

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Hartford Plaza
Hartford, Connecticut
(A stock insurance company)



Will pay benefits according to the conditions of this policy.

Policyholder Name: University Of Arkansas System

Policyholder Address: 2404 N. University
Little Rock, AR 72207

Policy Number: ETB-110029*

Place of Delivery: Little Rock, AR

Policy Effective Date: January 1, 2018

Policy Expiration Date: January 1, 2021

TABLE OF CONTENTS

Schedule
Participating Firms (if any)
Contract Provisions
Definitions
Determination of Individual Coverage
Exclusions
Hazards
Benefits
Claims
Riders (if any)

***This policy replaces the prior policy bearing the above number as of the effective date of this policy.**

Signed for the Company

Terence Shields, Secretary

Michael Concannon, Executive Vice President

Form 7679 A2

SCHEDULE

ELIGIBLE PERSONS

<u>Class</u>	<u>Description</u>
1	All active employees and Directors of the Policyholder domiciled in the US.
2	All Guests of the Policyholder.

Form 7679 B6

BENEFIT DESCRIPTION:

ADD means Accidental Death and Dismemberment Benefit

Loss Period: 365 days

For residents of Pennsylvania, the 365 days loss period is not applicable for loss of life only.

REHAB means Rehabilitation Benefit.

Loss Period: 365 days

SBLTAB means Seat Belt and Airbag Benefit.

COMA means Coma Benefit.

Waiting Period: 30 days

THERP means Therapeutic Counseling Benefit.

AHV means Adaptive Home and Vehicle Benefit.

BCB means Bereavement Counseling Benefit.

HAZARDS, BENEFITS, AND AMOUNTS

Class	Hazard	Benefit	Amount	
1	C-12, C-41, C-46C, C-57	ADD	\$100,000	
		AHV	10% of Principal Sum to a Maximum of \$25,000.	
		BCB	See Benefit Page	
		COMA	See ADD amount	
		REHAB	10% of Principal Sum to a Maximum of \$25,000.	
		SBLTAB		
		SBLT	10% of Principal Sum to a Maximum of \$25,000	
		AB	5% of Principal Sum to a Maximum of \$10,000	
		THERP	10% of Principal Sum to a Maximum of \$25,000.	
		C-18	ADD	\$100,000
	AHV		10% of Principal Sum to a Maximum of \$25,000.	
	BCB		See Benefit Page	
	COMA		See ADD amount	
	REHAB		10% of Principal Sum to a Maximum of \$25,000.	
	C-12B, C-55B	THERP	10% of Principal Sum to a Maximum of \$25,000.	
ADD		\$50,000 – Spouse \$25,000 – Each Child		
2		C-18	ADD	\$100,000
			AHV	10% of Principal Sum to a Maximum of \$25,000.
			BCB	See Benefit Page
	COMA		See ADD amount	
	REHAB		10% of Principal Sum to a Maximum of \$25,000.	
C-12B, C-55B	THERP	10% of Principal Sum to a Maximum of \$25,000.		
	ADD	\$50,000 – Spouse \$25,000 – Each Child		

Accidental Death and Dismemberment Reduction on and after Age 70: On the date of the Insured Person's attainment of ages 70, 75, 80, and 85, the Insured Person's amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum shown in the Schedule and applicable to the Insured Person by the percentage shown below for his or her attained age:

Insured Person's Age:	Percentage of Principal Sum:
Age 70 – 74	65%
Age 75 – 79	45%
Age 80 – 84	30%
Age 85 or over	15%

Insured Persons age 70 or over will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for his or her attained age.

AGGREGATE LIMITATION:

Hazard:	Aggregate Amount:
All	\$3,000,000

\$3,000,000 shall be the total limit of the Company's liability for all benefits payable under this policy because of injury sustained due to any one accident.

Form 7679 B7

POLICY PREMIUMS:

Premium Not Subject To Audit:	\$19,088
Premium Subject To Audit:	<u>\$ 0</u>
Total Premium For Policy Period:	\$19,088

Total Premium Payable on Effective Date

Form 7679 B8

PARTICIPATING FIRMS

Participating Firm means a firm named below.

