



The Lincoln National Life Insurance Company  
A Stock Company Home Office Location: Fort Wayne, Indiana  
Group Insurance Service Office: 8801 Indian Hills Drive, Omaha, NE 68114-4066  
(800) 423-2765 Online: www.LincolnFinancial.com

CERTIFIES THAT Group Policy No. ACC-0001163064 has been issued to:  
Syneos Health, LLC  
(The Group Policyholder)

Certificate of Insurance for Class 1 Plan 1

This Certificate, and any amendments which may be attached to it, contains the main provisions of the Policy. You are entitled to the benefits described in this Certificate only if You are eligible, become and remain insured under the provisions of the Policy. If You have enrolled for Dependents Insurance, Your Dependents are covered under this Certificate only if such Dependents are eligible for insurance under the Policy and the required Premium has been paid to keep the insurance in effect. This Certificate replaces any other certificates for the benefits described inside. If a change affecting this insurance is made, an amendment or a new certificate will be issued to describe the change.

A handwritten signature in cursive script that reads "Ellen Cooper".

PRESIDENT

**READ YOUR CERTIFICATE CAREFULLY**

**Insurance benefits may be subject to certain requirements, reductions, limitations, and exclusions.**

**THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

**IMPORTANT CANCELLATION INFORMATION - PLEASE READ THE PROVISIONS ENTITLED "TERMINATION FOR YOUR ACCIDENT INSURANCE," FOUND ON PAGE 28**

**AND "TERMINATION FOR DEPENDENTS ACCIDENT INSURANCE," FOUND ON PAGE 29**

**CERTIFICATE OF GROUP ACCIDENT INSURANCE**

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

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**Syneos Health, LLC  
ACC-0001163064**

**SCHEDULE OF BENEFITS**

**Plan 1 - Low Plan  
Class 1 - All Full-Time Employees**

**Occupational Insurance:** Occupational Injuries are covered by this Certificate.

**Group Policy Effective Date:** January 1, 2025

**Group Policy Number:** ACC-0001163064

**Eligible Class:** Class 1 - All Full-Time Employees

**Contributions:** You are required to contribute to the cost for Your Accident Insurance and to the cost for Dependents Accident Insurance.

**Insurance Month Period:** A period beginning on the first Day of any calendar month and ending on the last Day of the same calendar month.

**Eligibility Waiting Period:** (For Date insurance begins, refer to "Effective Dates" section.)  
None

**Open Enrollment Period:** 31 Days (See Your Employer for the Dates of the Enrollment Period)

**Minimum Full-Time Hours:** 30 hours per week

**Dependent Child Age:** to 26 years

Refer to the Eligibility and Effective Dates for Dependents Accident Insurance provision for more information.

**Continuation Rights Included:**

Family or Medical Leave

Military Leave

Disability: 12 Insurance Months

Other Leave of Absence: three Insurance Months

Lay Off: three Insurance Months

Temporary Reduction in Hours: six Insurance Months

Refer to the Continuation Rights provision for more information.

**Portability:**

Request Period: 31 Days

Maximum Duration: Later of Age 70 or 12 months

Refer to the Portability provision for more information.

**Syneos Health, LLC  
ACC-0001163064**

**SCHEDULE OF BENEFITS  
For  
Plan 1 - Low Plan  
Class 1 - All Full-Time Employees**

**ACCIDENTAL INJURY BENEFITS**

**FRACTURE AND DISLOCATION BENEFITS**

<u>Type of Injury</u>	<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>
<b>Fractures</b>		
Ankle	\$1,250	\$2,500
Arm (shoulder to elbow)	\$1,375	\$2,750
Arm (elbow to wrist)	\$1,050	\$2,100
Bones of Face (except those listed below)	\$1,125	\$2,250
Coccyx	\$425	\$850
Collarbone	\$1,250	\$2,500
Elbow	\$375	\$750
Finger	\$200	\$400
Foot (except toes)	\$1,025	\$2,050
Hand (except fingers)	\$1,025	\$2,050
Hip	\$4,000	\$8,000
Kneecap	\$1,750	\$3,500
Leg (hip to knee)	\$2,400	\$4,800
Leg (knee to ankle)	\$1,850	\$3,700
Lower Jaw	\$1,250	\$2,500
Nose	\$1,175	\$2,350
Pelvis	\$2,150	\$4,300
Rib	\$525	\$1,050
Shoulder Blade	\$1,475	\$2,950
Skull (depressed)	\$3,000	\$6,000
Skull (non-depressed)	\$1,500	\$3,000
Sternum	\$500	\$1,000
Toe	\$200	\$400
Upper Jaw	\$1,250	\$2,500
Vertebral Process	\$1,075	\$2,150
Vertebral Body	\$1,900	\$3,800
Wrist	\$1,200	\$2,400
<b>Chip Fracture</b>	25% of the amount payable for full Fracture	
<b>Multiple Fractures</b>	2 times the highest Fracture benefit amount of all the Fractures sustained	

Syneos Health, LLC  
ACC-0001163064

**SCHEDULE OF BENEFITS**  
**For**  
**Plan 1 - Low Plan**  
**Class 1 - All Full-Time Employees**

**ACCIDENTAL INJURY BENEFITS**  
**(Continued)**

**FRACTURE AND DISLOCATION BENEFITS**

<u>Type of Injury</u>	<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>
<b>Dislocations</b>		
Ankle	\$1,250	\$2,500
Collarbone (sternoclavicular)	\$1,250	\$2,500
Collarbone (acromio and separation)	\$975	\$1,950
Elbow	\$1,250	\$2,500
Finger	\$350	\$700
Foot (except toes)	\$950	\$1,900
Hand (except fingers)	\$700	\$1,400
Hip	\$4,000	\$8,000
Knee (not kneecap)	\$1,750	\$3,500
Lower Jaw	\$700	\$1,400
Shoulder	\$2,500	\$5,000
Toe	\$150	\$300
Wrist	\$950	\$1,900
<b>Partial Dislocation</b>	25% of benefit payable for Dislocation	
<b>Multiple Dislocations</b>	2 times the highest Dislocation benefit amount of all the Dislocations sustained	

**Syneos Health, LLC  
ACC-0001163064**

**SCHEDULE OF BENEFITS  
For  
Plan 1 - Low Plan  
Class 1 - All Full-Time Employees**

**ACCIDENTAL INJURY BENEFITS  
(Continued)**

**SPECIFIC INJURY BENEFITS**

<b><u>Type of Injury</u></b>	<b><u>Benefit Amount</u></b>
<b>Blood, Plasma, Platelets</b>	\$400
<b>Burns</b>	
2 <sup>nd</sup> Degree	
9% or less	\$100
10-18%	\$250
19-36%	\$900
37% or more	\$1,450
3 <sup>rd</sup> Degree	
9% or less	\$1,300
10-18%	\$3,600
19-36%	\$7,500
37% or more	\$10,000
<b>Skin Grafts (due to burns)</b>	25% of benefit payable for Burns
<b>Concussion</b>	\$250
<b>Dental Injury</b> - Emergency Dental Work for the following:	
Crown	\$200
Extraction	\$100
<b>Eye Injury</b>	
Surgical repair	\$300
Removal of foreign body	\$250
<b>Lacerations</b>	
No Sutures Required	\$50
Sutures Required (Total Length of all Sutured Lacerations)	
5cm or less	\$100
5.1-15.5cm	\$200
15.6cm or more	\$400



**Syneos Health, LLC  
ACC-0001163064**

**SCHEDULE OF BENEFITS  
For  
Plan 1 - Low Plan  
Class 1 - All Full-Time Employees**

**ACCIDENTAL INJURY BENEFITS  
(Continued)**

**SPECIFIC INJURY BENEFITS (continued)**

<b><u>Type of Injury</u></b>	<b><u>Benefit Amount</u></b>
<b>Surgery</b>	
Arthroscopic	\$500
Cranial	\$1,750
Hernia	\$200
Thoracic or Open Abdominal	\$1,500
Non-Specified	
Under General Anesthesia	\$300
Under Conscious Sedation	\$100
<b>Surgical Repair</b>	
Knee Cartilage	\$1,500 per repair
Ligaments/Tendons/Rotator Cuff	\$1,500 per repair
Ruptured Disc	\$1,500
<b>Multiple Surgeries</b>	2 times the highest amount of all the Surgeries (not including surgical repair of fractures, dislocations, or eyes)
<b>Severe Traumatic Brain Injury</b>	\$7,500

**CHILD SPORTS INJURY BENEFITS**

<b><u>Type of Benefit</u></b>	<b><u>Benefit Amount</u></b>
<b>Child Sports Injury</b>	25% of the benefits payable for the Covered Accident

**Syneos Health, LLC  
ACC-0001163064**

**SCHEDULE OF BENEFITS  
For  
Plan 1 - Low Plan  
Class 1 - All Full-Time Employees**

**EMERGENCY TREATMENT BENEFITS**

**EMERGENCY CARE BENEFITS**

<u>Type of Benefit</u>	<u>Benefit Amount</u>
Ambulance Transportation	\$300
Air Ambulance Transportation	\$1,000
Emergency Care	\$150
Initial Care Visit	\$100
Major Diagnostic Exam	\$275
X-Ray	\$225

Syneos Health, LLC  
ACC-0001163064

**SCHEDULE OF BENEFITS**  
**For**  
**Plan 1 - Low Plan**  
**Class 1 - All Full-Time Employees**

**TREATMENT AND RECOVERY BENEFITS**

**HOSPITAL AND ONGOING CARE BENEFITS**

<b><u>Type of Benefit</u></b>	<b><u>Benefit Amount</u></b>
<b>Accident Hospital Admission</b>	\$1,250
<b>Accident Hospital Confinement</b>	\$100 per Day, up to 365 Days
<b>Accident Intensive Care Unit (ICU) Admission</b>	\$2,000
<b>Accident Intensive Care Unit (ICU) Confinement</b>	\$200 per Day, up to 15 Days
<b>Alternate Care and Rehabilitative Facility Confinement</b>	\$150 per Day, up to 180 Days
<b>Follow-up Care</b>	\$75 per visit, up to 6 visits
<b>Therapy (Physical, Occupational, and Chiropractic)</b>	\$75 per visit, up to 10 visits
<b>Pain Management (Epidural and Cortisone)</b>	\$75 per administration, up to 1 administration
<b>Medical Mobility Devices</b>	Per device, up to 3 devices total
Cane	\$150
Crutches	\$150
Knee Walker	\$150
Walker	\$150
Walking Boot	\$150
Other Medical Mobility Device	\$150
<b>Wheelchair</b>	
Wheelchair - expected use less than 1 year	\$175
Wheelchair - expected use 1 year or longer	\$750
<b>Prosthesis</b>	\$750 per device, up to 1 per limb

**RECOVERY ASSISTANCE BENEFITS**

<b><u>Type of Benefit</u></b>	<b><u>Benefit Amount</u></b>
<b>Family Care</b>	
Adult Care	\$250
Child Care	\$250
<b>Lodging</b>	\$100 per Day, up to 30 Days
<b>Transportation</b>	\$300 per trip, up to 3 trips

## **ELIGIBILITY AND EFFECTIVE DATES**

### **For Your Accident Insurance**

**ELIGIBLE CLASSES.** The classes eligible for insurance are shown in the Schedule of Benefits. We have the right to review and terminate eligible classes that cease to be insured by the Policy.

