Business Travel Accident Insurance Plan Benefit Summary
BAE Systems, Inc. and subsidiary companies and BAE Systems plc as parent Company
Policy Number: AHB000006-231
Insurance Underwritten by: EVEREST REINSURANCE COMPANY

Coverages Offered

Class I and III: 24-Hour Worldwide Accident Protection; 24 hour business and pleasure protection.
Class II, IV, V and VI: 24-Hour Accident Protection While On A Specified Trip; traveling on the Business of the Policyholder, including a Sojourn or Personal Deviation taken during the course of the Trip.
Class I, II, III, IV, V and VI: 24-Hour Family Relocation Trip; extends coverage to a Dependent during the course of any family relocation trip.
Class I, II, III, IV, V and VI: Aircraft Owned Leased Operated Controlled Pilot and Crew and Passengers
Class I, II, III, IV, V and VI: Bomb Scare, Bomb Search, or Bomb Explosion
Class II, IV, V and VI: Covered Activities, coverage while participating in a Policyholder Sponsored Activity.
Class II, IV, V and VI: Extraordinary Commutation, when using an alternate means of transportation.
Class I, II, III, IV, V and VI: Hijacking and Air Piracy Coverage due as a result of a hijacking of any land, water or air conveyance, except a private automobile.
Class II, IV, V and VI: Volunteer Activities Coverage; participating in volunteer activities.
Class I,II,III,IV,V and VI: On Premises Terrorism Scare as a result of a terrorism scare directed at the Policyholder or its property or assets.
Class I, II, III, IV, V and VI: War Risk Coverage extends coverage as a result of a declared or undeclared war worldwide. Coverage is not extended in the United States of America or the Insured Person's country of permanent residence.

Eligible Persons

Class I: All active employees who work 20 or more hours per week, in Grade 17 or higher including Doug Jackson of the named JV: FNSS Savunma Sistemleri AS; a division of the Policyholder.
Class II: All Other Active Employees who work 20 or more hours per week, who are not in any other Class
Class III: All active Employees on assignment outside the USA, who work 20 or more hours per week
Class IV: Non-Employee Directors and Non-Employee Guests who are not in any other Class
Class V: Spouses of Employees
Class VI: Dependent Child(ren) of Employees

Principal Sum

Class I: Six (6) times annual salary to a maximum of $2,000,000
Class II: Six (6) times annual salary to a maximum of $2,000,000
Class III: Six (6) times annual salary to a maximum of $2,000,000
Class IV: $40,000
Class V: $250,000
Class VI: $100,000

"Annual Salary" means the Insured's base annual salary exclusive of overtime, bonuses, tips, commission, and special compensation.

Benefits

Accidental Death, Dismemberment
When Injury to an Insured Person results directly in any of the following covered losses within 365 days from the date of the accident that caused the Injury, we will pay, in one sum, the indicated percentage of the principal sum:

Loss of	**Percentage of Principal Sum**
Life	100%
Loss of Limb(s) (one or more) and/or Loss of Eye(s) (one or both)	100%
Permanent Total Disablement	100%
Total Loss of Hearing (in both ears) and/or Total Loss of Speech	100%
Permanent total deafness in one ear in the other ear before the accident	35%
Loss of one joint of thumb of either hand	15%
Loss of more than one joint of thumb of either hand	25%
Loss of one joint of forefinger	10%
Loss of more than one joint of any other finger	20%
Loss of both joints of one big toe	5%
Loss of one joint of one big toe	15%
Loss of both joint of any other toe	5%
Loss of one joint of any other toe	5%
Permanent total loss of use of shoulder or elbow	25%
Permanent total loss of use of wrist hip knee or ankle	20%
Removal by surgical operation of lower jaw	30%
Permanent loss of smell	10%
Permanent loss of taste	10%

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

Any permanent disability caused by an accident (including facial disfigurement) not enumerated above will be paid for in proportion to the degree of permanent disability as compared with the cases enumerated above without taking into account the occupation of the Insured Person.

