
- 20. "*Registered Nurse*" means a licensed professional nurse (R.N.) who is not a member of the Insured's immediate family.
- 21. "*Residence*" means home residence building and its grounds.
- 22. "*Such injury*" means bodily injury caused directly by accident, independent of all other causes, sustained while coverage under the Policy is in force.
- 23. "*Usual and Customary Charges*" means a reasonable charge which is:
 - a. Usual and customary when compared with the charges made for similar services and supplies; and
 - b. Made to persons having similar medical conditions in the locality of the Member school. No payment will be made under this Policy for any expenses incurred which in our judgment are in excess of usual and customary charges.

PART III - CLAIMS PROVISIONS

NOTICE OF CLAIM: The Insured must give written notice of claim to us or our authorized agent. This must be done within twenty (20) days after the claim begins or as soon as possible. Notice given by or on the Insured's behalf with enough information to identify the Insured is notice to us.

If notice is not given to us within 20 days after a claim begins, we will not reduce or deny a claim if it can be shown that notice was given as soon as it was reasonably possible.

CLAIM FORMS: When we receive a notice of claim, we will furnish claim forms. If we do not do this within fifteen (15) days after we get written notice, the Insured can send us written proof of loss telling us of the occurrence, the character and extent of the loss for which claim is made.

PROOF OF LOSS: Proof of loss must describe the incident, extent and type of loss. For death claims, proof of loss means certified copies of the death certificate, autopsy (if performed), Coroner, Medical Examiner or Justice of the Peace reports. Police Motor Vehicle Accident Report or Police Incident Report, if applicable, are also proof of loss documents.

If the claim is for a continuing loss for which we make periodic payments, the Insured must give us written proof of loss within ninety (90) days after the end of each period that benefits are payable, or as soon as reasonably possible.

For any other loss, the Insured must give us or our authorized agent written proof of loss within ninety (90) days after the date of loss. If proof of loss cannot be given in that time, such proof of loss must be given as soon as reasonably possible. Proof of loss must be given within one (1) year of the date of the accident, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIM: We will pay all benefits due when we receive proof of loss.

PAYMENT OF CLAIMS: Benefits for loss of life will be paid to the beneficiary. If no beneficiary is named, benefits will be paid to the Insured's estate. Any other accrued benefits unpaid at the Insured's death may, at our option, be paid either to the beneficiary or to the Insured's estate. All other benefits will be paid to the Insured. If the Insured is a minor, benefits may be payable to his parent, guardian or other person actually supporting him. We may pay medical benefits (if any) directly to the provider of medical services. Any such payment by us in good faith will end our liability to the extent of such payment.

BENEFICIARY: Accidental death benefits, if any, will be paid to the beneficiary or beneficiaries as designated in writing and on file with the Plan Administrator. If no beneficiary has been named, benefits will be payable in the following order of preference:

1. To the Insured's spouse, if living; otherwise
2. Equally to the Insured's lawful children, if living; otherwise
3. Equally to the Insured's mother and father, if living; otherwise
4. To the Insured's estate.

BENEFICIARY DESIGNATION AND CHANGE: The Insured may choose one (1) or more beneficiaries. We will give forms for this use. Such forms must be filed with the Plan Administrator. The beneficiary may be changed at any time. The beneficiary's consent is not required unless an irrevocable beneficiary has been named. The change will be effective only upon receipt by the Plan Administrator. The change will take effect on the date it is signed. Any payment we make in good faith before we receive any beneficiary change will end our liability to the extent of such payment.

PHYSICAL EXAMINATION AND AUTOPSY: As a part of Proof of Loss, we, at our own expense, have the right:

1. To examine the Insured when and as often as we may reasonably require while a claim is pending; and
2. To have an autopsy made in case of death where it is not forbidden by law.

With regard to Medical Expense benefits, we have the right to get a physician's opinion about treatment or hospitalization. If the Insured does not show up for an exam when we request it, we may:

1. Withhold payment of Covered Medical Expenses until the exam is done and the physician's report is received; and
2. Deduct from benefits the amount we had to pay the physician who was to make the exam. The deductible will have the same effect as the deductible in the Schedule of Benefits.

LEGAL ACTIONS: No legal action can be brought to recover on the Policy prior to the end of sixty (60) days after written proofs of loss have been given. No such action can be brought after the period of time considered the applicable statute of limitations.

RIGHT OF RECOVERY: We can recover payments we make which are more than the Covered Medical Expenses (after allowance for deductible and coinsurance clauses, if any) payable under the Policy. We can recover these from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations.

PART IV - COVERED ACCIDENTS

The benefits provided in Part V, "*Accidental Death Benefit*"; Part VI, "*Dismemberment and Loss of Sight Benefit*"; and Part VII, "*Medical Expense*," are payable only in the event the Covered Accident causing "*such injury*" occurs while the Insured is:

1. While enroute directly and uninterruptedly between the Insured's home premises and school in which Insured is enrolled.
2. While within the school building or on the school grounds or premises during regular school hours including scheduled lunch break.
3. While enroute directly and uninterruptedly between the school in which Insured is enrolled and Insured's home premises.
4. Injuries sustained under Paragraphs 1, 2, 3, are covered only if they occur on a regular school day when school is in session between the time limits of one hour before the opening of school on the day the injury is sustained and one hour after the covered person is dismissed from school on the day the injury is sustained and provided further, that coverage during the hour before opening and one hour after dismissal from school is limited solely to injuries sustained as a direct result of and while actually engaged in traveling directly to and from school. In the event that such travel to and from school requires more than one hour due to the distance of the home premises from the school, coverage is hereby extended for such additional required and necessary travel time.
5. While riding, as a member of or with a group of Member school pupils, in a regular school bus, or a chartered bus operating under the supervision of duly delegated school authorities.
6. While riding, as a member of or with a group of Member school pupils, in the charge of duly delegated school authorities, as a fare paying passenger in a public passenger conveyance or chartered conveyance going directly to or from a Member school sponsored activity.
7. While, as a member of or with a group of Member school pupils, taking an approved field trip or engaging in any other activity that is directly connected with regular and usual school activities which is sponsored and supervised by duly delegated school authorities, including travel in a private passenger automobile operated by a teacher or parent authorized by such authorities.
8. While engaged in practicing for or participation in Member school interscholastic athletic contests, (excluding senior high school tackle football practice sessions and competition), provided such covered interscholastic athletic practice or participation is under the direct supervision and direction of duly delegated Member school authorities.
9. While participating in off-season, non-contact conditioning, cardiovascular or resistance training programs that are exclusively sponsored and funded by the Member school and directly supervised by a Member school designated employee.
10. While participating as a member of a covered Member school debating team, glee club, band, or similar school organization while under the direct supervision of duly delegated Member school authorities.
11. While attending a Member school sponsored activity as a member of or with a group of Member school pupils while in the charge and presence of duly delegated Member school authorities.

With respect to any covered person participating in a before/after care school program operated by the Policyholder, a before/after care school program shall be deemed to be a Member school and the regular hours of operation of the before/after care school program shall be deemed to be regular school.

PART V - ACCIDENTAL DEATH BENEFIT

In the event "*such injury*" due to a Covered Accident results in the Insured's death within one hundred eighty (180) days from the date of said accident, we, on receipt of due proof, will pay an amount equal to the Accidental Death Benefit shown in the Schedule of Benefits. Benefits will be payable under this Part and under Part VII, if applicable.

PART VI – DISMEMBERMENT AND LOSS OF SIGHT BENEFIT

In the event "*such injury*" due to a Covered Accident results, within one hundred eighty (180) days from the date of the said accident in a loss shown below, we, on receipt of due proof will pay the benefit stated in this Part. Only one (1) benefit (the greatest) specified in this Part will be paid as the result of any one (1) Covered Accident. If, as the result of any one (1) Covered Accident, benefits would be payable under this Part and Part VII, we will pay only under that one (1) Part which pays the larger benefit.

For loss of both hands or both feet	\$ 7,500.00
For loss of both eyes	\$ 7,500.00
For loss of one hand and one foot	\$ 7,500.00
For loss of one hand and one eye	\$ 7,500.00
For loss of one foot and one eye	\$ 7,500.00
For loss of one hand or one foot	\$ 1,000.00
For loss of one arm or one leg	\$ 1,000.00
For loss of one eye	\$ 1,000.00

With regard to hands and feet, loss shall mean actual severance through or above the wrist or ankle joints. Loss with regard to eyes means the entire and irrecoverable loss of sight.

PART VII - MEDICAL EXPENSE

Section (a): On receipt of due proof we will pay the amount of the "Covered Charges" described below which exceed the deductible amount shown on the Schedule of Benefits. The total amount payable as a result of any one (1) Covered Accident will not exceed the Maximum Medical Benefit shown in the Schedule of Benefits for each Covered Accident.