**ELIGIBILITY.** You become eligible for insurance provided by the Policy on the later of the Group Policy's Effective Date.

**ENROLLMENT.** You may enroll for Accident Insurance:

- (1) within 31 Days of the Date You are first eligible; or
- (2) within 31 Days following a qualifying Change In Family Status.

**Open Enrollment Period.** You may also enroll, re-enroll, or change benefit options for Accident Insurance during the Group Policyholder's Open Enrollment Period.

**EFFECTIVE DATES.** Accident Insurance becomes effective on the latest of:

- (1) the first Day of the Insurance Month coinciding with or next following the Date You become eligible for insurance;
- (2) the Date You resume Active Work, if not Actively at Work on the Day You become eligible;  
or
- (3) the Date You enroll for Accident Insurance, and if You contribute to the cost of the Accident Insurance, You sign a payroll deduction order and pay the required Premium to Us.

**Effective Date of Increases.** Any increase in insurance or benefits becomes effective at 12:01 a.m. on the latest of:

- (1) the first Day of the Insurance Month coinciding with or next following the Date on which You become eligible for the increase, if Actively at Work on that Day;
- (2) the first Day of the Insurance Month coinciding with or next following the Date of a qualifying Change in Family Status, if Actively at Work on that Day; or
- (3) the Day You resume Active Work, if not Actively at Work on the Day the increase would otherwise take effect.

**Effective Date of Decreases.** Any decrease in insurance or benefits will take effect on the Date of the change, whether or not You are Actively at Work.

**Effective Date for Change in Eligible Class.** You may become a member of a different Eligible Class. Except as stated in the Effective Date provision for increases or decreases, insurance under the different Eligible Class will be effective on the first Day of the calendar month coinciding with or next following the Date of the change.

**REINSTATEMENT RIGHTS.** If Your insurance terminates due to one of the following breaks in service, You will be entitled to Reinstatement upon resuming Active Work with the Group Policyholder within the required timeframe. Reinstatement is available upon Your return:

- (1) from an approved Family or Medical Leave within:
  - (a) the period required by federal law; or
  - (b) any longer period required by a similar state law;
- (2) from a Military Leave within the period required by federal USERRA law;
- (3) from any other approved leave of absence within six months after the leave begins;
- (4) within 15 days following a lay off; or
- (5) within 15 days following termination of employment for any other reason.

To Reinstatement insurance, You must enroll for insurance or be re-enrolled within 31 Days after resuming Active Work in an eligible class. The Group Policyholder must resume the required Premium payments for insurance to be Reinstated. Reinstatement will take effect on the Date You return to Active Work.

## ELIGIBILITY AND EFFECTIVE DATES

### For Dependents Accident Insurance

**ELIGIBILITY.** You must be insured for Accident Insurance to insure Your Dependents. You become eligible for Dependents Accident Insurance on the latest of:

- (1) the Date You become eligible for Accident Insurance;
- (2) the Group Policy Effective Date; or
- (3) the Date You first acquire a Dependent.

**ENROLLMENT.** Dependents to be insured by the Policy must be enrolled in the same plan of benefits as You. You may enroll for Dependents Accident Insurance:

- (1) when You are first eligible for Dependents Accident Insurance; or
- (2) within 31 Days following a qualifying Change in Family Status.

**Open Enrollment Period.** You may also enroll, re-enroll, or change benefit options for Dependents Accident Insurance during the Group Policyholder's Open Enrollment Period.

**EFFECTIVE DATES.** Your Dependents Accident Insurance will become effective on the later of:

- (1) the first Day of the Insurance Month coinciding with or next following the Date You become eligible for Dependents Accident Insurance; or
- (2) the Date You enroll for Dependents Accident Insurance, and if You contribute to the cost of the Dependents Accident Insurance, You sign a payroll deduction order and pay the additional Premium to Us.

**New Dependents.** If additional Premium is required to add a new Dependent, insurance for the new Dependent will become effective on the Date the Dependent is acquired, provided:

- (1) You complete a written application; and
  - (2) a payroll deduction order election is made, and the additional Premium is paid to Us;
- within 31 Days of the Date the Dependent is acquired.

If additional Premium is not required, coverage for a new Dependent will become effective on the Date the Dependent is acquired.

### EXCEPTIONS.

**Court Ordered Insurance.** If Dependents Accident Insurance is provided to a Child based on a court order which requires You to provide Accident benefits for the Child, the Dependents Accident Insurance will become effective on the Date stated in the court order, subject to payment of any additional Premium.

**Disabled Children.** Your Child may be insured after the maximum Dependent Child Age shown in the Schedule of Benefits if he or she is continuously unable to earn a living because of a physical or mental disability, and is chiefly dependent upon You for support and maintenance. The Child must be insured by the Policy on the Day before insurance would otherwise end due to his or her age. Proof of the total disability must be sent to Us:

- (1) within 31 Days of the Day insurance would otherwise end due to age; and
- (2) thereafter, when We request (but not more than once every two years).

**Newborn Children.** If You acquire a newborn Dependent child, the child will be insured automatically for the first 31 Days following birth. If You have no other Children enrolled for Dependents Insurance under this Certificate, and You do not elect to enroll the newborn child and pay any additional Premium within 31 Days following birth, the newborn child's insurance will terminate.

**ELIGIBILITY AND EFFECTIVE DATES**  
**For**  
**Dependents Accident Insurance**  
**(Continued)**

**Newly Adopted Children.** If You adopt a child, the child will be insured automatically for the first 31 Days following the earliest of:

- (1) the Date of birth, if the adoption petition is filed within 31 Days of the child's birth;
- (2) the Date of placement, if the adoption petition is filed more than 31 Days from the child's birth;
- (3) the Date of entry of an order granting You custody of the child; or
- (4) the effective Date of adoption.

If You have no other Children enrolled for Dependents Insurance under this Certificate, and You do not elect to enroll the adopted child and pay any additional Premium within 31 Days after his or her insurance begins, the adopted child's insurance will terminate.

**Foster Children.** If You acquire a foster child, the child will be insured automatically for the first 31 days following the Date of placement in Your home. If You have no other Children enrolled for Dependents Insurance under this Certificate, and You do not elect to enroll the foster child and pay any additional Premium within 31 days following placement, the foster child's insurance will terminate.

**ACCIDENTAL INJURY BENEFITS**  
**For**  
**Fractures and Dislocations**

**FRACTURE AND DISLOCATION BENEFITS.** We will pay the following Fracture and Dislocation Benefits if You or Your Insured Dependent meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Fractures.** We will pay a Fracture benefit when You or Your Insured Dependent sustains a Fracture or Chip Fracture as a result of a Covered Accident. The Fracture or Chip Fracture must be diagnosed by a Physician within 90 Days of a Covered Accident.

**Dislocations.** We will pay a Dislocation benefit when You or Your Insured Dependent sustains a Dislocation or Partial Dislocation as a result of a Covered Accident. The Dislocation or Partial Dislocation must be diagnosed by a Physician within 90 Days of a Covered Accident.

**ACCIDENTAL INJURY BENEFITS**  
**For**  
**Specific Injuries**

**SPECIFIC INJURY BENEFITS.** We will pay the following Specific Injury Benefits if You or Your Insured Dependent meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Blood, Plasma, Platelets.** We will pay a Blood, Plasma, or Platelet benefit for Your or Your Insured Dependent's:

- (1) transfusion;
- (2) administration;
- (3) cross-matching; or
- (4) typing and processing;

of blood, plasma, or platelets administered as a result of Injuries sustained in a Covered Accident. The administration of blood, plasma, or platelets must be done within 90 Days of the Covered Accident. This benefit is payable once per person per Covered Accident.

**Burns.** We will pay a Burn benefit when You or Your Insured Dependent sustains a 2<sup>nd</sup> or 3<sup>rd</sup> degree burn as a result of a Covered Accident. The 2<sup>nd</sup> or 3<sup>rd</sup> degree burn must be treated by a Physician within 72 hours of a Covered Accident. If the burns meet more than one of the Burn benefit classifications shown in the Schedule of Benefits, We will pay the single highest benefit amount. This benefit is payable once per person per Covered Accident.

**Skin Graft.** We will pay a Skin Graft benefit when grafting of the skin is necessary for a burn that was payable under the Burn benefit. This benefit is payable once per person per Covered Accident.

**Concussion.** We will pay a Concussion benefit if You or Your Insured Dependent sustains a concussion as a result of a Covered Accident. The concussion must be diagnosed by a Physician within 72 hours of a Covered Accident. This benefit is payable once per person per Covered Accident.

**Dental Injury.** We will pay a Dental Injury benefit if Your or Your Insured Dependent's natural teeth are damaged and:

- (1) extracted; or
- (2) repaired by placement of a crown;

by a Dentist as a result of a Covered Accident. Initial treatment must be received within 7 Days of a Covered Accident. This benefit is payable for up to one crown and one extraction per person per Covered Accident, regardless of the number of teeth involved.

**Eye Injury.** We will pay an Eye Injury benefit if You or Your Insured Dependent injures an eye (or eyes) in a Covered Accident and:

- (1) Surgical repair is performed by a Physician within 90 Days of a Covered Accident; or
- (2) a Physician removes an embedded foreign body from Your or Your Insured Dependent's eye, with or without anesthesia, within 90 Days of a Covered Accident.

This benefit is payable once for each eye per person per Covered Accident.