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

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OUT OF COUNTRY MEDICAL EXPENSE BENEFIT

Maximum Amount per occurrence	$16,000,000 per Covered Person
First Covered Expenses must be incurred within	365 days after the Covered Accident or Covered Sickness
Deductible	$0
Maximum Benefit Amount for Dental Treatment (Injury Only):	$5,000
Scope of Coverage	Primary

If, while traveling outside His Country of Permanent Residence, during the course of any Covered Trip of less than 365 days or outside His Country of Permanent Assignment or Home Country a Covered Person suffers a Covered Injury or a Covered Sickness that requires treatment by a Physician, We will pay the Usual and Customary charges incurred for Covered Expenses received due to that Covered Injury or Covered Sickness up to the maximum of any Benefit Amount shown Above. For benefits to be payable under this Policy, the first treatment for the Covered Injury or Covered Sickness must be received within the time frame set forth above. No payments will be made for expenses not incurred within the Benefit Period.

Covered Expenses
Benefits will be payable for:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an ambulatory medical center;
2. Services of a Physician or a registered nurse (R.N.);
3. Ambulance service to or from a Hospital;
4. Laboratory tests;
5. Radiological procedures;
6. Anesthetics and the administration of anesthetics;
7. Blood, blood products and artificial blood products, and the transfusion thereof;
8. Physiotherapy including physical therapy and occupational therapy;
9. Rental of Durable Medical Equipment;
10. Artificial limbs, artificial eyes, or other prosthetic appliances (not including the replacement of these items);
11. Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces);
12. Oxygen or rental equipment for administration of oxygen;
13. Rental of a wheelchair or hospital type bed;
14. Rental of mechanical equipment for treatment of respiratory paralysis;
15. Medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription;
16. Dental charges for injury to sound, natural tooth;
17. Hotel Room charge, when the Covered Person, otherwise necessarily Hospital Confined, shall under the care of a duly qualified Physician, have to stay in a hotel room owing to the unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond the control of the Covered Person.

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18. Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Physician's charges; X-rays; laboratory procedures; use of the emergency room; and supplies;
19. Outpatient surgical room and supply expenses for use of the surgical facility;
20. Outpatient: diagnostic X-rays; laboratory procedures; and tests;
21. Physician non-surgical treatment/examination expenses (excluding medicines) including: the Physician's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Physician;
22. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis;
23. Chiropractic expenses on an inpatient or outpatient basis limited to one visit per day;
24. Eyeglasses; contact lenses; and hearing aids; when damage occurs in a Covered Accident that requires medical treatment;
25. Emergency medical treatment of pregnancy;
26. Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction; and associated myofascial pain, if due to a Covered Accident;
27. Expenses for treatment of heat stroke, heart attack, stroke, and burst aneurysm if the condition occurs as the result of a Covered Accident.

Medically Necessary refers to a Covered Expense that:
1. is essential for diagnosis, treatment, or care of the Covered Injury or Covered Sickness for which it is prescribed or performed;
2. meets generally accepted standards of medical practice; and
3. is ordered by a Physician and performed under his care, supervision, or order.

ACCIDENTAL SEVERE BURN AND DISFIGUREMENT BENEFIT

If an Insured Person suffers an Injury that is a Severe Burn, classified as a third-degree burn, the Company will pay a benefit as described in this Rider. The benefit payable is based on the Maximum Percentage of Principal Sum shown below with respect to the Specified Body Area shown below:

Specified Body Area	Maximum Percentage of Principal Sum
Face and Neck and Head	99%
Hand and Forearm Below Elbow Joint (Right)	22.5%
Hand and Forearm Below Elbow Joint (Left)	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%
Thigh Below Hip Joint to Knee Joint (Right)	9%
Thigh Below Hip Joint to Knee Joint (Left)	9%
Foot and Lower Leg Below Knee Joint (Right)	27%
Foot and Lower Leg Below Knee Joint (Left)	27%

If only one of the Insured Person's Specified Body Areas is Severely Burned in an accident:

1. and 100% of the surface of that Specified Body Area is Severely Burned, the benefit payable is 100% of the Maximum Percentage of Principal Sum shown for that Specified Body Area.

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2. and a lesser proportion of the surface of that Specified Body Area is Severely Burned, the benefit payable is that same lesser proportion of the Maximum Percentage of Principal Sum shown above for that Specified Body Area.

ATTENDOR BENEFIT

Round Trip Benefit Amount:	up to one round trip economy Common Carrier
Lodging and Meals:	up to $400 per day
Maximum Benefit Period:	7 days

If a Repatriation of Remains Benefit becomes payable, We will also pay the benefit shown above for expenses reasonably incurred for one person (referred to as the Attendor) to accompany the deceased Covered Person's remains from the place where death occurred to the deceased Covered Person's Home.