Section (b): The Insured must receive treatment within sixty (60) days of the date of the Covered Accident and such treatment must be rendered within the United States. The Medical Expense charged as a result of any one (1) Covered Accident may not exceed the usual and customary charge normally made for such services and treatment in the area in which the Member school is located. Medical Expense consists of the necessary expenses actually incurred by "such injury" for the following services and treatments rendered or furnished within two (2) years of the date of the Covered Accident, to the extent prescribed by the attending physician:

1. Medical and surgical treatment performed within the scope of their license by a physician for the necessary treatment of "such injury" performed within one hundred four (104) weeks following the date of the Covered Accident. The accident benefit for non-surgical treatment, consultations and interpretations will not exceed a total limit of \$45.00 for the first day of treatment in office and \$40.00 for each subsequent day of non-surgical treatment, consultations or interpretation expense in office. The accident benefit for non-surgical treatment, consultations and interpretations will not exceed a total limit of \$45.00 for the first day of emergency room or in-hospital treatment and \$40.00 for each subsequent day of non-surgical in-hospital treatment, consultations or interpretation expense. For reduction of fractures or dislocations and for surgical procedures, the accident benefit shall not exceed fees as set forth in the 2001 Florida Workers' Compensation Fee Schedule, Part A. The total aggregate policy benefit for surgeon's fees and anesthesiologist's fees shall be limited for any one (1) Covered Accident to the fee schedule as set forth in the 2001 Florida Workers' Compensation Fee Schedule, Part A.
2. Diathermy, mechanical fusion in any form, heat treatment in any form, strength measurement or testing in any form, massage, physiotherapy, acupuncture, manipulation or adjustment in any form, and/or office visit connected therewith. No more than \$30.00 for the initial treatment and \$30.00 for each follow-up visit, with a total maximum of \$300.00 as a result of any one (1) Covered Accident.
3. Repair and/or replacement of damaged teeth, that were whole, sound and natural teeth prior to the Covered Accident, by a legally qualified and licensed dentist. Dental benefits will not exceed \$100.00 per injured tooth as a result of any one (1) Covered Accident, with a total maximum of \$500.00.
4. Outpatient x-ray, MRI, CAT, EEG, EKG benefits; refer to attached Endorsement LRS-9020-0100.
5. Care and treatment furnished by a hospital in semi-private or ward accommodations plus all necessary miscellaneous hospital extras including, but not limited to, nursing services, operating room, recovery room, radiology, MRI, CAT Scan, physical therapy, lab, supplies, orthopedic equipment, and drugs, provided such care and treatment is furnished during a period of hospital confinement which commenced within three hundred sixty-five (365) days of the date of the Covered Accident. The in-hospital confinement benefit for a covered accident will not exceed \$1,000.00 total per day of hospital confinement as an overnight bed patient. For Same Day Surgical procedures not requiring an overnight hospital stay for reduction of fractures or dislocations, or cutting operations, the maximum benefit for all hospital charges shall not exceed a total maximum benefit of the necessary, reasonable expense incurred in a licensed hospital as a result of any (1) one covered accident.
6. Care and treatment furnished by a hospital when hospital confinement is not required, except for same day major surgery procedures, benefits shall not exceed the necessary, reasonable and customary charges for the use of the facility, miscellaneous supplies and administered medications for any one (1) Covered Accident.

Benefits payable for x-rays and physician's first day treatment, if any, shall be payable and subject to paragraphs (1) and (4) above. [Refer to Endorsement LRS-9020-0100]

7. Transportation by professional licensed ground or air ambulance service to and from the hospital. No more than \$250.00 will be payable as a result of any one (1) Covered Accident.
8. Replacement of broken frames, or broken lenses resulting from a Covered Accident payable only in conjunction with an injury requiring medical or surgical treatment other than routine refractions or routine eye examination. Benefit will not exceed N/A.
9. Crutches not to exceed N/A for any one (1) covered Accident when prescribed by a physician. Braces or orthopedic appliances not to exceed N/A for any one (1) Covered Accident when prescribed by a Physician. A written prescription must accompany the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is equipment that: (a) is primarily and customarily used to serve a medical, rehabilitative purpose; (b) can withstand repeated use; and (c) generally is not useful to a person in the absence of injury. No benefits will be paid for rental charges in excess of purchase price or for braces or appliances used as protective devices during participation in sports or to continue participation in sports.
10. If the physician has ordered medically necessary private duty nursing care by a registered nurse while the Insured is hospital confined, benefits will not exceed the usual and customary charge for private duty nursing care, with a total maximum of N/A. General nursing care given by the hospital is not covered under this benefit.
11. Prescription drugs not to exceed N/A for any one (1) Covered Accident.

Section (c): The Insured shall have free choice of a physician or hospital for treatment. If, however, an Insured has other valid coverage through another insurance plan and does not choose a physician or hospital through the other plan; we will pay benefits as if the other plan's guidelines had been followed. This Policy only pays for services, procedures and supplies which in our judgement are a Medical Necessity. No benefits will be paid for expenses which are not a Medical Necessity, including any or all days of Hospital Confinement.

PART VIII - EXCLUSIONS

No benefits will be paid under the Policy to cover any expense or loss not caused exclusively by "*such injury*" or any expense or any loss resulting from, or for:

1. Member school or any FSHAA sanctioned Senior High School tackle football practice sessions or competition including travel to or from such practice or competition;
2. Contact lenses or hearing aids;
3. Damage to other than whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedures and services. Treatment for injury or function of tooth caused either by decay, infection or the breakdown of a dental restoration.
4. Boils, athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, calluses, cramps, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychiatric care.
5. Any form of illness, sickness or disease including but not limited to the following: Perthes' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteogenesis Imperfecta, Slipped Capital Femoral Epiphysis, Pathological or Stress Fractures, Thrombophlebitis, Fainting, Hysterical Reactions, or similar conditions.
6. Any form of fighting or brawling or criminal or felonious assault, unless the insured is a victim of an unprovoked, random attack; or the Insured being engaged in an illegal occupation.
7. Services or treatment rendered as a part of the Member school service by a hospital, physician, or person employed or retained by the Member, or by a person related to the Insured by blood or marriage.
8. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine driven vehicle designed principally for travel on public roads and licensed for use on public roads; however, eligible medical expenses due to motor vehicle accidents not collectible from other valid coverage will be payable up to \$2,000.00 in the aggregate, excess of all other valid insurance.
9. Intentionally self-inflicted injury.
10. War or any act of war; (raids by air, land or sea shall be deemed an act of war), civil disobedience, riots or insurrection.
11. Injuries sustained by the Insured for which benefits are paid or received under any Workmen's Compensation or Employer Liability Laws.
12. Aviation in any form except while the Insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
13. Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile, all terrain vehicle or two (2) or three (3) wheeled motor vehicle.

14. The use of or while under the influence of drugs or alcohol unless administered as prescribed by a physician.
15. The existence or aggravation of physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. Conditions or the aggravation of conditions that originated prior to the Insured's Effective Date are not covered.
16. Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association sponsored sports accident policy, catastrophic accident policy or trust fund is expressly excluded from coverage.
17. Snow skiing, snow boarding, water skiing, wakeboarding, surfboarding, hydro sliding, jet skiing or use of any personal watercraft as defined in Chapter 327 of the Florida Statutes.
18. Prescription drugs, injections, miscellaneous supplies and medications, except those administered while hospital confined or when treated in the emergency room.
19. Participation in any organized sports leagues, sports camps, boxing, any type of martial arts classes or competitions that are not exclusively sponsored, funded and directly supervised by the Member school.
20. Any expense for which a benefit is not listed.

PART IX - GENERAL PROVISIONS

ENTIRE CONTRACT, CHANGES: This Policy, including any attached endorsements and the application of the Policyholder make up the entire contract between the parties. All statements made by the Member or by the persons insured are deemed representations and not warranties. No agent has authority to change this Policy or to waive any of its provisions. No change in this Policy is valid until approved by an executive officer of ours and unless such approval is endorsed hereon or attached hereto. Such an endorsement or attachment shall be effective without the consent of the Insured but shall be without prejudice to any claim arising prior to its Effective Date.

INCONTESTABILITY: In the absence of fraud, the validity of this Policy shall not be contested except for nonpayment of premiums. No statement, except a fraudulent misstatement, made by any Insured relating to his insurability will be used to contest the validity of his insurance with respect to which such statement was made after his insurance has been in force for two years during such Insured's lifetime nor unless it is contained in a written instrument signed by him.

POLICY TERMINATION: We reserve the right to terminate the Policy with 31 days prior written notice to the Policyholder and all Members. We will not terminate this Policy with respect to any Member during a Benefits Period for which the premium has been paid in advance. Termination by Us will be without prejudice to any claim originating prior to the date of termination.

PAYMENT OF PREMIUM: All premiums are payable in advance in accordance with our premium rates. The full premium must be paid even if the correct premium is received after the Member's Effective Date. There is no pro-rata or reduced premium payment for late enrollees. There will be no refunds for Insureds who cancel coverage under this Policy, unless the Insured enters the Armed Forces. Optional coverages may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment. Dependents are eligible to purchase only those optional coverages purchased by the Insured. Coverage must be the same for all family members.

Premium adjustments involving return of unearned premiums will be limited to a period of twelve (12) months immediately preceding the date of receipt by us of evidence that adjustments should be made. Premiums are payable to us or our authorized agent.

GRACE PERIOD: A grace period of 31 days will be granted to each Member school for the payment of any premium due. This Policy will continue in effect during the grace period. If the premium is not paid by the end of the grace period, all insurance that pertains to that Member's coverage under this Policy will end on the last day of the grace period. The Member will owe us the pro rata premium for the time that Member's coverage continued in force.