Alma-Kilber Vegetable Substation, Archaeological Survey Station, ASMSA- Hot Springs, AR, Batesville Livestock Forestry Station, Cammack Campus, CCUA - Cossatot, AR, Clarkedale Delta Branch Station, Clarksville Fruit Station, Clinton School - Little Rock, AR, Colt Pine Tree Station, Cooperative Extension Services - LR & Lonoke, Cotton Branch Station - Marianna, Criminal Justice Institute, Garvan Woodland Gardens, Hope S.W. Research & Extension Center, Keiser N.E. Research & Extension Center, Marianna Soil Test Lab, Newport Beef Substation, PCCUA - Dewitt, AR, PCCUA - Helena, AR, PCCUA - Stuttgart, AR, Rohwer Southeast Branch Station, Stuttgart Research & Extension Center, UACCB - Batesville, AR, UACCH - Hope, AR, UACCM - Morrilton, AR, UAF - Fayetteville, AR, UAF - Fayetteville, AR (main Experiment Farm), UALR - Little Rock, AR, UAM - Monticello, AR, UAMS - Headstart, UAMS - Kids First Program, UAMS - Little Rock, AR, UAPB - Pine Bluff, AR, UAPB Agri Experiment Station - Pine Bluff, AR, UAPB Lonoke Farm - Lonoke, AR, UAPB Marianna Farm - Marianna, AR, WRI - Winthrop Rockefeller Institute, Morrilton, AR

If during the term of the policy, the Policyholder acquires a Subsidiary, it will become a Participating Firm on the date of acquisition, provided the Policyholder has:

- a) reported the name of the firm to us along with sufficient information to calculate premium;
- b) paid the required premium for the firm's coverage;

within 60 days of the date of acquisition. Failure to meet these conditions of the acquisition will void the firm's coverage.

The Policyholder will act for and on behalf of each Participating Firm in all matters concerning this policy. Every:

- a) act of the Policyholder;
- b) agreement made between the Policyholder and us; or
- c) notice given by us to, or to us by, the Policyholder;

is binding on each Participating Firm.

Each reference in this policy to a relationship between the Policyholder and its Eligible Persons, includes the same relationship between each Participating Firm and its Eligible Persons, except where this policy describes specific differences.

Persons associated with a Participating Firm will:

- a) become Eligible Persons only after the Firm qualifies; or
- b) cease to be Eligible Persons after the Firm ceases to qualify as a Participating Firm.

Subsidiary means any subsidiary, associated or affiliated company the Policyholder owns or controls through stock, contract, or other means. A subsidiary will cease to be a Participating Firm on the date the Policyholder no longer owns or controls it.

If the coverage terminates, the Policyholder will pay us the pro-rata premium earned for coverage during the period preceding the termination. Termination of coverage will be without prejudice to any claim originating prior to the termination.

Form 7679 C6

CONTRACT PROVISIONS

Entire Contract: The entire contract between the Policyholder and us consists of this policy, any individual applications, and any papers made a part of this policy at issue.

Changes: No agent has authority to change or waive any part of this policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this policy.

Interpretation of Policy Terms and Conditions: We have full discretion and authority to determine eligibility for the benefits and to construe and interpret all terms and provisions of this policy.

Time Periods: All periods begin and end at 12:01 A.M., Standard Time at the place where this policy is delivered.

Certificates: We will give certificates to:

- a) the Policyholder; or
 - b) any other person according to a mutual agreement among the other person, the Policyholder and us;
- for delivery to Insured Persons.

The certificates will state the features of this policy which are important to Insured Persons.

Conformity with State Statutes: On the Policy Effective Date, any part of the policy which is in conflict with a statute of the state in which the policy is:

- a) delivered; or
- b) issued for delivery;

is hereby amended to agree with the statute's minimum requirements.

Data Furnished by Policyholder: The Policyholder will, upon our request, give us:

- a) the names of all persons initially eligible;
- b) the names of all additional persons who become eligible;
- c) the names of all persons whose amount of Principal Sum is to be changed;
- d) the names of all persons whose insurance is canceled; and
- e) any data necessary to calculate premiums.

The Policyholder's failure to report a person's termination of insurance does not continue the coverage beyond the date of termination.

The Policyholder, with our approval, may keep the important insurance records on all Insured Persons. The Policyholder must give us information, when and in the manner we ask, to administer the insurance provided by this policy.