We will also pay the Benefit Amount shown for the Attendor's lodging and meals while the Attendor is away from His Home in connection with accompanying the deceased Insured Person's remains.

BEDSIDE VISITOR BENEFIT

Maximum Benefit Amount:	Up to 1 economy round trip ticket(s) on a Common Carrier or Private Passenger vehicle reimbursed at the standard mileage rates as specified by the Internal Revenue Service.
Total Maximum Number of Visitors:	1 member(s) of the Covered Person's Immediate Family
Hotel Accommodations:	up to $300 a day up to a maximum of 7 days
Covered Person Must be Hospital Confined at least	3 days
Hospital Confinement must occur at least	100 miles from the Covered Person's Home
Daily Meal allotment	up to $100 a day up to a maximum of 7 days

We will pay the benefits shown above, subject to all applicable conditions and exclusions, when the Covered Person has incurred expenses to join the Covered Person who has suffered a Covered Injury while on a Covered Trip and is confined to a Hospital or other facility and the Hospital is more than distance shown above.

The Company or ISOS must make all arrangements and must authorize all expenses in advance for this benefit to be payable. If it is not reasonably possible to contact The Company or ISOS, the Company reserves the right to determine the benefit payable including any reductions.

BEREAVEMENT & TRAUMA COUNSELING BENEFIT

Maximum Number of Sessions:	20
Maximum Benefit Amount Per Covered Accident:	$250

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If an Insured Person suffers a Covered Loss, We will reimburse the Insured Person or the Insured Person's Immediate Family Member(s) for expenses incurred within one year after the date of the Covered Accident causing such loss for any individual or family counseling sessions up to a maximum shown above.

The counseling sessions must:

1. be required to assist the Insured Person and/or the Insured Person's Immediate Family Member(s) in coping with such loss;
2. be ordered and performed by a Physician; and
3. meet generally accepted standards of medical practice.

Only one Bereavement and Trauma Counseling Expense Benefit will be paid regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

The Company will not reimburse expenses:

1. for which no charge would have been made if no insurance existed;
2. in excess of the Usual and Customary charges for similar counseling sessions in the locality where the sessions are received; or
3. incurred as the result of a Covered Loss caused by a Covered Accident for which the Insured Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

CHILD CARE CENTER BENEFIT

Maximum Benefit Amount:	100% of the cost up to $10,000
Maximum Benefit Period:	365 days

If an Insured Person suffers loss of life for which Accidental Death Benefits are payable under this Policy the Company will pay an additional benefit on behalf of an Insured Person's Covered Child who, on the date of the Covered Accident:

1. was underage up to age 12 if enrolled in a licensed and certified after-School care program, as determined by the proper local authorities and a Covered Person under this Policy; and

1. was enrolled in a Child Care Center or after-School care program on the date of the Insured Person's loss of life; or

2. subsequently enrolls within 90 days of the date of the Insured Person's loss of life in a licensed Child Care Center.

The amount shall be payable per year equal to the lesser of the actual cost charged by a licensed Child Care Center per year or the amount shown above.

Child Care Center Benefits are payable once a year for not more than four consecutive years, but only if such Covered Child remains under up to age 12 if enrolled in a licensed and certified after-School care program, as determined by the proper local authorities and continues enrollment in a Child Care Center or after-School care program (proof of enrollment will be required).

Child Care Center means a facility that is duly licensed, certified, or accredited by the jurisdiction in which it is located to provide childcare and is operating in compliance with applicable laws and regulations of the jurisdiction. A Child Care Center does not include any of the following: 1) a Hospital; 2) the Child's home; 3) care provided during Normal School Hours while a Child is attending grades one through twelve.

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CHILD SURVIVOR BENEFIT

Benefit Amount	10% of the Principal Sum subject to a Maximum Benefit Amount of $200,000
Default Benefit	$1,000

We will pay the benefits shown above, subject to all applicable conditions and exclusions, if the Insured Person's death results from a Covered Accident and He is survived by a Covered Child.