CHANGES IN PREMIUM RATES: We have the right to change any of the premium rates for any of the insurance included in this Policy. We will not change the premium rates with respect to any Member during a Benefits Period for which the premium has been paid in advance. We will give the Policyholder written notice at least 30 days before any premium rate change.

EXAMINATION OF RECORDS: We have the right to examine all of the books and records relating to the insurance under this Policy at any time up to the later of:

1. two (2) years after the expiration of the term of insurance under this Policy; and
2. the date of final adjustment and settlement of all claims under this Policy, with respect to such term of insurance.

COVERAGE UNDER MORE THAN ONE POLICY: Coverage in effect at any one time on an Insured under a like policy or policies with us is limited to coverage under the one such policy. The Insured, his beneficiary or his estate, as the case may be, can elect the coverage. All other coverage will be null and void. We will return all premiums paid for all other such coverage.

CLERICAL ERROR: A clerical error by the Company, Policyholder, Plan Administrator or Member will not terminate insurance under this Policy otherwise validly in force, nor will it continue insurance under this Policy otherwise validly terminated.

WORKERS' COMPENSATION: The Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation.

WAIVER OF RIGHTS: If we fail to enforce any provision of this Policy, this will not affect our right to do so at a later date. It also will not affect our right to enforce any other provision of this Policy.

SUMMARY BROCHURE OR CERTIFICATES: Each student who becomes insured under this Policy will receive a brochure which summarizes the important features, benefits, exclusions and limitations of this Policy. When required by law, students who become insured under this Policy will receive a certificate of insurance.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which is in conflict with the laws of any jurisdiction to which it is subject, is amended to meet those laws.

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: Chicago, Illinois • Administrative Office: 2501 Parkway, Philadelphia, PA 19130-2499

ENDORSEMENT

It is hereby understood and agreed that the Policy is amended as follows:

EFFECTS OF OTHER COVERAGE

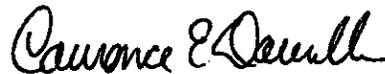
Applicable to all claims

If the total claim expense exceeds \$500.00, and if there is other valid coverage not with this Company, providing benefits for the same loss on a provision of service basis or on an expense incurred basis, benefits shall be paid first by such other company or service plan. If "*other valid coverage*", not with this Company, has a non-duplication of benefits provision, the Policy will provide the lesser of the following benefits: (a) the eligible benefits specified in the Policy; or (b) eligible medical expense not collectible from "*other valid coverage*" in the absence of coverage under the Policy or any other plan agreement, contract or policy.

Other valid coverage shall include, but not be limited to the following: group insurance; coverage provided by hospital or medical service organizations; union welfare or trust plans; employer or employee benefit organizations; self-administered ERISA plans; Medicare; Blue Cross/Blue Shield; or similar pre-paid medical service organizations.

Any person insured under TRICARE/CHAMPVA coverage is not eligible for coverage under this Policy.

This endorsement takes effect and expires with the Policy to which it is attached, and is subject to all of the terms and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.



Secretary

President

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: Chicago, Illinois • Administrative Office: 2501 Parkway, Philadelphia, PA 19130-2499

ENDORSEMENT

In consideration of the additional premium paid for Extended Dental Benefit, the Policy is amended as follows:

EXTENDED DENTAL BENEFIT

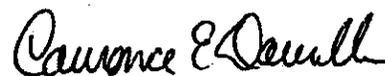
Item 3 of Part VII, Section (b), "*Medical Expense*" as shown in the Policy is hereby deleted, and replaced by the following:

3. Dental repair or replacement to whole, sound and natural teeth by a legally qualified and licensed dentist not to exceed \$500.00 per injured tooth, with a total policy maximum benefit of \$1,000.00 as a result of any one (1) Covered Accident. The time period for incurring eligible dental expense is not to exceed two (2) years from the original date of the Covered Accident. Orthodontic procedures and services are expressly excluded.

This endorsement shall apply only to those Insureds covered by this endorsement.

This endorsement takes effect and expires with the Policy to which it is attached, and is subject to all of the terms and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.


Secretary



President

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: Chicago, Illinois • Administrative Office: 2501 Parkway, Philadelphia, PA 19130-2499

ENDORSEMENT

In consideration of the premium paid, the Policy is amended as follows:

TWENTY-FOUR HOUR A DAY COVERAGE

Policy Section Part IV entitled "*Covered Accidents*" is amended with the following added:

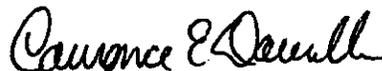
1. If this endorsement is attached to the Policy, coverage will extend to twenty-four (24) hours of the day; (Policy exclusions regarding Senior High School tackle football practice sessions and competition and all other specified exclusions stated in this policy will apply to the 24 Hour A Day Coverage Endorsement).
2. Maximum Benefit - in no event will payment exceed \$25,000.00 in total for all medical, surgical, hospital, nurse and dental expense incurred as a result of any one Covered Accident.

The 24 Hour a Day Coverage will end at 12:00 A.M. (EST) on the first official opening day when scheduled Member school classes resume in the next fall school session, or 12:00 A.M. (EST) on August 6th, 2008, whichever is the earlier date.

This endorsement shall apply only to those Insureds that have paid the required premium for Twenty-Four Hour a Day Coverage.

This endorsement takes effect and expires with the Policy to which it is attached, and is subject to all of the terms, exclusions and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.


Secretary



President

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: Chicago, Illinois • Administrative Office: 2501 Parkway, Philadelphia, PA 19130-2499

ENDORSEMENT

It is hereby understood and agreed that the Policy is amended as follows:

MEDICAL EXPENSE BENEFIT

Section (b), item 4 of Part VII - "*MEDICAL EXPENSE*" as shown in the Policy is hereby deleted, and replaced by the following:

The insured will be entitled to receive one or more of the following benefits:

When the Insured is not hospital confined, policy benefits will not exceed the usual and customary charge for outpatient x-ray, EEG, EKG or similar radiological procedures including interpretation and service, with a maximum policy benefit for any one (1) covered accident for:

OUTPATIENT X-RAYS or similar radiological service including reading and interpretation fees:

For x-rays of the ankle, elbow, finger, foot, forearm, hand, nose, toe, wrist, chest, sternum
facial bones, femur, hip, humerus, ribs, knee, pelvis, shoulder, tibia, fibula, skull, or
any other parts of the body, the maximum aggregate benefit shall not exceed: \$75.00
For Post-Reduction views of fractures, the maximum aggregate benefit shall not exceed: \$75.00

For Dental X-rays or similar radiological service including reading and interpretation fees:

One Tooth \$15.00
Full Mouth \$40.00

Outpatient EEG or EKG benefits are based on fee schedule in 2001 Florida Workers' Compensation Health Care Reimbursement Manual, Part A.

Outpatient CAT SCAN maximum benefit per covered accident: \$375.00

Outpatient MRI maximum benefit per covered accident: \$750.00

This endorsement takes effect and expires with the Policy to which it is attached, and is subject to all of the terms and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.

Caurence E. Deull

Charles Denaro

Secretary

President

LRS-9020-0100

Reliance Standard Life Insurance Company

(herein called "The Company", "we", "us", or "our")

Home Office: Chicago, Illinois • Administrative Office: 2501 Parkway, Philadelphia, PA 19130-2499

HOSPITAL CONFINEMENT FOR SICKNESS ONLY ENDORSEMENT (Applies only to insureds that have paid the additional premium for this benefit.)

SCHEDULE OF BENEFIT

HOSPITAL CONFINEMENT BENEFIT: This is designed to pay a daily benefit for Hospital Confinement due to Sickness (this Endorsement does not provide benefits for expenses resulting from injuries or for outpatient care and treatment).

INDEMNITY AMOUNT:	AMOUNT WE PAY:
Per Day of Hospital Confinement	\$ 500.00
Period of Confinement Maximum	\$ 5,000.00

DEFINITIONS

Pre-existing Condition means any physical condition for which the existence of symptoms would cause a normally prudent person to seek medical care or advice. Physical condition includes any complication or residual of a prior illness, condition or disease the person was advised or treated for in the six (6) months before the effective date of the Insured's coverage under the Policy.

Sickness means an illness or disease for which symptoms first originate and for which medical treatment is rendered by a physician while this Endorsement is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered one Sickness.

INDEMNITY BENEFITS

We will pay this benefit when the Insured is Hospital Confined as an inpatient.

HOSPITAL CONFINEMENT BENEFIT: We will pay this benefit when confinement:

1. Begins while coverage under this Endorsement is in force; and
2. Is Medically Necessary for the Sickness causing the confinement; and
3. Is at the direction of and under the supervision of the treating physician.

Benefits will be paid as shown in the Schedule of Benefits above.

The following exclusions apply to this benefit only and are in addition to the **PART VIII – EXCLUSIONS** section in the Policy. We will not pay benefits when confinement results from:

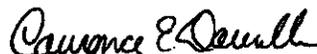
1. Pregnancy, child birth or abortion;
2. Drug or alcohol intoxication or addiction;
3. Any treatment for Injury or secondary complications arising from the Injury;
4. Mental illness, emotional disorders or psychiatric care;
5. Dental examinations or dental care required for any cause, including TMJ;
6. Any outpatient visit or treatment.