The Policyholder's insurance records will be open for our inspection at any reasonable time.

Form 7679 D4

CONTRACT PROVISIONS (Continued)

Cancellation: This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:

- a) the date stated in the notice; or
- b) the 31st day after we mail or deliver the notice.

If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
- b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not affect any claim for loss due to an accident which occurs before the effective date of the cancellation.

Not in Lieu of Workers' Compensation: This policy does not satisfy any requirement for workers' compensation insurance.

Form 7679 D4 (CONT.)

CONTRACT PROVISIONS (Continued)

Policy Period: This Policy becomes effective on the Policy Effective Date and continues in force to the end of the period for which premium was paid unless cancelled at an earlier date. This Policy terminates on the earlier of:

- a) the Policy Expiration Date unless continued in force in accordance with the Renewal Provision; or
- b) the last day of the period for which premium has been paid subject to the Grace Period.

The Policy Effective Date and Policy Expiration Date are shown:

- a) on page 1 for the original Policy Period; and
- b) in a Renewal Rider for any Renewal Policy Period.

Renewal: We will send the Policyholder a notice of policy renewal. The Policy will be renewed if the Policyholder signs and returns the notice prior to the current Expiration Date. If the Policyholder does not receive the notice, the policy may be renewed if we receive a written request from the Policyholder and a deposit renewal premium of \$350 on or before the current Expiration Date. Once we have received the deposit renewal premium, we will request information from the Policyholder necessary to calculate the actual renewal premium and either return any excess premium or bill the Policyholder for the remaining unpaid renewal premium.

However, in no event will this policy be renewed if:

- a) we have refused to renew this policy on or before the current Expiration Date;
- b) this policy has been cancelled on or before the current Expiration Date; and
- c) the Policyholder does not give us, in advance of the current Expiration Date, the information we request.

Premium Due Dates: Each Premium is due in advance of the date the Schedule states that it is payable. If the Schedule shows an amount for Premium Subject To Audit, the earned premium will be calculated for each date on which the Policyholder is required to furnish data for determining Units of Exposure. If the earned Premium:

- a) is greater than the premium paid, the additional premium is payable on the date we notify the Policyholder of the amount;
- b) is less than the premium paid, we will promptly return the unearned portion of the premium paid.

Grace Period: A Grace Period of 31 days is allowed for payment of each premium due after the initial premium, unless this policy is cancelled on or before the due date. If the Policyholder has returned the notice of renewal prior to the Policy Expiration Date, a Grace Period of 31 days from the Policy Expiration Date is allowed for payment of the renewal premium. This policy will continue in force during the Grace Period. The Policyholder is liable to us for the payment of Premium accruing for the period this policy continues in force.

Payment: Premiums are to be paid to us by the Policyholder. However, they may be paid to us by any other person according to a mutual agreement among the other person, the Policyholder and us.

Change of Premiums: We have the right to change the rate at which Premiums will be calculated for each Policy Period.

Form 7679 D2 (Rev.-1)

DEFINITIONS

Each term listed, when used in this policy, has the following meaning:

We, us, or our means the insurance company named on page 1.

You, Your, or Insured Person means an Eligible Person while he or she is covered under this policy.

Injury means, and an Insured Person is covered for, bodily injury resulting directly and independently of all other causes from accident which occurs:

- a) while he or she is covered under; and
- b) in the manner specified in;

a Hazard applicable to his or her class.

Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- b) medical or surgical treatment of a sickness or disease.

is not considered as resulting from injury.

Business Trip means a bona fide trip:

- a) while on assignment or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder;
- b) which begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip;
- c) which ends when he or she returns to his or her residence or place of regular employment, whichever first occurs; and
- d) excluding travel to and from work, bona fide leaves of absence and vacations.

Trip means a trip which:

- a) begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and
- b) ends when he or she returns to his or her residence or place of regular employment, whichever first occurs.