If the Covered Child was under the age of majority at the time of the Insured Person's death, a Covered Child Survivor Benefit, plus interest, will be paid in one lump sum to each surviving Covered Child when He attains the age of majority. Interest will be compounded annually at a rate equal to the arithmetic average of the 52-week US Treasury notes as published by a financial authority designated by Us. If the Covered Child dies before this benefit is payable, this benefit will then be payable to the Covered Child's estate.

If a surviving Covered Child is the age of majority or over at the time of the Insured Person's death, the benefit will be payable in one lump sum when We receive the claim. If there is no surviving Covered Child at the time of the Insured Person's Accidental Death, a default benefit will be paid to the Insured Person's beneficiary.

Benefits will not be paid if a claim is submitted to Us more than one year after the Insured Person's death, or if earlier, the Covered Child is no longer a Covered Child if He was under the age of majority at the time of the Insured Person's death.

CONTAGIOUS AND INFECTIOUS DISEASE BENEFIT:

Benefit Amount	$50,000

We will pay the Benefit Amount shown above, subject to all applicable conditions and exclusions, if an Covered Person dies within 13 weeks of the date of Emergency Duty from a Disease. We will pay the reasonable expenses:

1. not to exceed the Benefit Amount shown above; and
2. in excess of the Deductible; for Medical Care incurred by the Covered Person due to Disease. Such expenses must be incurred within 13 weeks after the date of the Emergency Duty resulting in exposure to the Disease.

Payment will not be made for routine expenses incurred for inoculations, immunizations, or medicines unless required due to exposure to the Disease. Covered expenses will include expenses incurred for prevention of the Disease, provided it can be demonstrated that:

1. the Covered Person was exposed to a contagious or infectious disease while engaged in a Hazard and while performing Emergency Duty; and
2. actual contraction of the Disease or condition would result in increased physical harm to the Covered Person.

Disease means any contagious or infectious disease if the first symptoms of the disease are medically diagnosed:

1. while the Covered Person is covered under this Policy; and
2. within 30 days of the Covered Person's exposure while performing the Emergency Duty.

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It does not mean influenza, la grippe, pneumonia, or common colds or respiratory tract infections. Also, HIV, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any complications arising therefrom, are not covered under this Benefit.

Emergency Duty means the fighting of a fire or responding to any other emergency call for the Policyholder.

Medical Care means necessary:
1. medical or surgical treatment, services, and supplies;
2. Hospital, nursing, and ambulance services.

Each item of Medical Care must be:
1. prescribed by a Physician;
2. for the sole purpose of treating the Covered Injury.

EDUCATION BENEFIT

Surviving Dependent Child Benefit:	10% of the Principal Sum subject to a Maximum Benefit Amount of $10,000
Surviving Spouse or Domestic Partner Benefit:	10% of the Principal Sum subject to a Maximum Benefit Amount of $10,000
Maximum Number of Annual Payments	
For Each Surviving Dependent Child	4
For Surviving Spouse or Domestic Partner	4
Default Benefit	$2,000

If the Insured Person suffers loss of life for which Accidental Death Benefits are payable under this Policy, We will pay an additional benefit as shown above, subject to all applicable conditions and exclusions, to or on behalf of the Covered Child who, on the date of the Covered Accident, was:
under age 26; and enrolled as a full-time student in any accredited college, university, or other institution of higher learning or a vocational or licensed technical School beyond the 12th grade level on the date of the Insured Person's loss of life; or at the 12th grade level and subsequently enrolls as a full-time student at an accredited college, university, or other institution of higher learning or a vocational or licensed technical School within 365 days after the date of the Insured Person's loss of life.

Education Benefits are payable once a year for not more than four consecutive years, but only while the Covered Child continues as a full-time student (proof of enrollment and grades for each year will be required).

If, on the date of the Insured Person's loss of life, the Insured Person had no Covered Child that qualified, a Default Benefit, as shown above, will be paid to the Insured Person's designated beneficiary.

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EMERGENCY MEDICAL EVACUATION AND/OR MEDICAL REPATRIATION EXPENSE BENEFIT

Maximum Benefit Amount per Covered Accident: $5,000,000

We will pay the Covered Expenses for Emergency Medical Evacuation and/or Medical Repatriation required by the Covered Person; while He is outside His Home Country, Country of Residence, Country of Assignment following a Covered Injury or Covered Sickness if:

1. the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident or Covered Sickness that occurs while traveling from His Home with at least 100 miles distance.
2. the Covered Person's Attending Physician *or* the Covered Person's local attending Physician and the authorized travel assistance company certifies an emergency need to send the Covered Person, under medical supervision, to a different medical facility if it is determined that adequate medical treatment is not locally available.