This endorsement takes effect and expires with the Policy to which it is attached, and is subject to all of the terms and conditions of the Policy not inconsistent therewith. Nothing contained in this endorsement will be held to change, waive or extend any provisions of the Policy except as stated.



Secretary

LRS-9179-0504



President

EXHIBIT F

Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, Pennsylvania 19192-2235

RENEWAL AMENDMENT

Policyholder: Miami Dade County Public Schools

Policy No. BAB009624-948

Amendment Effective Date: August 1, 2007

This Amendment is attached to and made part of the Policy specified above. It is subject to all of the Policy provisions that do not conflict with its provisions.

Policyholder and We hereby agree that the Policy and any Certificates delivered under the Blanket Accident Policy are amended as follows:

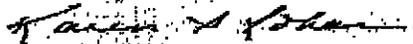
An Additional Policy Term is added to Page 1. This Additional Policy Term is

August 1, 2007 through July 31, 2008

Premium Guaranteed for the Additional Policy Term is \$645,000

This Premium Guarantee is subject to the *Cancellation and Premium Rate Change* sections of the *Administrative Provisions* of this Policy.

Life Insurance Company of North America



Karen Rohan, President

BA-01-4500.00

Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, Pennsylvania 19192-2235

RENEWAL AMENDMENT

Policyholder: Miami Dade County Public Schools

Policy No. BAB009624-948

Amendment Effective Date: August 1, 2006

This Amendment is attached to and made part of the Policy specified above. It is subject to all of the Policy provisions that do not conflict with its provisions.

Policyholder and We hereby agree that the Policy and any Certificates delivered under the Blanket Accident Policy are amended as follows:

An Additional Policy Term is added to Page 1. This Additional Policy Term is

August 1, 2006 through July 31, 2007

Premium Guaranteed for the Additional Policy Term is \$645,000

This Premium Guarantee is subject to the *Cancellation and Premium Rate Change* sections of the *Administrative Provisions* of this Policy.

Life Insurance Company of North America



Karen Rohan, President

BA-01-4500.00

Life Insurance Company of North America
1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235
A Stock Insurance Company

BLANKET ACCIDENT POLICY

POLICYHOLDER: Miami Dade County Public Schools
POLICY NUMBER: BAB009624-948
POLICY EFFECTIVE DATE: August 1, 2005
POLICY TERM: August 1, 2005 through July 31, 2006
STATE OF ISSUE: Florida

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 A.M. on the Policy Effective Date shown above at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 12:00 A.M., on the day following the last day of the Policy Term unless the Policyholder and We agreed to continue coverage under this Policy for an additional Policy Term. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all the terms of this Policy.

THIS IS A LIMITED POLICY
IT PAYS BENEFITS FOR SPECIFIC LOSSES FROM
ACCIDENTS ONLY

Accident Medical Benefits are subject to a deductible
and payable only after any other Health Care Plan pays benefits.

IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY
SICKNESS

PLEASE READ IT CAREFULLY.

ASusan S. Cooper

Secretary

Gregory H. Huxley

President

FL COMPULSORY K-12 BASE

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NO. 3421 P. 7/18

MCKINLEY FINANCIAL

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SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.

The *Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Policy. Please read the *Conditions of Coverage* and *Description of Benefits* sections for full details.

Eligible Persons:
Interscholastic football student-athletes of the Policyholder

CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.

Sports Coverage	
Personal Deviations covered	No
Covered Sports Travel limits	
Travel arranged or provided by the Policyholder	No time limit
Any other covered travel immediately before or after a Supervised or Sponsored Sports Activity	limited to one hour each way

Covered Activities

Sports Coverage: Policyholder Supervised and Sponsored interscholastic Fall and Spring Football only. Overnight Supervised and Sponsored Sports Activities with duration of over 7 days and related travel are not covered, unless specifically agreed to in writing by Us.

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EXPENSE INCURRED MEDICAL BENEFITS

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

SCOPE OF COVERAGE APPLICABLE TO EXPENSE-INCURRED MEDICAL BENEFITS

Full Excess Medical Expense	
Other Health Plan Reduction	50%

ACCIDENT MEDICAL EXPENSE BENEFIT

Total Maximum for all Accident Medical Expense Benefits	\$25,000
First Covered Expenses must be Incurred within	30 days from the date of the Covered Accident
Benefit Period	730 days from the date of the Covered Accident
Deductible	\$250 Disappearing Deductible
applies to	each Covered Accident

Disappearing Deductible: The Covered Person may use Covered Expenses paid under another Health Care Plan to satisfy the Deductible under this policy.

Deductible is waived if: (1) Necessary surgery is performed on an outpatient basis; (2) Diagnostic laboratory or X-ray services are performed on an outpatient basis for pre-admission testing within 7 days prior to

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hospital admission; or (3) A mandatory second surgical opinion is obtained for the necessity of non-emergency surgery; this waiver applies only to charges for a second opinion.

Covered Expenses	Benefit Percentage and Other Limits
Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made solely by Us.	
In-Patient Hospital Services	
Room and Board Expenses	
Intensive Care Unit	100%, up to \$1,000 per day
Private/Semi-Private Room	100%, up to \$1,000 per day
Hospital Miscellaneous Expenses	Included in Private/Semi-Private Room
Inpatient X-ray, CT scan, MRI, laboratory tests	Included in Private/Semi-Private Room
Ambulatory Medical Center	100%, up to \$1,000 per day for medical treatment other than surgery
Use of Ambulatory Medical Center Surgical Facilities	100%, up to \$6,000
Emergency Room Treatment	100%
Physician Services	
Surgery, Assistant Surgeon, Second Opinion or Consultation, Anesthesia and its Administration	Usual and Customary Charge for Surgery Benefits will be based on the 2001 Florida Workers Compensation Fee Surgery Schedule
Use of Physician's Surgical Facilities	100%, up to \$5,000
Physician Assistant	100%, up to \$45 for 1 st visit; \$40/visit thereafter
In-Hospital Visits	100%, up to \$45 for 1 st visit; \$40/visit thereafter
Office Visits	100%, up to \$45 for 1 st visit; \$40/visit thereafter
Out Patient X-Ray, CT Scan, MRI	
Ankle, elbow, finger, foot, forearm, hand, Nose, toe, wrist, chest, facial bones, femur, Hip, humerus, ribs, knee, pelvis, shoulder, Tibia or fibula, skull or sternum	100%, up to \$75
MRI	100%, up to \$750
Cat Scan	100%, up to \$375
Out Patient Physiotherapy	100%, up to \$30 per visit; Maximum of 20 visits
Ambulance Services	100%, up to \$250
Medical Equipment Rental	100%, up to \$250
Medical Services and Supplies	Included in Private/Semi-Private Room
Dental Services	100%, up to \$100 per tooth; up to maximum amount of \$500 per dental injury
X-ray: Teeth; one tooth	100%, up to \$15
X-ray: Full Mouth	100%, up to \$40
First treatment must be performed within Benefit Period	60 days after date of injury
Home Health Care	Same as Accident Medical Expense Benefit Period shown
Minimum Hospital Stay	100%, up to 40 visits per year when recommended by treating Physician
Home Health Care must begin within	Not applicable
	7 consecutive days after the Minimum Hospital Stay or Outpatient Surgery

INDEMNITY BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Principal Sum	\$1,000
Loss must occur within	365 days from the date of the Covered Accident

SCHEDULE OF COVERED LOSSES

Covered Loss	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or Foot and Sight in One Eye	100% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum

Aggregate Limit Of Indemnity	All Conditions of Coverage
Applies to:	\$500,000
Amount:	

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death and Dismemberment Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

ADDITIONAL INDEMNITY BENEFITS

Any benefits payable under these Additional Indemnity Benefits shown below are in addition to Accidental Death and Dismemberment Benefits payable.

CRISIS DEATH BENEFIT	
Benefit Amount	\$10,000 per Covered Person, up to a Maximum of \$100,000 per incident

RATE TABLE

Premium Rate	\$645,000.00 Per Policyholder
Mode of Premium Payment	Annually
Premium Due Date	Policy Effective Date
Contributions	The cost of coverage is paid by the Policyholder. All premiums are fully earned and non-refundable.

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NO. 3421 P. 11/18

MCKINLEY FINANCIAL

JAN. 25. 2008 2:34PM

ELIGIBILITY, EFFECTIVE DATE, AND TERMINATION PROVISIONS

- Policy Effective Date** The Insurance Company agrees to provide Accident Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the Premium when due. Insurance begins on the Policy Effective Date shown on this Policy's first page.
- Eligibility** A person is eligible for insurance under this Policy when he meets the definition of Eligible Person shown in the *Schedule of Benefits*. An Eligible Person may be insured under only one Covered Class, even though he may be eligible under more than one Covered Class.
- Effective Date for Individuals** Insurance becomes effective for the Eligible Person on the latest of the following dates:
1. the Policy Effective Date; or
2. the date the person becomes eligible.
- Effective Date of Changes** Any increase or decrease in the amount of insurance for the Covered Person resulting from:
1. a change in benefits provided by this Policy; or
2. a change in the Covered Person's Covered Class
will take effect on the date of such change.
- Termination of Insurance** Insurance for the Covered Person will end on the earliest of:
1. the date the person is no longer in an Eligible Class;
2. the date the person enters full time active duty in any Armed Forces. We will refund any premium paid for any period of active duty when We receive proof of active duty. Active duty does not include Reserve or National Guard duty for training;
3. the end of the period for which the last premium is made; or
4. the date coverage under this Policy ends.
- Termination does not affect a claim for a Covered Injury due to a Covered Accident that occurs before the termination date. However, in no instance will benefits extend beyond the earlier of:
1. the end of the Benefit Period; or
2. the date benefits equal to any applicable Benefit Limit, as shown in the *Schedule of Benefits*, have been paid.