**Severe Traumatic Brain Injury.** We will pay the Severe Traumatic Brain Injury benefit if You or Your Insured Dependent sustains a Severe Traumatic Brain Injury in a Covered Accident. The Severe Traumatic Brain Injury must be diagnosed by a Physician within 90 Days of a Covered Accident. This benefit is payable once per person per Covered Accident.

**Laceration.** We will pay a Laceration benefit when You or Your Insured Dependent sustains a laceration as a result of a Covered Accident. The laceration must be treated by a Physician or Medical Health Professional within 72 hours of a Covered Accident. This benefit is payable:

- (1) once for lacerations not requiring sutures, regardless of the number; and
- (2) once for the total length of all lacerations requiring sutures;

per person as a result of any one Covered Accident.



**ACCIDENTAL INJURY BENEFITS**  
**For**  
**Specific Injuries**  
**(Continued)**

**Surgery (Arthroscopic).** We will pay a Surgery (Arthroscopic) benefit when You or Your Insured Dependent undergoes arthroscopic Surgery, with no repair, as a result of Injuries sustained in a Covered Accident. The Surgery must be performed within 180 Days of a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgery (Cranial).** We will pay the Surgery (Cranial) benefit when You or Your Insured Dependent undergoes cranial Surgery as a result of Injuries sustained in a Covered Accident. The Surgery must be performed within 180 Days of a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgery (Hernia).** We will pay the Surgery (Hernia) benefit when You or Your Insured Dependent undergoes hernia Surgery as a result of Injuries sustained in a Covered Accident. The Surgery must be performed within 180 Days of a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgery (Thoracic or Open Abdominal).** We will pay the Surgery (Thoracic or Open Abdominal) benefit when You or Your Insured Dependent undergoes thoracic or open abdominal Surgery as a result of Injuries sustained in a Covered Accident. The Surgery must be performed within 180 Days of a Covered Accident. This benefit is payable once per person per Covered Accident. This benefit is not payable for endoscopic or laparoscopic abdominal Surgery, or for hernia Surgery.

**Surgery (Non-Specified).** We will pay the non-specified Surgery benefit when You or Your Insured Dependent undergoes Surgery that is not otherwise included as a Surgery or Surgical Repair benefit, as a result of Injuries sustained in a Covered Accident. The Surgery must be performed within 180 Days of a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgical Repair (Knee Cartilage).** We will pay a Knee Cartilage benefit when You or Your Insured Dependent sustains an Injury requiring the Surgical repair or removal of torn knee cartilage as a result of a Covered Accident. The Surgical repair or removal must be performed within 180 Days of a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgical Repair (Tendon, Ligament, Rotator Cuff).** We will pay the Tendon, Ligament, or Rotator Cuff benefit when You or Your Insured Dependent requires Surgical repair of:

- (1) ligaments;
- (2) tendons; or
- (3) the muscles or tendons that make up the rotator cuff;

as a result of a Covered Accident. The Surgical repair must be performed within 180 Days of a Covered Accident. This benefit is payable once per person per Covered Accident.

**Surgical Repair (Ruptured Disc).** We will pay the Ruptured Disc benefit when You or Your Insured Dependent sustains an Injury requiring Surgical repair of a ruptured intervertebral disc as a result of a Covered Accident. The ruptured disc must be Surgically repaired within 180 Days of a Covered Accident. This benefit is payable once per disc per person per Covered Accident.

**ACCIDENTAL INJURY BENEFITS**  
**For**  
**Child Sports Injuries**

**CHILD SPORTS INJURY BENEFIT.** We will pay the following Child Sports Injury Benefit if Your Insured Dependent Child meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Child Sports Injury.** We will pay a Child Sports Injury benefit when Your Insured Dependent Child who is age 26 or younger sustains an Injury as a result of a Covered Accident while participating in an Organized Sporting Activity. The Child Sports Injury benefit increases the benefits payable for any Covered Accident by the percentage shown in the Schedule of Benefits. This benefit is not payable for Injuries that are caused by or resulting from Your Dependent Child's racing any type vehicle in an organized event.

**EMERGENCY TREATMENT BENEFITS**  
**For**  
**Emergency Care**

**EMERGENCY CARE BENEFITS.** We will pay the following Emergency Care Benefits if You or Your Insured Dependent meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Ambulance Transportation.** We will pay an Ambulance Transportation benefit if a licensed ambulance company transports You or Your Insured Dependent by ground transportation to or from a Hospital or between medical facilities, for treatment of Injuries sustained as a result of a Covered Accident. The ambulance transportation must be within 90 Days of the Covered Accident. This benefit will be paid once per person per Covered Accident.

**Air Ambulance Transportation.** We will pay an Air Ambulance Transportation benefit if a licensed ambulance company transports You or Your Insured Dependent by air ambulance to or from a Hospital or between medical facilities for treatment of Injuries sustained as a result of a Covered Accident. The air ambulance transportation must be within 90 Days of the Covered Accident. This benefit will be paid once per person per Covered Accident. This benefit may be paid in addition to the Ambulance Transportation benefit.

**Emergency Care.** We will pay an Emergency Care benefit if You or Your Insured Dependent are examined or treated in an Emergency Care Facility as a result of Injuries sustained in a Covered Accident. The emergency care examination or treatment must be received within 72 hours of a Covered Accident. This benefit will be paid once per person per Covered Accident.

**Initial Care Visit.** We will pay an Initial Care Visit benefit if You or Your Insured Dependent are examined or treated by a Physician or Medical Health Professional in an office of practice or in an Urgent Care Facility as a result of Injuries sustained in a Covered Accident. The examination or treatment must be administered within 60 Days of a Covered Accident. This benefit will be paid once per person per Covered Accident. This benefit will not be payable if You or Your Insured Dependent receives payment for the Emergency Care benefit for the same Covered Accident.

**Major Diagnostic Exam.** We will pay a Major Diagnostic Exam benefit if You or Your Insured Dependent undergoes one of the following major diagnostic exams as a result of Injuries sustained in a Covered Accident:

- (1) a computed tomography (CT or CAT) scan;
- (2) a magnetic resonance imaging (MRI);
- (3) a positron emission tomography (PET) scan;
- (4) an electroencephalography (EEG);
- (5) a spectroscopy (SPECT);
- (6) a joint imaging scan;
- (7) a diffusion tensor imaging (DTI) scan; or
- (8) a magnetic resonance angiogram (MRA) scan.

A major diagnostic exam must be prescribed by a Physician and performed within 60 Days of the Covered Accident. This benefit will be paid once per person per Covered Accident regardless of the number of major diagnostic exams performed.

**X-Ray.** We will pay an X-ray benefit if You or Your Insured Dependent undergoes an X-ray as a result of Injuries sustained in a Covered Accident. The X-ray must be prescribed by a Physician and performed during an initial visit that is payable under the Emergency Care and Initial Care Visit benefits. This benefit will be paid once per person per Covered Accident.

**TREATMENT AND RECOVERY BENEFITS**  
**For**  
**Hospital and Ongoing Care**

**HOSPITAL AND ONGOING CARE BENEFITS.** We will pay the following Hospital and Ongoing Care Benefits if You or Your Insured Dependent meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Accident Hospital Admission.** We will pay an Accident Hospital Admission benefit if You or Your Insured Dependent is admitted to a Hospital as a result of Injuries sustained in a Covered Accident. The admission must occur within 180 Days of a Covered Accident. We will not pay this benefit for Emergency Treatment, Outpatient Treatment, or a stay of less than 20 hours in an Observation Unit. This benefit is payable once per person per Covered Accident. In the event the Accident Hospital Admission benefit and the Accident Intensive Care Unit Admission benefit are payable for the same Covered Accident, only the higher benefit will be paid.

**Accident Hospital Confinement.** We will pay an Accident Hospital Confinement benefit for each Day You or Your Insured Dependent is confined in a Hospital as a result of Injuries sustained in a Covered Accident. The initial confinement must begin within 180 Days of a Covered Accident. This benefit is payable for up to the number of Days shown on the Schedule of Benefits, per person per Covered Accident. The Days may be used over a two-year period from the Date of the Covered Accident. We will pay for only one Accident Hospital Confinement at a time, even if it is caused by more than one Covered Accident. In the event this Accident Hospital Confinement benefit and an Accident Intensive Care Unit Confinement Benefit are payable on the same Day, only the Accident Intensive Care Unit Confinement benefit will be paid.

**Accident Intensive Care Unit (ICU) Admission.** We will pay an Accident ICU Admission benefit if You or Your Insured Dependent is admitted to an ICU as a result of Injuries sustained in a Covered Accident. The admission must occur within 30 Days of a Covered Accident. We will not pay this benefit for Emergency Treatment, Outpatient Treatment, or a stay of less than 20 hours in an Observation Unit. This benefit is payable once per person per Covered Accident. In the event the Accident Hospital Admission benefit and the Accident Intensive Care Unit Admission benefit are payable for the same Covered Accident, only the higher benefit will be paid.

**Accident Intensive Care Unit (ICU) Confinement.** We will pay an Accident ICU Confinement benefit for each Day or partial Day You or Your Insured Dependent is confined in an ICU as a result of Injuries sustained in a Covered Accident. The confinement must begin within 30 Days of a Covered Accident. The ICU confinement period begins on the Day of admission to the ICU and ends on the Day of discharge from the ICU. This benefit will be paid for up to the number of Days shown on the Schedule of Benefits, per person per Covered Accident. The Days may be used over a two-year period from the Date of the Covered Accident. We will pay for only one Accident ICU Confinement at a time, even if it is caused by more than one Covered Accident. In the event this Accident ICU Confinement benefit and the Accident Hospital Confinement benefit are payable on the same Day, only the ICU benefit will be paid. If You or Your Insured Dependent exhausts the ICU benefit but are still confined, You or Your Insured Dependent may be eligible for the Accident Hospital Confinement benefit.

**Alternative Care and Rehabilitative Facility Confinement.** We will pay an Alternate Care and Rehabilitative Facility Confinement benefit for each Day You or Your Insured Dependent is confined on an Inpatient basis in an Alternate Care or Rehabilitative Facility as a result of Injuries sustained in a Covered Accident. The confinement must begin within 180 Days of a Covered Accident. This benefit is payable for up to the number of Days shown on the Schedule of Benefits, per person per Covered Accident. The Days may be used over a two-year period from the Date of the Covered Accident. We will pay for only one Alternate Care or Rehabilitative Facility Confinement at a time, even if it is caused by more than one Covered Accident. The Alternate Care and Rehabilitative Facility Confinement benefit will not be paid on any Day when the Hospital or ICU Confinement benefit is paid.