Benefits are payable for:

1. Usual and Customary charges for medical services required for Emergency Medical Evacuation and/or Medical Repatriation to the nearest adequate medical facility; and
2. Usual and Customary charges for escort services required by the Covered Person, if He is disabled and an escort is recommended in writing by His Physician; and
3. Ambulance services to the nearest airport and air ambulance upon departure; and
4. special air transportation costs to return the Covered Person to His Home Country, Country of Residence, Country of Assignment, if His Physician recommends in writing that His condition requires a stretcher, oxygen, or other special medical arrangements; and
5. expenses above the cost of a return airfare ticket held by the Covered Person or in the absence of a ticket, the cost of an economy airfare ticket.

FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT

Maximum Benefit Amount: 100% of Principal Sum

We will pay the additional benefit shown above, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss of either an Accidental Death and Dismemberment . The Covered Loss must result directly and independently of all other causes, from a Covered Accident that occurs during a Felonious Assault or Violent Crime as described below. A police report detailing the Felonious Assault or Violent Crime must be provided before any benefits will be paid. The Covered Loss must occur while the Covered Person is on the business or premises of the Policyholder.

Felonious Assault means any willful and unlawful use of force by an individual against the Covered Person in connection with the commission, or attempted commission of robbery, theft, kidnapping, hostage taking, hijacking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where the Covered Loss occurs.

Violent Crime means violence involving force or threat of force and is one of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

Exclusions

Benefits will not be paid for any Covered Loss sustained during any:

1. Felonious Assault or Violent Crime committed by the Covered Person; or

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2. Felonious Assault or Violent Crime committed upon the Covered Person by a fellow employee.

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

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

Maximum Benefit Amount:	Up to $50,000

We will pay the additional benefit shown above, subject to all applicable conditions and exclusions, when the Covered Person suffers a Covered Loss, other than loss of life, resulting directly and independently of all other causes from a Covered Accident. We will reimburse the Covered Person for expenses incurred within one year after the date of such Covered Accident up to a maximum shown above, which is charged for:
Alterations to the Covered Person's residence that are necessary to make the residence accessible and habitable; or Modifications to a motor vehicle owned or leased by the Covered Person or modifications to a motor vehicle newly purchased for the Covered Person that are necessary to make the vehicle accessible to and/or drivable by the Covered Person.

This benefit will be payable if all of the following conditions are met.
prior to the date of the Covered Accident causing such a Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle; and as a direct result of such Covered Loss the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle; and The Covered Person requires Home alteration or vehicle modification within one year of the date of the Covered Accident.

The alterations to the Covered Person's residence and the modifications to the Covered Person's motor vehicle must be: made on behalf of the Covered Person; recommended by the physical or occupational therapist treating the Covered Person; carried out by individuals experienced in such alterations and modifications; and in compliance with any applicable laws or requirements requiring approval by the appropriate government authorities.

Only one benefit will be paid for all Covered Losses incurred as the result of the same Covered Accident.

HOSPITAL CONFINEMENT BENEFIT

Benefit Amount:	$200 per day
Maximum Benefit Period:	365 days per Hospital Confinement Hospital
Stay must begin within:	1 days of a Covered Injury

We will pay a Benefit Amount if the Covered Person requires Medically Necessary treatment in a Hospital due to a Covered Injury. The Hospital Confinement must meet all of the following:
1. be at the direction and under the care of a Physician;
2. begin within the time specified above;
3. begin while the Covered Person's insurance coverage is in force under this Policy.

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PERMANENT TOTAL DISABILITY BENEFIT

Applicable for Classes I, II and III – 100% of Principal Sum

We will pay the Principal Sum shown above if a(n) Insured Person:

1. Is injured in a Covered Accident which occurs while His coverage is in effect;
2. becomes Totally Disabled, directly and independently of disease or bodily infirmity, within 90 days of the Covered Accident;
3. continues to be Totally Disabled for 12 consecutive months; and
4. is then Permanently Totally Disabled.