CONDITIONS OF COVERAGE

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

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SPORTS COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, when the Covered Person suffers a Covered Injury resulting directly and independently of all other causes from a Covered Accident that occurs while he is participating in one of the following Sports Covered Activities:

1. regularly-scheduled practice or training;
2. regularly-scheduled competition or exhibition game;
3. a scheduled tryout, workout session or team meeting;
4. a Supervised and Sponsored Sports Activity; or
5. Covered Sports Travel.

Covered Sports Travel includes travel, only within the United States and only directly and without interruption:

1. between home and the premises of the Sports Organization;
2. between home and another meeting place designated by the Sports Organization;
3. between home and another site designated by the Sports Organization, where a Supervised and Sponsored Sports Activity is scheduled;
4. between the premises of the Sports Organization or other meeting place it designates, and another site where a Supervised and Sponsored Sports Activity is scheduled.

Definitions

For purposes of this coverage:

Sports Organization means a School, college or university, team, league or other organization, as named in the *Schedule of Benefits*, that organizes, sponsors, supervises, schedules or otherwise provides Sports Covered Activities. The Sports Organization is the Policyholder.

Supervised and Sponsored Sports Activity means a Covered Activity that:

1. takes place:
 - a. on a Sports Organization's premises during scheduled hours;
 - b. at another site at which the Covered Activity is scheduled; and
2. is sponsored, organized or otherwise provided by the Sports Organization; and
3. is supervised by a coach, referee, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the Sports Organization.

Supervised and Sponsored Sports Activity does not include participating in any activity, including tryouts, practice or any competitions or games for any sports activity, that is not specifically shown on the *Schedule of Benefits*.

Covered Sports Travel means transportation on a common carrier, Policyholder provided bus or van, or Private Passenger Automobile driven by an adult with a valid drivers' license. It will also include travel by foot or non-motorized bicycle between the Covered Person's home and a Supervised and Sponsored Sports Activity.

Exclusions

1. This coverage will not be in effect during any sports activity unless it is sponsored, organized, supervised, scheduled or otherwise provided by the Sports Organization named in the *Schedule of Benefits*.
2. This coverage will not be in effect during travel to any Covered Activity that takes place outside the United States, unless We have agreed in advance to provide it.
3. This coverage will not be in effect during the Covered Person's Personal Deviation.

Other exclusions that apply to this coverage are in the *Common Exclusions* Section.

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GENERAL DEFINITIONS

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

Aircraft	A vehicle which: <ol style="list-style-type: none">1. has a valid certificate of airworthiness; and2. is being flown by a pilot with a valid license to operate the Aircraft.
Covered Accident	A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions: <ol style="list-style-type: none">1. occurs while the Covered Person is insured under this Policy;2. occurs under one of the Conditions of Coverage specified in the <i>Schedule of Benefits</i>;3. is not contributed to by disease, Sickness, or mental or bodily infirmity;4. is not otherwise excluded under the terms of this Policy.
Covered Activity	Any activity that is shown in the <i>Schedule of Benefits</i> and: <ol style="list-style-type: none">1. takes place under one of the Conditions of Coverage specified in the <i>Schedule of Benefits</i>; and2. is sponsored, organized, scheduled or otherwise provided by the Policyholder.
Covered Injury	Any bodily harm that results, directly and independently of all other causes, from a Covered Accident. A Covered Injury does not include aggravation of an injury sustained before the Covered Accident.
Covered Person	An Eligible Person, as defined in the <i>Schedule of Benefits</i> , for whom required premium has been paid when due and for whom coverage under this Policy remains in force.
He, His, Him	Refers to any individual, male or female.
Hospital	An institution that meets all of the following: <ol style="list-style-type: none">1. it is licensed as a Hospital pursuant to applicable law;2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;3. it is managed under the supervision of a staff of medical doctors;4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis, or it is a rehabilitation facility as described below; and6. it charges for its services. <p>The term Hospital includes a facility primarily of a rehabilitative nature, if it is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitative Facilities, and it provides rehabilitation specifically for treatment of physical disability.</p> <p>The term Hospital does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none">1. convalescent, custodial, educational or nursing care;2. the aged, drug addicts or alcoholics;3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense.
Hospital Stay	A confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident.
Nurse	A licensed graduate registered nurse (R.N.) or a licensed practical nurse (L.P.N.) who is not: <ol style="list-style-type: none">1. the Covered Person;

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2. a parent, sibling, spouse or child of either the Covered Person or the Covered Person's spouse;
3. a person living in the Covered Person's household; or
4. a person employed or retained by the Policyholder.

Personal Deviation

An activity which:

1. is neither reasonably related to or incidental to the purpose of travel for which coverage is provided by this Policy; and
2. the Covered Person performs before, during or after covered travel.

When coverage is provided during a Personal Deviation, the time period covered is shown in the *Conditions of Coverage* section of the *Schedule of Benefits*.

Physician

A licensed health care provider practicing within the scope of his license and rendering care and treatment to the Covered Person that is appropriate for the condition and locality, and who is not:

1. the Covered Person;
2. a parent, sibling, spouse or child of either the Covered Person or the Covered Person's spouse;
3. a person living in the Covered Person's household;
4. a person employed or retained by the Policyholder; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Policyholder

The entity, named on this Policy's face page, to which We issue this Policy.

Private Passenger Automobile

A validly registered, four wheel private passenger car, including Policyholder-owned cars, campers, motor homes, station wagons, sport utility vehicles, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. Any vehicle being used as a taxicab, bus, or other public conveyance will not be considered a Private Passenger Automobile.

School

The participating School where the Covered Person is enrolled or employed. The School must be licensed or accredited, as applicable, by the jurisdiction where it is located, to provide the care, education or training for which the Covered Person is enrolled.

Sickness

A physical or mental illness, including pregnancy.

We, Us, Our

Life Insurance Company of North America.

DEFINITIONS FOR ACCIDENT MEDICAL BENEFITS

Please note that certain words used in the *Expense-Incurred Medical Benefits* sections of this Policy have specific meanings. These words defined below and capitalized within the *Expense-Incurred Medical Benefits* section of this Policy have the meanings set forth below.

- Benefit Percentage** The percentage of Covered Expenses We pay that are Incurred by the Covered Person after he satisfies any applicable Deductible. Benefit Percentages are shown in the *Schedule of Benefits*.
- Benefit Period** A period, shown in the *Schedule of Benefits* and commencing with the date of a Covered Accident, during which Benefits are payable.
- Covered Expenses** The Usual and Customary charges for services or supplies listed in the *Schedule of Benefits*, and described in the *Expense-Incurred Medical Benefits* section, that the Covered Person incurs for treatment of a Covered Injury. A Physician must recommend and approve these services or supplies.
- Daily Living Services** Cooking, feeding, bathing, dressing and personal hygiene services performed by a Home Health Aide which are necessary to the care and health of the Covered Person.
- Deductible** The amount of Covered Expenses that each Covered Person must incur before benefits are paid under this Policy.
- Extended Care Facility** An institution, operating pursuant to applicable law and engaged in providing, for a fee, in-patient skilled nursing care and related services and physical therapy services under the supervision of a Physician and registered Nurses. An Extended Care Facility must maintain medical records on all of its patients.
- Treatment rendered in an Extended Care Facility does not include routine custodial care.
- Health Care Plan** Any arrangement, whether individually purchased or incident to employment or membership in an association or other group, which provides benefits or services for health care, dental care, disability benefits or repatriation of remains. A Health Care Plan includes group, blanket, franchise, family or individual:
1. insurance policies;
 2. subscriber contracts;
 3. uninsured agreements or arrangements;
 4. coverage provided through Health Maintenance Organizations, Preferred Provider Organizations and other prepayment, group practice and individual practice plans;
 5. medical benefits provided under automobile "fault" and "no-fault" - type contracts;
 6. medical benefits provided by any governmental plan or coverage or other benefit law, except:
 - a. a state-sponsored Medicaid plan; or
 - b. a plan or law providing benefits only in excess of any private or non-governmental plan;
 7. other valid and collectible medical or health care benefits or services.
- Health Maintenance Organization (HMO)** Any organized system of health care that provides health maintenance and treatment services for a fixed sum of money agreed and paid in advance to the provider of service.
- Home Health Care Agency** An agency that:
1. is constituted, licensed and operated under the provision of Title XVIII of the Federal Social Security Act, or qualified to be so operated if application was made, and certified by the jurisdiction in which the Home Health Care plan is established; and
 2. is engaged primarily in providing Extended Care Facility services and other therapeutic services in the Covered Person's home under the supervision of a Physician or a Nurse; and
 3. maintains clinical records on all patients.

Home Health Aide

A person who:

1. provides care of a medical or therapeutic nature, or who provides Daily Living Services; and
2. reports to and is under the direct supervision of a Home Health Care Agency.