**TREATMENT AND RECOVERY BENEFITS**  
**For**  
**Hospital and Ongoing Care**  
**(Continued)**

**Follow-Up Care.** We will pay a Follow-Up Care benefit for follow-up care resulting from an Injury You or Your Insured Dependent sustains in a Covered Accident. The follow-up care must be received within 365 Days of a Covered Accident, and must be provided by a Physician, Medical Health Professional, or a Home Health Care Agency. This benefit is payable for up to the number of visits shown on the Schedule of Benefits, per person per Covered Accident. This benefit is not payable:

- (1) while You or Your Insured Dependent is confined in a Hospital, ICU, or an Alternate Care or Rehabilitative Facility; or
- (2) for any physical therapy, occupational therapy, or chiropractic therapy visit.

**Therapy (Physical, Occupational, and Chiropractic).** We will pay the Therapy benefit for physical therapy, occupational therapy, and chiropractic therapy resulting from an Injury You or Your Insured Dependent sustains in a Covered Accident. The therapy must be received within 365 Days of a Covered Accident, and must be provided by a Physical Therapist, Occupational Therapist or a Chiropractor. This benefit is payable for up to the number of visits shown on the Schedule of Benefits, per person per Covered Accident. This benefit is not payable while You or Your Insured Dependent is confined in a Hospital, ICU, or an Alternate Care or Rehabilitative Facility.

**Pain Management (Epidural and Cortisone).** We will pay the Epidural and Cortisone Pain Management benefit when You or Your Insured Dependent receives an epidural or cortisone treatment administered for pain management for an Injury sustained in a Covered Accident. The epidural or cortisone must be prescribed by a Physician. This benefit is payable up to the number of times shown on the Schedule of Benefits, per person per Covered Accident. This benefit is not payable for an epidural administered during a surgical procedure.

**Medical Mobility Devices.** We will pay a benefit for Medical Mobility Devices that You or Your Insured Dependent requires as a result of Injuries sustained in a Covered Accident. The Medical Mobility Device must be recommended by a Physician or Medical Health Professional and received within 365 Days of a Covered Accident. This benefit is payable for up to the number of Medical Mobility Devices shown on the Schedule of Benefits per person per Covered Accident.

**Wheelchair.** We will pay a benefit for a wheelchair that You or Your Insured Dependent requires as a result of Injuries sustained in a Covered Accident. The wheelchair must be recommended by a Physician or Medical Health Professional and received within 365 Days of a Covered Accident. This benefit is payable once per person per Covered Accident. If We pay a Wheelchair benefit for an expected use of less than 1 year, and the Physician's recommendation is subsequently revised to a use of 1 year or longer, We will pay You the difference in the benefit amounts. The revised recommendation must be made within the periods stated above.

**Prosthesis.** We will pay a benefit for functional prosthetic limbs that You or Your Insured Dependent requires as a result of Injuries sustained in a Covered Accident. The functional prosthetic limb must be prescribed by a Physician and received within 365 Days of a Covered Accident. This benefit is payable for up to the number Shown on the Schedule of Benefits, per limb per person per Covered Accident.

**TREATMENT AND RECOVERY BENEFITS**  
**For**  
**Recovery Assistance**

**RECOVERY ASSISTANCE BENEFITS.** We will pay the following Recovery Assistance Benefits if You or Your Insured Dependent meets the terms and conditions for an applicable benefit as a result of Injuries sustained in a Covered Accident. Benefit amounts payable are shown in the Schedule of Benefits.

**Family Care.** We will pay the Adult Family Care benefit if:

- (1) You have a Dependent Adult;
- (2) You or Your Insured Dependent sustains an Injury in a Covered Accident; and
- (3) Your Dependent Adult is placed in an Adult Care Facility or receives services from a Home Health Care Agency as a result of Your or Your Insured Dependent's Injury.

This benefit is payable for each Dependent Adult who is placed in a facility or receives services as a result of Your or Your Insured Dependent's Injury. This benefit is payable within 90 Days of the Covered Accident. We will pay only one Adult Family Care benefit per Dependent Adult per Covered Accident.

We will pay the Child Family Care benefit if:

- (1) Your Child is attending a Child Care Center; and
- (2) You or Your Insured Dependent sustains an Injury in a Covered Accident.

The Child does not need to be insured for Accident Insurance for this benefit to be payable. This benefit is payable for each Child attending a Child Care Center when You or Your Insured Dependent is Injured. It is payable within 90 Days of the Covered Accident. We will pay only one Child Family Care benefit per Child per Covered Accident.

**Lodging.** We will pay a Lodging benefit if You or Your Insured Dependent are:

- (1) Hospital Confined more than 100 miles from Your or Your Insured Dependent's principal place of residence due to Injuries sustained in a Covered Accident; and
- (2) accompanied by a Companion while Hospital Confined.

This benefit is payable for each Day a Companion must stay in a hotel, motel, or Hospital-sponsored hospitality suite while accompanying You or Your Insured Dependent, up to the maximum number of Days shown in the Schedule of Benefits. This benefit is payable within 90 Days of the Covered Accident.

**Transportation.** We will pay a Transportation benefit when You or Your Insured Dependent must travel more than 100 miles one way for treatment at a Hospital or other specialized freestanding treatment facility due to Injuries sustained in a Covered Accident. The treatment must be prescribed by a Physician and not available locally. This benefit is payable for up to the number of times shown in the Schedule of Benefits, per person per Covered Accident. This benefit is not payable when transportation is provided by ambulance or air ambulance.

## LIMITATIONS AND EXCLUSIONS

The Policy covers only Injuries that occur while insurance is in force. Benefits are not payable for any loss caused or contributed to by:

- (1) disease, physical or mental infirmity, Sickness, or medical or surgical treatment of these except for:
  - (a) bacterial infection resulting from an Injury; or
  - (b) Accidental ingestion of poison;
- (2) suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- (3) voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
  - (a) prescribed or administered by a Physician; and
  - (b) taken in accordance with the Physician's instructions;
- (4) committing or attempting to commit a felony;
- (5) war or any act of war, other than Terrorism, declared or undeclared;
- (6) active participation in a riot, insurrection, or rebellion of any kind;
- (7) military duty, including the Reserves or National Guard;
- (8) travel or flight in or on any Aircraft, except:
  - (a) as a fare-paying passenger on a regularly scheduled commercial flight; or
  - (b) as a passenger, pilot, or crew member in the Group Policyholder's Aircraft while flying for Group Policyholder business provided:
    - (i) the Aircraft has a valid U.S. airworthiness certificate (or foreign equivalent); and
    - (ii) the pilot has a valid pilot's certificate with a non-student rating authorizing him to fly the Aircraft;
- (9) driving a vehicle while intoxicated, as defined by the jurisdiction where the Accident occurred;
- (10) cosmetic or elective Surgery;
- (11) being incarcerated in any type of penal or detention facility;
- (12) participating in, practicing for, or officiating any semi-professional or professional sport;
- (13) riding in or driving in any motor driven vehicle for race, stunt show, or speed test;
- (14) an Injury sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months;
- (15) bungee cord jumping, mountaineering, or base jumping; or
- (16) skydiving, parachuting, or jumping from any Aircraft for recreational purposes.

**CLAIM PROCEDURES**  
**For**  
**Accident Insurance**

**FILING A CLAIM.**

**Notice of Claim.** A claimant must provide Us notice of a claim at Our Group Insurance Service Office, or to one of Our authorized agents, within 20 Days after a claim is incurred. The notice should include:

- (1) the Group Policyholder's name and Group Policy Number (shown on the Schedule of Benefits);
- (2) Your name, address, and Certificate number, if available; and
- (3) the claimant's name and relationship to You.

**Claim Forms.** When We receive notice of a claim, We will send forms for filing the required proof. We will include instructions for completing and submitting the forms. If We do not send the forms within 15 Days, the claimant may send Us written proof of a claim in a letter. The letter should state the nature, Date and cause of the claim.

**Proof of Claim.** Proof of a claim must be provided at the claimant's own expense within 180 Days after the Date of the loss. We will review proof of a claim when it is complete. It must include:

- (1) the nature, Date, and cause of the claim;
- (2) a description of the services provided; and
- (3) a signed authorization for Us to obtain more information.

Within 15 Days after receiving the first proof of claim, We may send a written acknowledgment requesting any missing information or additional items needed to support the claim. This may include:

- (1) any study models, treatment records or charts;
- (2) copies of any x-rays or other diagnostic materials; and
- (3) any other items We may reasonably require.

**Additional Proof by Exam or Autopsy.** While a claim is pending, We may have the claimant examined:

- (1) by a Physician of Our choice;
- (2) as often as is reasonably required.

In case of death, We may also have an autopsy done, where it is not forbidden by law.

Any such exam or autopsy will be at Our expense.

**Exceptions.** Failure to give notice or provide proof of a claim within the required time period will not invalidate or reduce the claim, if it is shown that it was done:

- (1) as soon as reasonably possible; and
- (2) in no event more than one year after it was required.

These time limits will not apply while the claimant lacks legal capacity.

**PAYMENT OF CLAIMS.**

**Time of Payment.** Benefits payable under this Certificate will be paid:

- (1) immediately after We confirm liability; and
- (2) in no event more than 30 Days after We receive acceptable proof of claim.

**To Whom Payable.** Accident benefits under this Certificate will be paid to You, unless:

- (1) an overpayment has been made and We are entitled to reduce future benefits; or
- (2) state or federal law requires that benefits be paid to an Insured Dependent Child's custodial parent or custodian.



**CLAIM PROCEDURES**  
**For**  
**Accident Insurance**  
**(Continued)**

Benefits payable for Your death will be paid according with the Beneficiary provision, and the Facility of Payment and Payment Options provided below. Benefits payable for an Insured Dependent's death will be paid to:

- (1) You, if You survive that Dependent; or
- (2) Your Beneficiary or according with the Facility of Payment section, if You do not survive that Dependent.

**Facility of Payment.** If any benefit under this Certificate becomes payable to Your estate, a minor, or any person who We consider not competent to give a valid release, We may make payment to any one of the following:

- (1) the personal representative of Your estate; or
- (2) any person related by blood or marriage to You.

No payment made under this section may exceed \$1,000. Any payment made in good faith under this section will fully discharge Us to the extent of the payment. Any remaining amount will be paid as shown in the Beneficiary section.