However, the Principal Sum will be reduced by the amount of any benefits We have paid under the Accidental Death And Dismemberment Benefits for loss by such Insured Person from the same Covered Accident.

The Insured Person must provide proof that He is Permanently and Totally Disabled. We reserve the right, at the end of the 12 consecutive months of Permanent and Total Disability to determine, on the basis of all the facts and circumstances, that the Insured Person is Permanently and Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the Our expense.

REHABILITATION EXPENSE BENEFIT

Benefit per Covered Accident	up to $50,000

If a Covered Person suffers a Covered Loss, We will reimburse the Covered Person for expenses incurred within one year after the date of the Covered Accident causing such loss, per Covered Accident, which are charged for: physical, occupational, speech or hearing therapy, or other rehabilitation training for which measurable improvement is expected within a reasonable time; and Medically Necessary services or supplies related to rehabilitation therapy.

The therapy, training, services, or supplies must: meet generally accepted standards of medical practice; be provided in a duly licensed Rehabilitation Facility; and be provided by or under the supervision of a Physician.

Only one Rehabilitation Expense Benefit will be paid regardless of the number of Covered Losses incurred as the result of the same Covered Accident.

We will not reimburse expenses:
for which no charge would have been made if no insurance existed; in excess of the Usual and customary charges for similar services in the locality where the services are received; or as the result of a Covered Injury caused by a Covered Accident for which the Covered Person is entitled to benefits paid or payable by Workers' Compensation or other similar law.

REPATRIATION OF REMAINS BENEFIT

Maximum Benefit Amount:	$5,000,000
Benefit Period:	365 days

We underwrite opportunity.™

Everest Group, Ltd. ("Everest") is a leading global provider of reinsurance and insurance, operating for close to 50 years through subsidiaries in the U.S., Europe, Singapore, Canada, Bermuda, and other territories. Everest offers property, casualty, and specialty products through its various operating affiliates located in key markets around the world. Everest common stock (NYSE:EG) is a component of the S&P 500 index. Additional information about Everest, our people, and our products can be found on our website at www.everestglobal.com. All issuing companies may not do business in all jurisdictions.

We will pay the Covered Expenses incurred as shown above, if any, subject to all applicable conditions and exclusions, for returning a Covered Person's remains to His place of residence in His Home Country and state or to the place of burial if He dies directly and independently of all other causes from a Covered Accident or Covered Sickness outside of His home state or more than 100 miles from His place of residence.

Eligible Repatriation of Remains Expenses that are covered are: the cost of embalming or cremation; minimally necessary coffin, urn, or air tray; and preparation and transportation of the body or remains.

SEATBELT AND AIRBAG BENEFIT

Maximum Benefit Amount:	$100,000
Limited Seatbelt Benefit Amount:	$50,000
Airbag Benefit Amount	$50,000
Default Benefit	$2,000

We will pay the additional benefit shown above, subject to all applicable conditions and exclusions, if the Covered Person's death results, directly and independently of all other causes, from a Covered Accident while He is wearing a seatbelt and operating or riding as a passenger in a Private Passenger Automobile. We will also pay an additional benefit if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's or Covered Dependent's claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit shown above to the Covered Person's beneficiary.

Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.

Private Passenger Automobile means a validly registered four-wheel private passenger car, station wagon, jeep, pick-up truck, SUV, and van-type vehicle. Private Passenger Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

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GENERAL LIMITATIONS

Limitation on Multiple Benefits: If a Covered Person can recover benefits under more than one of the Benefits provided, as a result of the same Covered Accident, We will pay only one benefit, the largest benefit.

Limitation on Multiple Covered Activities: If a Covered Person suffers a Covered Loss while participating in more than one Covered Activity, We will pay only one benefit, the largest benefit.

GENERAL EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction, or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Insured Person or Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps.

Travel Assistance Services

Please note: the policyholder has a service agreement with International SOS:
All charges incurred must be medically necessary and authorized in advance by the Insuring Company or its agent, ISOS. Questions regarding Medical payments should be directed to Intl.SOS at:

Philadelphia +1.215.942.8226
London +44.20.8762.8008
Singapore +65.6338.7800
Sydney +61.2.9372.2468

Any travel assistance services such as medical or security evacuation or repatriation must be authorized by the assistance services provider, Intl.SOS.

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