Home Health Care

Nursing care and treatment and Daily Living Services provided to the Covered Person in his home as part of an overall extended treatment plan. To qualify for Home Health Care Benefits:

1. the Home Health Care plan must be established and approved in writing by the Covered Person's attending Physician, including certification in writing by the attending Physician that confinement in a Hospital or Extended Care Facility would be required in the absence of Home Health Care; and
2. nursing care and treatment must be provided by a Hospital certified to provide Home Health Care services or by a certified Home Health Care Agency; and
3. Daily Living Services must be approved in writing by the attending Physician or by the provider of the nursing care services.

Home Health Care may, at Our discretion, include nursing care and treatment provided by the Covered Person's Immediate Family Members or other persons who reside with the Covered Person. Immediate Family Members mean the mother, father, sister, brother, husband, wife or children of the Covered Person.

Incurred or Incurs

A Covered Expense for treatment, services or purchase of supplies will be deemed Incurred on the date the treatment or service is rendered or the purchase is made.

Motor Vehicle

Any validly registered four-wheeled private passenger car, station wagon, sport utility vehicle, pick-up truck, van, camper, motorhome or bus for which the Covered Person, if driving, holds a valid operator's license.

Non-Preferred Provider

Any Hospital, Physician, or other provider of health care services which is not a member of an HMO or PPO plan.

Preferred Provider Organization (PPO)

An organization offering health care services through designated health care providers who agree to perform these services at rates lower than Non-Preferred Providers.

Rehabilitation Facility

A legally operating institution or part of an institution which has a transfer agreement with one or more Hospitals and which:

1. is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services or rehabilitation inpatient care; and
2. is duly licensed by the appropriate government agency to provide such services; and
3. is required to be accredited by the Joint Commission on Accreditation of Health Care Organizations or the Commission on Accreditation of Rehabilitation Facilities.

A Rehabilitation Facility does not include institutions which provide only minimal care, custodial care, care for the terminally ill, part-time care, or services or facilities for drug abuse or alcoholism.

Usual and Customary Charge

The normal charge, in the absence of insurance, made by the provider of a necessary supply or service, but not more than the prevailing charge in the area:

1. for a like service by a provider with similar training or experience; or
2. for a supply that is identical or substantially equivalent.

Where appropriate, We will determine the Usual and Customary Charge based on a relative value schedule appropriate to the area and type of service provided. The final determination of a Usual and Customary Charge rests solely with Us.

DESCRIPTION OF EXPENSE-INCURRED MEDICAL BENEFITS

This *Description of Expense-Incurred Medical Benefits* Section describes the Scope of Coverage for which Medical Benefits are payable, and the *Expense-Incurred Medical Benefits* provided by this Policy. Any applicable benefit percentages, benefit deductibles, benefit periods, benefit limits and maximums, and the Policy Aggregate Maximum are shown in the *Schedule of Benefits*. Any applicable Non-Duplication of Benefits provision that applies to *Expense-Incurred Medical Benefits* is shown in the *Limitations* Section. Please read these and the *Common Exclusions* Section in order to understand all of the terms, conditions and limitations applicable to these benefits.

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SCOPE OF COVERAGE APPLICABLE TO EXPENSE-INCURRED MEDICAL BENEFITS

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

Other Health Care Plan Benefits

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

Full Excess Medical Expense

We will pay Covered Expenses:

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

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

Any Covered Expenses payable under this provision will be reduced by the Other Health Care Plan Reduction Percentage shown in *Schedule of Benefits* if:

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

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

BA-01-2401.00

ACCIDENT MEDICAL EXPENSE BENEFITS

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

Benefits will be paid:

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

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Any deductible and co-insurance will not apply to Covered Expenses Incurred for treatment of injury a Covered Person sustained in a violent crime, when We are provided with written notification of his crime victim status by the Office of the Florida Attorney General, Division of Victim Services.

COVERED EXPENSES:

In-Patient Hospital Services

Room and Board Expenses – We will pay for:

1. confinement in an intensive care unit, up to the maximum daily benefit shown in the *Schedule of Benefits* for each day of such confinement;
2. any other confinement, up to the maximum daily benefit shown in the *Schedule of Benefits* for each day of the Hospital Stay.

Miscellaneous Expenses – We will pay the Miscellaneous Expenses charged by a Hospital or ambulatory surgical center for outpatient surgery. Miscellaneous Expenses include, but are not limited to, X-ray, laboratory, in-hospital physiotherapy, nurse services, orthopedic appliances, pre-admission tests, and all necessary charges other than room and board, for services received during a Hospital Stay.

Ambulatory Medical Center

We will pay Covered Expenses Incurred for medical or surgical treatment provided in a licensed facility providing ambulatory surgical or medical treatment that is not a Hospital or Physician's office.

Emergency Room Treatment

We will pay Covered Expenses Incurred for outpatient emergency room treatment performed in a Hospital, up to the Maximum Benefit shown in the *Schedule of Benefits*. When emergency room treatment is immediately followed by admission to a Hospital, such treatment will be a Hospital Covered Expense.

Physician Services

We will pay Covered Expenses Incurred for Physician Services listed below.
Surgery –

1. Covered Expenses charged for performing a surgical procedure. Two or more surgical procedures through the same incision will be considered as one procedure. However, We will pay up to 150% of the benefit for a surgical procedure when more than one surgical procedure through different operating fields is performed during the same surgical session.
2. Covered Expenses charged by an assistant surgeon assisting a Physician performing a surgical procedure.
3. Covered Expenses charged for treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including aftercare, which is given in the outpatient department of a Hospital or an ambulatory surgical center.
4. Any braces, splints or other devices required after surgery to ensure proper healing.

Use of Physician's Surgical Facilities – Covered Expenses charged for the use of the Physician's surgical facilities.

Second Opinion or Consultation – Covered Expenses charged by a Physician for a second surgical opinion, or consultation.

Physician's Assistant – Covered Expenses charged by a Physician's Assistant for other than pre- or post-operative care, second opinion or consultation:

1. for in-Hospital visits; and
2. for office visits.

Anesthesia and its Administration – Covered Expenses charged by a Physician for anesthesia and its administration.

In-Hospital or Office Visits – Covered Expenses charged by a Physician for other than pre- or post-operative care, second opinion or consultation:

1. for in-Hospital visits; and
2. for office visits.

Out-Patient X-Ray, CT Scan, MRI We will pay Covered Expenses Incurred for X-ray, except dental X-rays, CT Scans, MRI's.

Out-Patient Physiotherapy We will pay Covered Expenses Incurred for out-patient Physiotherapy. Physiotherapy means: (a) acupuncture; (b) microtherapy; (c) chiropractic adjustment; (d) manipulation; (e) diathermy; (f) massage therapy; (g) heat treatment; and (h) ultrasonic treatment.

Ambulance Services We will pay Covered Expenses Incurred for ground ambulance service to transport the Covered Person from the place where the Covered Accident occurred to the nearest medically appropriate facility. We will pay Covered Expenses Incurred for ground ambulance transportation from the nearest medical facility to another appropriate medical facility, if a Physician specifies in writing that specialized care not available in the first facility to which the Covered Person was transported is necessary to treat his Covered Injury.

Medical Equipment Rental We will pay Covered Expenses Incurred for rental or, if less, purchase of:

1. a wheelchair or hospital bed; or
2. other medical equipment that has permanent or temporary therapeutic value for the Covered Person and that can only be used by the Covered Person. Permanent or temporary therapeutic value is solely determined by Us. Examples of items that are not covered include, but are not limited to: computers, motor vehicles and modifications thereof, ramps and installation costs.

Medical Services and Supplies We will pay Covered Expenses Incurred for:

1. blood and blood transfusions, including processing and administration; and
2. cost and administration of oxygen and other gases.

We do not pay for storage of blood for any reason.

Dental Services We will pay Covered Expenses Incurred for dental treatment, including X-rays, for injury to a tooth:

1. with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and
2. for which pulpal tissues are healthy and intact; and
3. for which periodontal tissue shows little or no signs of active or chronic inflammation. For insurance review purposes, each tooth unit is evaluated under these criteria rather than a blanket rating of the whole mouth.

Covered Expenses include examinations, x-rays, restorative treatment, endodontics, oral surgery, initial braces required for treatment of a Covered Injury and treatment of gingivitis resulting from trauma.

Covered Expenses must be incurred within the Benefit Period shown in the *Schedule of Benefits*. If there is more than one way to treat a dental problem, We will pay based on the least expensive procedure if that procedure meets commonly accepted standards of the American Dental Association.

Home Health Care We will pay Covered Expenses Incurred for care and treatment rendered to the Covered Person by a Home Health Care Agency, for the maximum number of visits, as shown in the *Schedule of Benefits*, for:

1. part-time nursing care by or supervised by a registered graduate nurse;

2. part-time Home Health Aide service which consists of caring for the patient;
3. physical, speech and occupational therapies when indicated in conjunction with the Covered Person's discharge placement through a Rehabilitation Facility approved by the attending Physician and by Us;
4. nutritional counseling;
5. medical social services by a qualified social worker licensed by the jurisdiction in which services are rendered.