**Payment Options.** Benefits will be paid in a lump sum by check. However, You or Your Beneficiary may instruct Us to pay the benefit by direct deposit electronic funds transfer. Any election must comply with Our practices at the time it is made.

**NOTICE OF OUR CLAIM DECISION.** We will send the claimant a written notice of Our claim decision. If We deny any part of the claim, the written notice will explain:

- (1) the reason for the denial;
- (2) how the claimant may request a review of Our decision; and
- (3) whether more information is needed to support the claim.

**Time Limits for Our Decision.** Notice of Our decision will be sent within 15 Days after resolving the claim. If We need more than 15 Days to process a claim, an extension will be permitted.

We will send the claimant a written delay notice explaining the special circumstances which require the delay, and when a decision can be expected:

- (1) by the 15<sup>th</sup> Day after We receive the first proof of a claim; and
- (2) every 30 Days after that, until the claim is resolved.

If reasonably possible, We will send notice within 90 Days after receiving the first proof of a claim.

In any event, We must send written notice of Our decision within 180 Days after receiving the first proof of a claim. If We fail to do so, there is a right to an immediate review, as if the claim was denied.

**Exception.** If We need more information from the claimant to process a claim, it must be supplied within 45 Days after We request it. The resulting delay will not count towards the above time limits for claim processing.

**REVIEW OF OUR CLAIM DECISION.** If a claim is denied, the claimant may request a review of Our decision.

**Second Review Request (Appeal).** To begin a review, the claimant must send Us:

- (1) a written request; and
- (2) any written comments or other items to support the claim.

The claimant may review certain non-privileged information relating to the request for review.

**CLAIM PROCEDURES**  
**For**  
**Accident Insurance**  
**(Continued)**

**Time Limits for Claimant to Request a Second Review (Appeal).** The claimant must request a review within 60 Days after receiving a claim denial notice.

**Notice of Our Review Decision.** We will review the claim and send the claimant a written notice of Our decision. The notice will explain the reasons for Our decision. If We uphold the denial of all or part of the claim, We will also describe:

- (1) any further appeal procedures available under the Policy;
- (2) the right to access relevant claim information; and
- (3) the right to request a state insurance department review, or to bring legal action.

**Time Limits for Our Review Decision.** Notice of Our decision will be sent within:

- (1) 60 Days after We receive the request for review; or
- (2) 120 Days, if a special case requires more time.

If We need more time to process an appeal in a special case, We will send the claimant a written delay notice by the 30<sup>th</sup> Day after receiving the request for review. The notice will explain:

- (1) the special circumstances which require the delay;
- (2) whether more information is needed to review the claim; and
- (3) when a decision can be expected.

**Exception.** If We need more information from the claimant to process an appeal, it must be supplied within 45 Days after We request it. The resulting delay will not count towards the above time limits for appeal processing.

**RIGHT OF RECOVERY.** If benefits have been overpaid on any claim, We must be repaid within 60 Days. If You do not repay an overpayment, We have the right to:

- (1) reduce future benefits payable to You, Your Beneficiary, or Your estate under this Certificate or any other group insurance policy We issue until full reimbursement is made; and
- (2) recover overpayments from You, Your Beneficiary, or Your estate.

Repayment is required whether the overpayment is due to fraud, Our error in processing a claim, or any other reason.

**LEGAL ACTIONS.** No legal action to recover any benefits may be brought until 60 Days after the required written proof of claim has been given. No such legal action may be brought more than three years after the Date written proof of claim is required.

**OUR DISCRETIONARY AUTHORITY.** Except for the functions that the Policy clearly reserves to the Group Policyholder, We have the authority to:

- (1) manage the Policy and administer claims under it; and
- (2) interpret the provisions and to resolve questions arising under the Policy and this Certificate.

Our authority includes (but is not limited to) the right to:

- (1) establish and enforce procedures for administering the Policy and claims under it;
- (2) determine eligibility for insurance and entitlement to benefits;
- (3) determine what information We reasonably require to make such decisions; and
- (4) resolve all matters when a claim review is requested.

Any decision We make, in the exercise of Our authority, shall be conclusive and binding; subject to the claimant's right to:

- (1) request a state insurance department review; or
- (2) bring legal action.

## BENEFICIARY

**PAYMENTS TO BENEFICIARY.** Any amount payable as a result of Your death will be paid to the named Beneficiary who survives You.

**NAMING THE BENEFICIARY.** Your Beneficiary will be as shown on Your Beneficiary designation for this insurance. If the Policy replaces a group policy providing similar insurance, Your Beneficiary named under the prior policy will be the Beneficiary under Our Policy, until changed.

**Multiple Beneficiaries.** You may name one or more Beneficiaries, and control the order and share of payment made to each named Beneficiary. If more than one Beneficiary is named and You do not designate the order or share of payment, benefits will be paid equally to Your Beneficiaries. If a named Beneficiary dies and You do not otherwise designate how that Beneficiary's share will be paid, then:

- (1) that share will be divided and paid equally to Your surviving Beneficiaries; and
- (2) the entire death benefit will be paid to a single Beneficiary, if only one survives.

**No Beneficiary Named or Surviving.** If You have not named a Beneficiary, or if no named Beneficiaries survive You, payment will be made to Your:

- (1) Spouse or Life Partner; or, if none
- (2) surviving child or children in equal shares; or, if none
- (3) surviving parent or parents in equal shares; or, if none
- (4) surviving sibling or siblings in equal shares; or, if none
- (5) estate.

In determining who is to receive payment, We may rely upon an affidavit by a member of the class to receive payment. Unless We receive written notice at Our Group Insurance Service Office of a valid claim by some other person before paying the proceeds, We will make payment based upon the affidavit We have received. Such payment will release Us from any further obligation for the death benefit.

The amount payable to anyone shown above will be reduced by any amount paid in accord with the Facility of Payment section described in the Claims Procedures.

If the person who would otherwise receive payment dies:

- (1) within 15 Days of Your death; and
- (2) before We receive satisfactory proof of Your death;

payment will be made as if You had survived that person, unless other provisions have been made.

**CHANGING THE BENEFICIARY.** Only You may change the Beneficiary. You may name or change the Beneficiary at any time. A new Beneficiary may be named by submitting a Beneficiary designation change to the Group Policyholder prior to Your death. Subject to any action We take before receiving notice, any change to Your Beneficiary will be effective:

- (1) the Date it was completed; or
- (2) for written notice, the Date it was signed.

**TERMINATION  
For  
Your Accident Insurance**

**DATE OF TERMINATION.** Your insurance will terminate at 12:00 midnight on the earliest of:

- (1) the Date the Policy terminates (but without prejudice to any claim incurred prior to termination.);
- (2) the Date Your Class is no longer eligible for insurance;
- (3) the Date You cease to be a member of the Eligible Class;
- (4) the last Day of the Insurance Month in which You request termination;
- (5) the last Day of the last Insurance Month for which Premium payment is made on Your behalf;
- (6) the end of the period for which the last required Premium has been paid;
- (7) with respect to any particular insurance benefit, the Date that benefit terminates;
- (8) the Date Your employment with the Group Policyholder terminates; or
- (9) the Date You enter armed services of any state or country on active duty, except for duty of 30 Days or less for training in the Reserves or National Guard (If You send proof of military service, We will refund any unearned Premium.);

unless insurance is continued as provided in the Continuation Rights or Portability provisions.

**INDIVIDUAL TERMINATION.** Termination will have no effect on benefits payable for a Covered Accident that occurred while You were insured under the Policy.

**TERMINATION  
For  
Dependents Accident Insurance**

**DATE OF TERMINATION.** Accident Insurance on a Dependent will cease on:

- (1) the Date he or she ceases to be an eligible Spouse or Life Partner; or
- (2) the last Day of the Insurance Month following the Date he or she ceases to be an eligible Dependent Child.

Dependents Accident Insurance will cease for all Your Insured Dependents on the earliest of:

- (1) the Date Your Accident Insurance terminates;
- (2) the Date Dependents Accident Insurance is discontinued;
- (3) the Date You cease to be in a class eligible for Dependents Accident Insurance;
- (4) the Date You request that the Dependents Accident Insurance be terminated;
- (5) with respect to a benefit or a specific type of benefit, the Date the portion of the Policy providing that type of benefit terminates; or
- (6) the Date through which Premium has been paid on behalf of the Insured Dependents.

**DEPENDENT TERMINATION.** Termination will have no effect on benefits payable for a Covered Accident that occurred while the Insured Dependent was insured under the Policy.

**CONTINUATION RIGHTS**  
**For**  
**You and Your Dependents**

**CONTINUATION RIGHTS FOR YOU.** Ceasing Active Work or reduction of Minimum Hours results in termination of Your eligibility for insurance, but insurance may be continued as follows.

**Family or Medical Leave.** If You go on an approved Family or Medical Leave and are **not** entitled to any more favorable continuation available during disability, insurance may be continued until the earliest of:

- (1) the end of the leave period approved by the Group Policyholder;
- (2) the end of the leave period required by federal law, or any more favorable period required by a similar state law;
- (3) the Date You notify the Group Policyholder that You will not return; or
- (4) the Date You begin employment with another employer.

The required Premium payments must be received from the Group Policyholder throughout the period of continued insurance.

**Military Leave.** If You go on a Military Leave, insurance may be continued for the same period allowed for an approved Family or Medical Leave or any more favorable leave in which employees with similar seniority, status, and pay who are on furlough or leave of absence are granted by the Group Policyholder. The required Premium payments must be received from the Group Policyholder throughout the period of continued insurance.

**Disability.** If You are disabled as a result of illness or Injury, then insurance may be continued until the earlier of:

- (1) 12 Insurance Months after the disability begins; or
- (2) the Date You are no longer disabled.

The required Premium payments must be received from the Group Policyholder, throughout the period of continued insurance.

**Other Leave of Absence.** When You cease work due to an approved leave of absence (other than an approved Family or Medical Leave or Military Leave), insurance may be continued for three Insurance Months. The required Premiums must be received from the Group Policyholder throughout the period of continued insurance.

**Lay Off.** When You cease work due to a temporary layoff, insurance may be continued for three Insurance Months following the month in which the layoff begins. The required Premiums must be received from the Group Policyholder throughout the period of continued insurance.

**Temporary Reduction in Hours.** When Your hours are temporarily reduced resulting in Your loss of eligibility, insurance may be continued for six Insurance Months after the temporary reduction in hours begins, provided You work at least 30 hours in a two week period. The required Premium payments must be received from the Group Policyholder throughout the period of continued insurance.

**Conditions.** In administering the above continuations, the Group Policyholder must not act so as to discriminate unfairly among Employees in similar situations. Insurance may not be continued when You Cease Active Work due to a labor dispute, strike, work slowdown or lockout.

**CONTINUATION RIGHTS FOR SURVIVING DEPENDENTS.** If Accident Insurance terminates due to Your death, Dependents Accident Insurance may be continued:

- (1) for three Insurance Months, or any longer period, if required by state or federal law;
- (2) provided the Group Policyholder submits the Premium on behalf of the surviving Dependents, and the Policy remains in force.

**PORTABILITY**  
**For**  
**You and Your Dependents**

**PORTABILITY FOR YOU.** If Your Accident Insurance ends, You may be eligible for Portability. Portability allows continuation of Your Accident Insurance and Dependents Accident Insurance under this Certificate. Portability follows any Continuation Rights. To continue insurance, You must:

- (1) notify Us within 31 Days of the Date the insurance would otherwise end;
- (2) pay the applicable Premium to Us; and
- (3) have been insured under this Certificate just prior to the Date Your insurance under the Policy replaces.

**Maximum Duration.** Subject to Termination of Portability, the maximum period You may continue Your Accident Insurance and Dependents Accident Insurance under this provision is the later of:

- (1) the Date You reach age 70; or
- (2) the Date the insurance has been continued for 12 months.

**Limitations on Portability.** Portability is not available when insurance terminates solely because of:

- (1) Your Spouse, Life Partner, or Child ceasing to be an eligible Dependent;
- (2) nonpayment of Premiums; or
- (3) Policy termination.

**Payment of Premium.** We will send You a billing statement on or before each Premium due Date. You must pay Premium directly to Us on or before each due Date, throughout the period of continued insurance. The required Premium will equal:

- (1) the group rate; plus
- (2) a direct billing fee based on the Premium frequency You choose.

You may request to change:

- (1) Premium frequency if You notify Us in advance; and
- (2) billing frequency at any time the insurance is in force, except during a Grace Period.

**Termination of Your Portability.** Insurance continued under this section ends on the earliest of:

- (1) the Date We receive a written request from You to terminate the insurance;
- (2) the last Day of the period for which You paid Premiums;
- (3) the Date You die;
- (4) the Date the Maximum Duration ends; or
- (5) the Date You return to an eligible class under the Policy.

**DEPENDENTS PORTABILITY.** If You die, divorce, or dissolve Your Life Partnership, Your Insured Spouse or Life Partner may be eligible for Dependents Portability. Dependents Portability allows Your Insured Spouse or Life Partner to continue his or her insurance under this Certificate. To continue his or her insurance, Your Insured Spouse or Life Partner must:

- (1) notify Us within 31 Days of the Date the insurance would otherwise end;
- (2) pay the applicable Premium to Us; and
- (3) have been insured under this Certificate just prior to the Date You died, divorced, or dissolved your Life Partnership.

Your Insured Spouse or Life Partner may also continue Your Dependent Child's Accident insurance, provided:

- (1) the Dependent Child was insured at the time of Your death, divorce, or dissolution of Your Life Partnerships; and
- (2) You are not continuing Dependents Accident Insurance for Your Child.

**Maximum Duration.** Subject to Termination of Dependents Portability, the maximum period Your Insured Spouse or Life Partner may continue his or her insurance under this provision is the later of:

- (1) the Date he or she reaches age 70; or
- (2) the Date the insurance has been continued for 12 months.

**PORTABILITY**  
**For**  
**You and Your Dependents**  
**(Continued)**

Insurance provided under this provision for a Dependent Child will cease on the Date he or she ceases to be an eligible Dependent Child.

**Payment of Premium.** We will send Your Insured Spouse or Life Partner a billing statement on or before each Premium due Date. He or she must pay Premium directly to Us on or before each due Date, throughout the period of continued insurance. The required Premium will equal:

- (1) the group rate if You remained an Employee; plus
- (2) a direct billing fee based on the Premium frequency Your Insured Spouse or Life Partner chooses.

**Termination of Dependents Portability.** Insurance continued under this section ends on the earliest of:

- (1) the Date We receive a written request from Your Insured Spouse or Life Partner to terminate the insurance;
- (2) the last Day of the period for which Your Insured Spouse or Life Partner paid Premiums;
- (3) the Date Your Insured Spouse or Life Partner dies;
- (4) the Date the Child ceases to be an eligible Dependent; or
- (5) the Date the Maximum Duration ends.

We may terminate the Dependents Accident Insurance continued under this provision for any reason by providing 31 Days notice.



**GENERAL PROVISIONS**  
**For**  
**You and Your Dependents**

**ENTIRE CONTRACT.** The entire contract with the Group Policyholder includes:

- (1) the Policy and any amendments to it;
- (2) the Group Policyholder's application, if any;
- (3) the Certificate for each insured class and any amendments to it.

**AUTHORITY TO MAKE OR AMEND CONTRACT.** Only a Company officer located in Our Group Insurance Service Office has the authority to:

- (1) determine the insurability of a group or any individual within a group;
- (2) make a contract in Our name;
- (3) amend or waive any provision of the Policy; or
- (4) extend the time for payment of any Premium.

No change in the Policy will be valid, unless it is made in writing, agreed upon by an underwriting officer, and signed by a Company officer as described above.

**INCONTESTABILITY.** Except for the non-payment of Premiums, We may not contest the validity of the Policy after it has been in force for two years from its Date of issue, and as to You or Your Insured Dependent, after the insurance has been in force for two years during Your or Your Insured Dependent's lifetime. This clause does not preclude, at any time, the assertion of defenses based upon:

- (1) this Certificate's eligibility requirements, exclusions and limitations; and
- (2) other Certificate provisions unrelated to the validity of insurance.

In the absence of fraud, all statements made by You or Your Insured Dependents are representations and not warranties. No statement made by You or Your Insured Dependent will be used to contest the insurance provided by the Policy, unless:

- (1) it is contained in a written statement signed by You or Your Insured Dependent; and
- (2) a copy of the statement has been furnished to You or Your Insured Dependent.

**GROUP POLICYHOLDER'S AGENCY.** For all purposes of the Policy, the Group Policyholder acts on its own behalf or as Your agent. Under no circumstances will the Group Policyholder be deemed Our agent.

**CURRENCY.** In administering this Certificate all Premium and benefit amounts must be paid in U.S. dollars.

**WORKERS' COMPENSATION OR STATE DISABILITY INSURANCE.** The Policy does not replace or provide benefits required by:

- (1) Workers' Compensation laws; or
- (2) any state temporary disability insurance plan laws.

**MISSTATEMENT OF AGE.** If Your or Your Insured Dependent's age has been misstated, the correct age will be used to determine if insurance is in effect and adjust benefits, as appropriate.

**ASSIGNMENT.** The rights and benefits under this Certificate may not be assigned.

**DEFINITIONS**  
**For**  
**You and Your Dependents**

**ACCIDENT or ACCIDENTAL** refers to an event or occurrence that was not reasonably foreseeable, or that could not have been reasonably expected or anticipated.

**ACCIDENT INSURANCE** means the insurance provided by the Policy for You.

**ACTIVE, ACTIVE WORK, or ACTIVELY AT WORK** means Your performance, for at least the Minimum Hours shown in the Schedule of Benefits, of all customary duties of Your occupation at:

- (1) the Group Policyholder's place of business; or
- (2) any other business location designated by the Group Policyholder.

Unless disabled on the prior workday or on the Day of absence, You will be considered Actively at Work on the following Days:

- (1) a non-scheduled workday or holiday;
- (2) a paid vacation Day, or other scheduled or unscheduled non-workday; or
- (3) a non-medical leave of absence of 12 weeks or less, whether taken with the Group Policyholder's prior approval or on an emergency basis.

**ADULT CARE FACILITY** means any facility which:

- (1) is licensed by the state as an adult care facility;
- (2) provides personal care and supervision for people suffering from physical infirmities caused by age or cognitive disabilities; and
- (3) is not operated by You or a member of Your immediate family.

**AIRCRAFT** means any device used for aerial navigation, including but not limited to, airplanes, helicopters, balloons, gliders, parachutes, hang gliders and parasails.

**ALTERNATE CARE OR REHABILITATIVE FACILITY** means a facility that is licensed according to state and local laws to provide skilled care, intermediate care, intermingled care, custodial care, or rehabilitative care as an alternative to care at a Hospital.

**CERTIFICATE** means the Group Accident Certificate, which contains the main provisions of the Policy. The Certificate includes any amendments which may be attached to it.

**CHANGE IN FAMILY STATUS** means a marriage, divorce, birth, adoption, addition of a foster child, death, or change of employment or eligibility status or other event that qualifies under the requirements of Section 125 of the Internal Revenue Code of 1986, as amended. Change in Family Status also means:

- (1) the formation or dissolution of a Life Partnership; or
- (2) involuntary loss of comparable insurance under a Spouse's or Life Partner's benefit plan.

**CHILD or CHILDREN** means:

- (1) Your natural child, legally adopted child, or stepchild;
- (2) a child placed with You for the purpose of adoption;
- (3) a child for whom You are required by court order to provide insurance;
- (4) Your grandchild; or
- (5) a foster child for whom You have assumed full parental responsibility and control.

Stepchild includes Your Life Partner's child.

**CHILD CARE CENTER** means any facility which:

- (1) is licensed as such by the state;
- (2) provides non-medical care and supervision for children in a group setting; and
- (3) is not operated by You or a member of Your immediate family.

**CHIP FRACTURE** means a fracture in which a piece of the bone is broken off.

**DEFINITIONS**  
**For**  
**You and Your Dependents**  
**(Continued)**

**CHIROPRACTOR** means a person other than You who:

- (1) is licensed by the state to practice as a chiropractor;
- (2) performs services within the scope of his or her license; and
- (3) practices according to the Code of Ethics of the American Chiropractic Association.

**COMPANION** means a Spouse or Life Partner, sibling, Child, parent, grandparent, or any primary care giver. You may be considered Your Insured Dependent's Companion.

**COMPANY** means The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

**COVERED ACCIDENT** means an Accident that:

- (1) You or an Insured Dependent sustains; and
- (2) is not otherwise excluded under this Certificate.