Home Health Care services must be preceded by a Minimum Hospital Stay and must begin within the specified number of consecutive days of outpatient surgery or discharge from a Hospital or Extended Care or Rehabilitation Facility. The Minimum Hospital Stay and the number of days of confinement within which Home Health Care must begin are shown in the *Schedule of Benefits*.

LIMITATIONS AND EXCLUDED EXPENSES

Excluded Expenses

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

1. Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
2. Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury.
3. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by Us to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Examination or prescriptions for initial purchase, repair, or replacement of eyeglasses, contact lenses, or hearing aids.
5. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone or transportation.
10. Orthopedic appliances used mainly to protect an Injury so that the Covered Person can take part in interscholastic, intercollegiate and club sports.
11. Expenses payable by any automobile insurance policy without regard to fault.
12. Services or treatment provided by an infirmary operated by the Policyholder.
13. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
14. Treatment or service provided by a private duty nurse.
15. Initial or repair or replacement of existing artificial limbs, eyes and larynx.
16. Treatment of Hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed.
17. Charges for any article of clothing intended for use more than once.

Other Exclusions and Limitations that apply to this Benefit are in the *Common Exclusions Section* and *Limitations Section*.

LIMITATIONS

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

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

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

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

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DESCRIPTION OF INDEMNITY BENEFITS

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

BA-01-2200.00

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

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

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

If a Covered Accident causes the Covered Person's death, the total of all Benefits We will pay for Accidental Death and any other Covered Losses will not exceed the largest Benefit payable for a Covered Loss.

Definitions Loss of a Hand or Foot means complete Severance through or above the wrist or ankle joint.

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

Severance means complete separation and dismemberment of the part from the body.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.

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CRISIS DEATH BENEFIT

We will pay benefits shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Covered Person's death results, directly and independently of all other causes, from another person's use of a gun or a knife to commit an act of violence while insurance under this Policy is in effect. Such an act of violence must occur:

1. on School premises during Normal School Hours; or
2. during a Covered Activity.

The Maximum shown in the *Schedule of Benefits* will be divided equally among all Covered Persons if the benefit payable for each Covered Person multiplied by the number of benefits payable for any one Covered Accident would exceed that Maximum.

Definition For purposes of this benefit:
Normal School Hours means a scheduled period of instruction beginning one half hour before the first scheduled period of instruction of the day begins and ending one half hour after the last scheduled period of instruction of the day ends. If the Covered Person is serving a detention after Normal School Hours, the period is extended until one half hour after the end of the period of detention for that day.

Exclusions Benefits will not be payable if:

1. the act of violence occurs while the Covered Person is traveling to and from School, or to and from a Covered Activity or
2. the act of violence is committed by a parent or sibling; or

3. the Covered Person produces or obtains a gun or a knife during the incident and is killed, whether or not the Covered Person is acting in self defense.

Other exclusions that apply to this benefit are in the *Common Exclusions Section*.

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COMMON EXCLUSIONS

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

1. Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft, except as a fare-paying passenger on a regularly scheduled commercial airline;
7. travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle;
8. participation in any motorized race or contest of speed;
9. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid learners permit and (b) the Covered Person is receiving instruction from a Driver's Education Instructor;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. release of nuclear energy or radiation, including Sickness or disease resulting from such release;
12. travel or activity outside the United States;
13. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
14. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
15. injuries for which benefits are paid under Workers' Compensation law or any similar law;
16. a cardiovascular accident or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Covered Person participates in a Covered Activity;
17. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred.

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

1. employed or retained by the Policyholder;
2. living in the Covered Person's household;
3. a parent, sibling, spouse or child of either the Covered Person or the Covered Person's spouse;
4. the Covered Person.

CLAIM PROVISIONS

- Beneficiary** The beneficiary is the person or persons the Covered Person names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary.
- A beneficiary designation or change will become effective on the date the Covered Person executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.
- If more than one person is named as beneficiary, the interests of each will be equal unless the Covered Person has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.
- If there is no named beneficiary or surviving beneficiary, or if the Covered Person dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:
1. Spouse;
 2. Child or Children;
 3. parents;
 4. siblings;
 5. estate of the Covered Person.
- Claim Forms** We send forms for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written proof of the nature and extent of the loss for which claim is made.
- Conditional Claim Payment** If the Covered Person incurs expenses for Injuries received in a Covered Accident and in Our opinion a third party may be liable, We will pay benefits if:
1. the Covered Person first agrees in writing to refund the lesser of:
 - a. the amount We actually paid for such expenses; and
 - b. the amount actually received from the third party regardless of whether the amount is for such expenses; and
 2. the third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise. However, if the third party's liability is satisfied in an amount less than the benefits paid under this Policy, We will pay the difference.
- Legal Actions** No action at law or in equity will be brought to recover benefits under this Policy less than 60 days after satisfactory proof of loss has been furnished as required by this Policy. No such action will be brought after expiry of the applicable statute of limitations from the time proof of loss is required to be furnished.
- Notice of Claim** Written notice must be given to Us or Our agent within 31 days after a Covered Accident occurs or the loss begins or as soon as reasonably possible, but in no case any longer than 15 months after the date of loss. If written notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice was given as soon as was reasonably possible. Notice can be given at Our home office in Philadelphia, Pennsylvania, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.
- Payment of Claims** All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate. If any payee of benefits is a minor or otherwise legally incompetent, we will pay benefits to the person designated as his legal guardian or conservator.

If the amount of any benefit payable is determined based on benefits payable under another Health Care Plan, We have the right to require the Covered Person to provide information about that Plan and benefits paid or payable for the same claim before We pay benefits. We may, at Our option, pay any accident medical benefits directly to a health care provider, unless the Covered Person requests in writing when submitting the claim that such payment will not be made.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay \$1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

Physical Examination and Autopsy

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Proof of Loss

Written proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

Recovery of Overpayment

If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

Time of Payment

We will pay benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment, immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise shown in the *Benefits* sections of this Policy.

ADMINISTRATIVE PROVISIONS

Cancellation

We or the Policyholder may cancel this Policy, after the first year or Policy Term, as of any Premium Due Date by giving the other party 45 days advance written notice. Any premium rate guarantee will not affect Our or the Policyholder's right to cancel this Policy.

If a premium is not paid when due, We will cancel this Policy at the end of the last period for which premium was paid. Premium Due Dates are shown in the *Schedule of Benefits*.

Cancellation does not affect a claim for a Covered Injury when the Covered Accident occurs before the cancellation date.

Premiums

Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Rate Table*, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

Premium Payment

The total premium paid by the Policyholder is the sum of premiums for all Covered Persons. The initial premium is due on the Policy Effective Date unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at Our home office or to Our authorized agent.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premium.

Premium Rate Changes

We may change premium rates at the end of any Policy Term with at least 45 days advance notice mailed to the last known address of the Policyholder. We will not increase premium rates more frequently than annually, unless one of the events described below occurs.

We may change the premium rate during a Policy Term if any one of the following occurs:

1. the terms of this Policy change;
2. the number of Covered Persons or persons eligible for coverage increases or decreases by more than 10% since the later of the Policy Effective Date and the date of the last renewal of this Policy;
3. a change in any federal or state law or regulation is enacted, adopted or amended to the extent it affects Our benefit obligations under this Policy;
4. the ratio of incurred claims to earned premiums since the later of the Policy Effective Date and the last renewal date exceeds the permissible loss ratio; or
5. the Policyholder fails to provide sufficient information, as required by Us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

We will have the right to audit books and records of the Policyholder at its place of business and during its regularly-scheduled business hours, in order to determine the accuracy of premiums paid.

GENERAL PROVISIONS

Addition of New Eligible Individuals	All individuals added to the Classes of Covered Classes in the <i>Schedule of Benefits</i> are eligible for insurance under this Blanket Policy.
Assignment	<p>The rights and benefits under this Policy may not be assigned and any attempt to assign will be void.</p> <p>This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.</p>
Certificates	Where required by law, We will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.
Clerical Error	A person's coverage will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.
Conformity with Statutes	Any provision in this policy that is in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.
Entire Contract	<p>This Policy, including the endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of Our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.</p> <p>If an enrollment form of any Covered Person is required, it may also be made a part of this Policy at Our option.</p>
Examination of the Policy	This Policy will be available for inspection at the Policyholder's office during regular business hours.
Incontestability	<p>Of This Policy or Participation Under This Policy</p> <p>All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy or of participation under this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder.</p> <p>After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.</p>
Misstatement of Fact	If the Policyholder has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.
Noncompliance with Policy Requirements	Any express or implied waiver by Us of any requirements of this Policy is not a continuing waiver of such requirements. Any failure by Us to enforce any policy provision will not be a waiver or amendment of that provision.
Policy Changes	No change in this Policy will be valid until approved by one of Our executive officers and endorsed on or attached to this Policy. We may agree with the Policyholder to modify a plan of benefits without the Covered Person's consent.
Records	The Policyholder or its authorized Administrator will maintain the records of the Covered Person's insurance under this Policy. We will be permitted to examine the Policyholder's records relating to the insurance under this Policy at any reasonable time. The Policyholder is acting as an agent of the Covered Person for transactions relating to this

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insurance. The actions of the Policyholder will not be considered the actions of the Insurance Company.