**DAY OR DATE** means the period of time that begins at 12:01 a.m. and ends at 12:00 midnight when used with regard to eligibility dates and effective dates. When used with regard to termination dates, it means 12:00 midnight. Day or Date is based on the time at the Group Policyholder's place of business.

**DENTIST** means a licensed doctor of dentistry, operating within the scope of his or her license, in the state in which he or she is licensed.

**DEPENDENT** means Your Spouse, Life Partner, or Dependent Child.

**DEPENDENT ADULT** means Your :

- (1) siblings, parents, and grandparents; and
- (2) Spouse or Life Partner's relatives of like degree;

who are chiefly dependent upon You for support and maintenance, and reside in Your household.

**DEPENDENT CHILD** means Your Child who meets the age requirements shown in the Schedule of Benefits.

**DEPENDENTS ACCIDENT INSURANCE** means the insurance provided by the Policy for eligible Dependents.

**DISLOCATION** means a completely separated joint. A Partial Dislocation means that the joint is misaligned, but not completely dislocated, as diagnosed by a Physician.

**DOMESTIC PARTNER** means Your domestic partner (whether same or opposite sex), regardless of registration.

**EMERGENCY CARE FACILITY** means an emergency room recognized by the laws of the state where located.

**EMERGENCY TREATMENT** means medical services that You or Your Insured Dependent receives in an Emergency Care Facility.

**EMPLOYEE (Full-Time)** means a person:

- (1) whose employment with the Group Policyholder is the person's main occupation;
- (2) whose employment is for regular wage or salary;
- (3) who is Actively at Work;
- (4) who is a member of an eligible class under the Policy;
- (5) who is not a temporary or seasonal employee; and

**DEFINITIONS**  
**For**  
**You and Your Dependents**  
**(Continued)**

(6) who is a citizen of the United States or legally works in the United States.

It also includes a former Employee who has elected Portability

**FAMILY OR MEDICAL LEAVE** means an approved leave of absence that:

- (1) is subject to the federal FMLA law (the Family and Medical Leave Act of 1993 and any amendments to it) or a similar state law;
- (2) is taken in accord with the Group Policyholder's leave policy and the law which applies; and
- (3) does not exceed the period approved by the Group Policyholder and required by that law.

The leave period may:

- (1) consist of consecutive or intermittent work Days; or
- (2) be granted on a part-time equivalency basis.

If You are entitled to a leave under both the federal FMLA law and a similar state law, the leave period that is more favorable to You will apply. If You are on an FMLA leave due to Your own health condition on the Group Policy Effective Date, You are not considered Actively at Work.

**FRACTURE** means a broken bone that can be determined by a diagnostic exam.

**GROUP POLICYHOLDER** means the person, partnership, corporation, trustee, or other organization, as shown on the Face Page of this Certificate.

**HOME HEALTH CARE AGENCY** means an agency that provides skilled nursing and other home health care services according to state and local laws on a visiting basis in temporary or principal places of residence.

**HOSPITAL** means a general hospital which:

- (1) is licensed, approved or certified by the state where it is located;
- (2) is recognized by the Joint Commission;
- (3) is operated to treat Inpatients;
- (4) has a registered nurse always on duty; and
- (5) has organized facilities and equipment for diagnosis and treatment of acute medical and surgical conditions, either on its premises or in facilities available to it on a prearranged basis.

It does not include a place that:

- (1) is specialized solely in dentistry, mental illness or substance abuse;
- (2) is a rest home, home for the aged, convalescent home or nursing home; or
- (3) Alternate Care or Rehabilitative Facility, extended care or skilled nursing facility.

A State tax-supported institution is considered to be a "Hospital" regardless of whether it has an operating room and related equipment to perform surgery.

**HOSPITAL CONFINEMENT** means being a registered bed patient in a Hospital upon a Physician's recommendation. Such confinement must be medically necessary to diagnose or treat a covered Injury.

**INJURY OR INJURIES** means bodily harm solely due to an Accident. It includes all complications of and all injuries sustained in the same Covered Accident.

**INPATIENT** means an overnight resident patient.

**INSURANCE MONTH** means that period of time shown on the Schedule of Benefits:

- (1) beginning at 12:01 a.m.; and
- (2) ending at 12:00 midnight;

at the Group Policyholder's primary place of business.

**DEFINITIONS**  
**For**  
**You and Your Dependents**  
**(Continued)**

**INSURED DEPENDENT** means a Dependent for whom Accident Insurance under this Certificate is in effect.

**INSURED DEPENDENT CHILD** means a Dependent Child for whom Accident Insurance under this Certificate is in effect.

**INSURED SPOUSE OR LIFE PARTNER** means Your Spouse or Life Partner for whom Accident Insurance under this Certificate is in effect.

**INTENSIVE CARE UNIT (ICU)** means a designated part of a Hospital that:

- (1) provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- (2) is separate and apart from the surgical recovery room and from rooms, beds, wards, and units customarily used for patient confinement;
- (3) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- (4) is under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis; and
- (5) is assigned a Physician on a full-time basis.

**LIFE PARTNER** means Your Domestic Partner.

**MEDICAL HEALTH PROFESSIONAL** means a person, other than a Physician, that renders medical care and performs services that are within the scope of such person's license. Included in this definition are duly licensed registered nurses, physician's assistants, nurse practitioners, optometrists, podiatrists, dentists, chiropractors, clinical social workers, substance abuse professionals, professional counselors, psychologists, fee-based practicing pastoral counselors, and marriage and family therapists.

**MEDICAL MOBILITY DEVICE** means an item, other than a wheelchair, that is intended by its manufacturer for use in directly substituting for a malfunctioning part of the body for assistance with mobility. Examples include cane, crutches, knee walkers, walking boots, and walkers.

**MILITARY LEAVE** means a leave of absence that:

- (1) is subject to the federal USERRA law (the Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments to it);
- (2) is taken in accord with the Group Policyholder's leave policy and the federal USERRA law; and
- (3) does not exceed the period required by that law.

**OBSERVATION UNIT** means a specified area within a Hospital, apart from the emergency room, where a patient can be monitored following outpatient Surgery or treatment in the emergency room by a Physician and which:

- (1) is under the direct supervision of a Physician or registered nurse;
- (2) is staffed by nurses assigned specifically to that unit; and
- (3) provides care seven Days per week, 24 hours per Day.

**OCCUPATIONAL THERAPIST** means a person other than You or Your Insured Dependent who:

- (1) is licensed by the state to practice occupational therapy;
- (2) performs services within the scope of his or her license; and
- (3) practices according to the Code of Ethics of the American Occupational Therapy Association.

**DEFINITIONS**  
**For**  
**You and Your Dependents**  
**(Continued)**

**OPEN ENROLLMENT PERIOD** means the calendar year period designated by the Group Policyholder, and approved by Us, during which You may be eligible to purchase or make changes to Your or Your Dependents Accident Insurance.

**ORGANIZED SPORTING ACTIVITY** means any scheduled athletic event on a sports field. It includes practice, and events associated with school programs and non-school programs that are governed by an organization and require formal registration to participate. Organized Sporting Activity does not include unstructured play such as pick-up games or spontaneous play.

**OUTPATIENT TREATMENT** means medical services that You or Your Insured Dependent receives when not confined as an Inpatient in a Hospital.

**PAYROLL PERIOD** means that period of time established by the Group Policyholder for payment of employee wages.

**PERSON** means an Employee of the Group Policyholder:

- (1) who is a member of a class that is eligible for insurance under the Policy; and
- (2) who has enrolled for insurance.

**PHYSICAL THERAPIST** means a person other than You or Your Insured Dependent who:

- (1) is licensed by the state to practice physical therapy;
- (2) performs services within the scope of his or her license; and
- (3) practices according to the Code of Ethics of the American Physical Therapy Association.

**PHYSICIAN** means:

- (1) a legally qualified medical doctor who is licensed to practice medicine, to prescribe and administer drugs, or to perform Surgery; or
- (2) any other duly licensed medical practitioner who is deemed by state law to be the same as a legally qualified medical doctor.

The medical doctor or other medical practitioner must be acting within the scope of his or her license.

Physician does **not** include You or Your relatives. Relatives include Your:

- (1) Spouse or Life Partner, siblings, parents, Children and grandparents; and
- (2) Spouse's or Life Partner's relatives of like degree.

**POLICY** means the Group Accident Insurance policy issued by Us to the Group Policyholder.

**PREMIUM** means the amount charged for the insurance provided by the Policy.

**REINSTATEMENT or TO REINSTATE** means to enroll or re-enroll for Accident Insurance without satisfying a new Eligibility Waiting Period.

**SEVERE TRAUMATIC BRAIN INJURY** means a sudden impact to the head or a penetrating head Injury that:

- (1) causes irreversible physical damage to the brain;
- (2) prevents performance of the material functions and activities of a person of like age and gender who is in good health;
- (3) is diagnosed by a Physician as 8 or less on the Glasgow Coma Scale (or as an equivalent score on any other officially recognized scale used to measure the severity of a brain injury).

**DEFINITIONS**  
**For**  
**You and Your Dependents**  
**(Continued)**

**SICKNESS** means:

- (1) illness;
- (2) pregnancy or complications of pregnancy; or
- (3) infection, except when the infection is due to an Accidental cut or wound.

A non-elective cesarean section is considered a complication of pregnancy.

**SPOUSE** means the person lawfully married to You, as recognized by any state, possession, or territory of the United States.

**SURGERY or SURGICAL** means a procedure performed by a Physician in a Hospital or an outpatient facility that:

- (1) is intended to be curative, palliative, or exploratory; and
- (2) requires an incision to the skin or tissue, or general anesthesia.

**TERRORISM** means activities against persons, organizations or property of any nature if such activities involve the following or preparation for the following:

- (1) use or threat of force or violence;
- (2) commission or threat of a dangerous act; or
- (3) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

when one or both of the following applies:

- (1) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
- (2) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or to express opposition to) a philosophy or ideology.

**URGENT CARE FACILITY** means a dedicated medical facility, other than an emergency room, that provides immediate services or treatment, and that is recognized by the laws of the state where located.

**WE, OUR, or US** refer to The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

**YOU, YOUR, and YOURS** means the Person for whom Policy insurance is in effect.

**NOTICE CONCERNING COVERAGE  
LIMITATIONS AND EXCLUSIONS UNDER THE NORTH CAROLINA  
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health insurance should know that the insurance companies and Health Maintenance Organizations (HMOs) licensed in this state to write these types of insurance are members of the North Carolina Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer or HMO becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted *in the box* below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

**The North Carolina Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in North Carolina. You should not rely on coverage by the North Carolina Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.**

**Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.**

**Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.**

The North Carolina Life and Health Insurance Guaranty Association  
Post Office Box #10218  
Raleigh, North Carolina 27605-0218

North Carolina Department of Insurance  
Consumer Services Division  
1201 Mail Service Center  
Raleigh, North Carolina 27699-1201

The state law that provides for this safety-net coverage is called the North Carolina Life and Health Insurance Guaranty Association Act. *On the back of this page* is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.



## Coverage

Generally, individuals will be protected by the life and health insurance guaranty association if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer or HMO. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

## Exclusions From Coverage

**However, persons holding such policies are not protected by this association if:**

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy was issued by a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange;
- They acquired rights to receive payments through a structured settlement factoring transaction.

**The association also does not provide coverage for:**

- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed the average rate specified in the law;
- Dividends;
- Experience or other credits given in connection with the administration of a policy for a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals), unless they fund a government lottery or a benefit plan of an employer, association or union, except that unallocated annuities issued to employee benefit plans protected by the Federal Pension Benefit Guaranty Corporation are not covered; or
- A policy or contract commonly known as Medicare Part C, Medicare Part D, Medicaid or any regulations issued pursuant thereto.

## Limits On Amount Of Coverage

The act also limits the amount the association is obligated to pay out as follows:

- (1) The guaranty association cannot pay more than what the insurance company would owe under the policy or contract.
- (2) Except as provided in (3), (4) and (5) below, the guaranty association will pay a maximum of \$300,000 per individual, per insolvency, no matter how many policies or types of policies issued by the insolvent company.
- (3) The guaranty association will pay a maximum of \$500,000 with respect to a health benefit plan.
- (4) The guaranty association will pay a maximum of \$1,000,000 with respect to the payee of a structured settlement annuity.
- (5) The guaranty association will pay a maximum of \$5,000,000 to any one unallocated annuity contract holder.

**CERTIFICATE AMENDMENT**

**TO BE ATTACHED TO AND MADE A PART OF THE CERTIFICATE FOR GROUP POLICY NO.:  
ACC-0001163064**

**ISSUED TO: Syneos Health, LLC**

**The Certificate is amended by the addition of the following Health Assessment Benefit provision.**

**HEALTH ASSESSMENT BENEFIT**

The Health Assessment Benefit will apply if elected by the Group Policyholder and the required Premium is paid.

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**SCHEDULE OF BENEFITS**

<b>Health Assessment Benefit:</b>	\$50 per Health Assessment Test
<b>Child Health Assessment Benefit:</b>	\$50 per Child Health Assessment Test
<b>Individual Maximum of Tests:</b>	1 per person per Health Assessment Period

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**HEALTH ASSESSMENT BENEFIT.** We will pay the Health Assessment Benefit when You or Your Insured Spouse or Life Partner receives a Health Assessment Test during a Health Assessment Period.

The Health Assessment Test must be performed while Your and Your Spouse’s or Life Partner’s insurance under this Certificate Amendment is in effect. The Health Assessment benefit is subject to the scheduled Individual Maximum.

**Child Health Assessment Benefit.** We will pay the Child Health Assessment benefit when Your Insured Dependent Child receives a Child Health Assessment Test during a Health Assessment Period.

The Child Health Assessment Test must be performed while Your Dependent Child’s insurance under this Certificate Amendment is in effect. The Child Health Assessment benefit is subject to the scheduled Individual Maximum.

**DEFINITIONS.** The following definitions are in addition to the Definitions found in the Certificate.

**Health Assessment Test** means any of the following:

- (1) accident and fall prevention counseling;
- (2) annual physical exam;
- (3) dental preventive exam;
- (4) depression screening;
- (5) eye exam;
- (6) hearing exam;
- (7) osteoporosis screening (bone mineral density test);
- (8) substance abuse counseling or screening; and
- (9) tetanus immunization.

**Child Health Assessment Test** means any of the following:

- (1) annual physical exam;
- (2) Child Immunizations;
- (3) concussion screening;
- (4) dental preventive exam;
- (5) depression screening;
- (6) eye exam;
- (7) hearing exam;
- (8) school or sports physical; and
- (9) substance abuse counseling or screening.

**CERTIFICATE AMENDMENT  
(Continued)**

**Child Immunizations** means immunizations administered to Your Dependent Child for diphtheria, hepatitis A and hepatitis B, measles, meningitis, mumps, pertussis, polio, rotavirus, rubella, and tetanus.

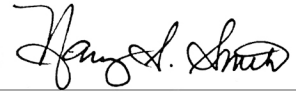
**Health Assessment Period** means an annual period beginning on Your effective Date of coverage under this Certificate Amendment.

**PROOF.** We must receive written proof of a Health Assessment Test and a Child Health Assessment Test, in accord with the Proof of Claim section under the Claims Procedures in the Certificate.

**OTHER PROVISIONS.** Unless stated otherwise, this benefit is subject to all other provisions of the Certificate.

**This amendment takes effect on January 1, 2025, or on Your effective Date of coverage under the Policy, whichever is later. In all other respects, the Certificate remains the same.**

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**



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Officer of the Company

The Lincoln Financial Group companies\* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. We do not sell your personal information to third parties. This Notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. You do not need to take any action because of this Notice, but you do have certain rights as described below.

We are committed to the responsible use of information and protecting individual privacy rights. As such, we look to leading data protection standards to guide our privacy program. These standards include collecting data through fair and lawful means, such as obtaining your consent when appropriate.

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### Information we may collect and use

We collect personal information about you to help us identify you as a consumer, our customer, or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; to analyze in order to enhance our products and services; to tell you about our products or services we believe you may want and use; and as otherwise permitted by law. The type of personal information we collect depends on your relationship and on the products or services you request and may include the following:

- **Information from you:** When you submit your application or other forms, you give us information such as your name, address, Social Security number; and your financial, health, and employment history. We may also collect voice recordings or biometric data for use in accordance with applicable law.
- **Information about your transactions:** We maintain information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; payment details; and your payment and claims history.
- **Information from outside our family of companies:** If you are applying for or purchasing insurance products, we may collect information from consumer reporting agencies, such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information (such as medical information, retirement information, and information related to Social Security benefits), from other individuals or businesses.
- **Information from your employer:** If your employer applies for or purchases group products from us, we may obtain information about you from your employer or group representative in order to enroll you in the plan.

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### How we use your personal information

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you, your employer, or your group representative have requested; to provide customer service; to analyze in order to evaluate or enhance our products and services; to gain customer insight; to provide education and training to our workforce and customers; and to inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information we obtain from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law. We may execute agreements with our service providers that permit the service provider to process your personal information outside of the United States, when not prohibited by our contracts and permitted by applicable law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners or their designees (for example, to your employer for employer-sponsored plans and their authorized service providers), regulatory authorities and law enforcement officials, and to other non-affiliated or affiliated parties as permitted by law. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or release your information to outside marketers who may want to offer you their own products and services; nor do we release information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

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## Security of information

We have an important responsibility to keep your information safe. We use safeguards to protect your information from unauthorized disclosure. Our employees are authorized to access your information only when they need it to perform their job responsibilities. Employees who have access to your personal information are required to keep it confidential. Employees are required to complete privacy training annually.

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## Your rights regarding your personal information

This Privacy Notice describes how you can exercise your rights regarding your personal information. Lincoln complies with all applicable laws and regulations regarding the provision of personal information. The rights provided to you in this Privacy Notice will be administered in accordance with your state's specific laws and regulations.

**Access to personal information:** You must submit a written request to receive a copy of your personal information. You may see your personal information in person, or you may ask us to send you a copy of your personal information by mail or electronically, whichever you prefer. We will need to verify your identity before we process the request. Within 30 business days of receiving your request, we will, depending on the specific request you make, (1) inform you of the nature and substance of the recorded personal information we have about you; (2) permit you to obtain a copy of your personal information; and (3) provide the identity (if recorded) of persons to whom we disclosed your personal information within two years prior to the request (if this information is not recorded, we will provide you with the names of those insurance institutions, agents, insurance support organizations or other persons to whom such information is normally disclosed). If you request a copy of your information by mail, we may charge you a fee for copying and mailing costs.

**Changes to personal information:** If you believe that your personal information is inaccurate or incomplete, you may ask us to correct, amend, or delete the information. Your request must be in writing and must include the reason you are requesting the change. We will respond within 30 business days from the date we receive your request.

If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received your personal information within the past two years. We will also send the updated information to any insurance support organization that gave us the information and any insurance support organization that systematically received personal information from us within the prior 7 years unless that support organization no longer maintains your personal information.

If we deny your request to correct, amend or delete your information, we will provide you with the reasons for the denial. You may write to us and concisely describe what you believe our records should say and why you disagree with our denial of your request to correct, amend, or delete that information. We will file this communication from you with the disputed information, identify the disputed information if it is disclosed, and provide notice of the disagreement to the persons and in the manner described in the paragraph above.

**Basis for adverse underwriting decision:** You may ask in writing for the specific reasons for an adverse underwriting decision. An adverse underwriting decision is where we decline your application for insurance, offer to insure you at a higher than standard rate, or terminate your coverage.

Your state may provide for additional privacy protections under applicable laws. We will protect your information in accordance with these additional protections.

If you would like to act upon your rights regarding your personal information, please provide your full name, address and telephone number and either email your inquiry to our Data Subject Access Request Team at [DSAR@lfg.com](mailto:DSAR@lfg.com) or mail to: Lincoln Financial Group, Attn: Corporate Privacy Office, 1301 South Harrison St., Fort Wayne, IN 46802. The [DSAR@lfg.com](mailto:DSAR@lfg.com) email address should only be used for inquiries related to this Privacy Notice. For general account service requests or inquiries, please call 1-877-ASK-LINC.

\*This information applies to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company  
Lincoln Financial Distributors, Inc.  
Lincoln Financial Group Trust Company  
Lincoln Investment Advisors Corporation

Lincoln Life & Annuity Company of New York  
Lincoln Life Assurance Company of Boston  
Lincoln Retirement Services Company, LLC  
Lincoln Variable Insurance Products Trust  
The Lincoln National Life Insurance Company

\*\*This Notice is effective 14 calendar days after it is made available on Lincoln's website, [www.LFG.com/privacy](http://www.LFG.com/privacy).