Reporting Requirements

The Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the names of all persons insured on the Policy Effective Date;
2. the names of all persons who are insured after the Policy Effective Date;
3. the names of those persons whose insurance has terminated;
4. additional information required by Us.

We, at Our sole discretion, may waive reporting of any information specified above.

Workers' Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.



Important Privacy Notice – Please Read

As a customer of a CIGNA company¹, we want to assure you that we recognize our obligation to keep our customers' protected information secure and confidential. This notice explains our privacy practices and it should answer questions about how we protect personal information. We will continue to safeguard the privacy of the information provided to us. Thank you for giving us the opportunity to serve you. (If you are an Employer or Group Sponsor, please make this information available for review by your employees or members as appropriate.)

This notice applies to insurance products underwritten, or administered by, the Life Insurance Company of North America and CIGNA Life Insurance Company of New York, Life and Disability products underwritten by Connecticut General Life Insurance Company, insurance products underwritten by Insurance Company of North America administered by the CIGNA companies, and group variable universal life products for which CIGNA Financial Services, Inc. acts as the principal underwriter. Information is the key to our ability to provide you with world class service. Regardless of whether you are a customer, applicant, insured, or former insured, we are committed to protecting and maintaining the privacy of any information in our possession.

COLLECTION AND USE OF INFORMATION

We may collect protected information about our customers in connection with underwriting an application for insurance, investigating a claim for benefits, and in developing financial plans. This information will be used by authorized company personnel solely for these purposes, and it may be integrated into our databases for statistical and audit purposes. Protected information means any non-public, personally identifiable information including financial information, employment related information and medical information. Unless permitted by law, we will only collect information from sources other than our customers with written authorization.

DISCLOSURE OF INFORMATION

We do not disclose any protected information about our customers or former customers to anyone except as permitted by law. We do not sell customer lists or other protected information. With some exceptions, we will not disclose protected information without written authorization. There are circumstances when we will disclose protected information related to medical underwriting or a claim investigation without authorization to third parties or affiliates assisting us with medical underwriting or claim management, as permitted by law. We will also disclose protected information to third parties without authorization as required by law, such as in the case of subpoenas and mandated governmental disclosures.

PROTECTING YOUR INFORMATION

We have internal policies to maintain the privacy of our customers' protected information. These include but are not limited to policies related to the transmission, storage and disposal of paper and electronic information; the prevention of unauthorized access and damage to systems, including damage due to environmental hazards; and assigning and terminating user IDs.

There is no need to respond to this notice. Be assured that our policies and procedures are in no way changed or affected by this notice. We may change these policies, standards and procedures at any time. If there are material changes, we will notify our customers of the changes by mail.

¹ "CIGNA" is a registered trademark licensed for the use of insurance company subsidiaries of CIGNA Corporation. All products and services are provided by insurance company subsidiaries and not the corporation itself. As used herein, "CIGNA" refers to these subsidiaries, which include the Life Insurance Company of North America, CIGNA Life Insurance Company of New York and Connecticut General Life Insurance Company.

Life Insurance Company of North America

APPLICATION FOR BLANKET INSURANCE

Applicant/Policyholder (Full Legal Name) _____

Address 1500 Biscayne Blvd _____

City Miami _____ State FL _____ Zip Code 33132 _____

Phone Number _____ FAX Number _____

REQUESTED INSURANCE	REQUESTED EFFECTIVE DATE
POLICY NUMBER: BAB009624-948 COVERAGE: Blanket Accident UNDERWRITING COMPANY: Life Insurance Company of North America	August 1, 2005

The Applicant agrees to the following terms.

1. The Applicant will promptly furnish any records or other information necessary to insure the proper administration of the insurance plans to the Underwriting Company. The Applicant further agrees to allow the Underwriting Company or its Administrator to examine all records that pertain to the insurance plans.
2. The consideration for the requested insurance is the Underwriting Company's acceptance of this application and the Applicant's payment of the required premium when due. Payment of the required premium after delivery of the policy acts as acceptance of the terms and conditions of the policy.

The Applicant represents that the information provided to the Underwriting Company to determine the terms of the insurance applied for is true and correct and forms the basis of the requested insurance.

IMPORTANT NOTE: Any person who, knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of felony of the third degree.

TL-007141FL

FL



Important Privacy Notice – Please Read

As a customer of a CIGNA company¹, we want to assure you that we recognize our obligation to keep our customers' protected information secure and confidential. This notice explains our privacy practices and it should answer questions about how we protect personal information. We will continue to safeguard the privacy of the information provided to us. Thank you for giving us the opportunity to serve you. (If you are an Employer or Group Sponsor, please make this information available for review by your employees or members as appropriate.)

This notice applies to insurance products underwritten, or administered by, the Life Insurance Company of North America and CIGNA Life Insurance Company of New York, Life and Disability products underwritten by Connecticut General Life Insurance Company, insurance products underwritten by Insurance Company of North America administered by the CIGNA companies, and group variable universal life products for which CIGNA Financial Services, Inc. acts as the principal underwriter. Information is the key to our ability to provide you with world class service. Regardless of whether you are a customer, applicant, insured, or former insured, we are committed to protecting and maintaining the privacy of any information in our possession.

COLLECTION AND USE OF INFORMATION

We may collect protected information about our customers in connection with underwriting an application for insurance, investigating a claim for benefits, and in developing financial plans. This information will be used by authorized company personnel solely for these purposes, and it may be integrated into our databases for statistical and audit purposes. Protected information means any non-public, personally identifiable information including financial information, employment related information and medical information. Unless permitted by law, we will only collect information from sources other than our customers with written authorization.

DISCLOSURE OF INFORMATION

We do not disclose any protected information about our customers or former customers to anyone except as permitted by law. We do not sell customer lists or other protected information. With some exceptions, we will not disclose protected information without written authorization. There are circumstances when we will disclose protected information related to medical underwriting or a claim investigation without authorization to third parties or affiliates assisting us with medical underwriting or claim management, as permitted by law. We will also disclose protected information to third parties without authorization as required by law, such as in the case of subpoenas and mandated governmental disclosures.

PROTECTING YOUR INFORMATION

We have internal policies to maintain the privacy of our customers' protected information. These include but are not limited to policies related to the transmission, storage and disposal of paper and electronic information; the prevention of unauthorized access and damage to systems, including damage due to environmental hazards; and assigning and terminating user IDs.

There is no need to respond to this notice. Be assured that our policies and procedures are in no way changed or affected by this notice. We may change these policies, standards and procedures at any time. If there are material changes, we will notify our customers of the changes by mail.

¹ "CIGNA" is a registered trademark licensed for the use of insurance company subsidiaries of CIGNA Corporation. All products and services are provided by insurance company subsidiaries and not the corporation itself. As used herein, "CIGNA" refers to these subsidiaries, which include the Life Insurance Company of North America, CIGNA Life Insurance Company of New York and Connecticut General Life Insurance Company.

LM-615961a



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LM-615961a

ENROLLMENT FORM FOR STUDENT ACCIDENT INSURANCE
 Underwritten by: Life Insurance Company of North America

Name of Participating School/District Miami Dade County Public Schools c/o McKinley Financial
 Address _____ County _____
 City _____ State _____ Zip _____
 # of Eligible Students _____
 Total # of Sr. High Schools _____ Total # of Jr. High School _____ Total # of Elem Schools _____
 Grades Covered: PrK-5th _____ Grades 6-8 _____ Grades 9-12 _____

COMPULSORY STUDENT ACCIDENT COVERAGE
 (100% PARTICIPATION -- PREMIUM PAID BY THE SCHOOL)

Plan 1 Plan 2 Plan 3 Plan 4 Requested Effective date _____
 Full Excess Includes Sports Other Than Football
 \$100 Primary Excess (PA) Includes All Sports
 Excludes Sports
 Maximum Benefit: 25,000 Benefit Period _____
 School Time Rate _____ 24 Hour Rate _____

INTERSCHOLASTIC SPORTS OR FOOTBALL COVERAGE

Plan 1 Plan B-PA Other Miami Requested Effective date 8/1/06
 Full Excess Senior High Football Junior High Football
 \$100 Primary Excess (PA) Senior High Sports Junior High Sports
 Band & Cheerleaders _____
 Flat Premium: _____

Maximum Benefit: \$25,000
 Deductible: \$250 Benefit Period 2 years
 Total Premium \$645,000.00

VOLUNTARY STUDENT ACCIDENT COVERAGE

Plan _____ Requested Effective Date _____
 Primary Includes Sports Other Than Football
 \$100 Primary Excess (PA) Includes All Sports
 Full Excess Excludes Sports
 Maximum Benefit: \$250,000
 School Time Rate _____ 24 Hour Rate _____

SPECIAL NOTES:

Note: On reverse side, list all schools in the school district by name, address and estimates enrollment for each
 We hereby wish to enroll in the Life Insurance Company of North America Student Accident Policy. Insurance will be in force if this enrollment form is accepted by the Company, and the required premium is received by the Company when due.

Signed [Signature] on 7-26-06
 (Signature and Title)

Witness _____
 (Must be licensed resident agent where law requires)

Name of Contact Person at Participating School _____
 Telephone Number _____
 Agent Name: McKinley Financial Services
 Address: 545 North Andrews Ave
 City, State, Zip Fort Lauderdale, FL 33301
 Telephone 954-938-2685