Passenger means a person who is not:

- a) the operator or driver; or
- b) the pilot, student pilot, or a crewmember;

of a conveyance at the time of accident.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

Form 7679 E1

DEFINITIONS

Civil Aircraft means a civil or public aircraft which:

- a) has an Airworthiness Certificate;
- b) is piloted by a person who has:
 - 1) a current pilot certificate with the appropriate aircraft category rating for that aircraft; and
 - 2) a current medical certificate which is appropriate for the operation of that aircraft; and
- c) is not operated by the militia, or armed forces of any state, national government or international authority.

Scheduled Aircraft means a Civil Aircraft operated by a scheduled airline which:

- a) is licensed by the FAA for the transportation of passengers for hire; and
- b) publishes its flight schedules and fares for regular passenger service.

Military Transport Aircraft means a transport aircraft operated by:

- a) the United States Air Mobility Command (AMC); or
- b) a national military air transport service of any country.

Policyholder Aircraft means an aircraft which is owned, leased, or operated by or on behalf of the Policyholder.

Airworthiness Certificate means a valid and current "Standard Airworthiness Certificate" issued by the FAA.

FAA means:

- a) the Federal Aviation Administration of the United States; or
- b) the similar aviation authority for the country of the aircraft's registry, if the country is recognized by the United States.

Extra-Hazardous Aviation Activity means an aircraft while it is being used for one or more of the following activities:

- | | |
|-------------------------------|-------------------------------------|
| Acrobatics or Stunt Flying | Aerial Photography or Banner Towing |
| Racing or any Endurance Test | Any Test or Experiment |
| Crop Dusting or Seeding | Firefighting |
| Spraying | Any flight which requires: |
| Exploration | a) a special permit; or |
| Pipe or Power Line Inspection | b) waiver; |
| Any Form of Hunting | from the FAA, even though granted. |
| Bird or Fowl Herding | |

Form 7679 E2

DETERMINATION OF INDIVIDUAL COVERAGE

Effective Date: Each Eligible Person becomes an Insured Person on the later of:

- a) the Policy Effective Date; or
- b) the date he or she enters a Class of Eligible Persons.

Termination: Coverage of each Insured Person terminates on the earlier of:

- a) the date this policy terminates; or
- b) the date he or she does not qualify in any Class of Eligible Person.

Termination will not affect any claim for loss due to an accident which occurs before the effective date of the termination.

The Policyholder's failure to report that a person ceased to qualify in a Class of Eligible Persons will not continue coverage in that Class beyond the date he or she ceased to qualify.

Hazards and Benefits Determined By Class: Each Insured Person is covered under the Hazard and for the Benefits applicable to the Class in which he or she qualifies:

- a) beginning on the date he or she enters the Class; and
- b) ending on the date he or she leaves the Class.

If an Insured Person qualifies in more than one Class on the date of accident, he or she will be considered to qualify in the one Class with the largest Benefit Amount.

Form 7679 F1

EXCLUSIONS AND AGGREGATE LIMITATION

Exclusions: This policy does not cover any loss resulting from:

- 1) intentionally self-inflicted Injury, suicide or attempted suicide whether sane or insane, (in Missouri, while sane);
- 2) war or act of war, whether declared or undeclared;
- 3) Injury sustained while in the armed forces of any country or international authority;
- 4) Injury sustained while on any aircraft, unless, and only to the extent, a Hazard specifically describes such coverage;
- 5) Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
- 6) Injury sustained while committing or attempting to commit a felony.

Aggregate Limitation: If:

- a) two or more persons, in the same or different classes, are injured as the result of any one accident which occurs in the manner specified in the Hazard(s) identified in the Schedule; and
- b) the total of all amounts payable for all persons, in the absence of this provision, exceeds the Aggregate Amount shown opposite the Hazard;

the amount for each person will be proportionately reduced so that the total will equal the Aggregate Amount.

Form 7679 G6

HAZARD C-12
24-Hour Coverage
Business Trip

Coverage: This Hazard covers injury resulting from an accident which occurs anywhere in the world during a Business Trip, including:

- a) an injury resulting from an accident which occurs while the Insured Person is a passenger on, boarding or alighting from a Civil Aircraft or Military Transport Aircraft; or
- b) injury resulting from being struck by an aircraft.

Exclusions: This Hazard does not cover injury resulting from an accident which occurs while the Insured Person is on, boarding, or alighting from:

- a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or
- b) a Policyholder Aircraft.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-12 (Rev.-1)

HAZARD C-12B
24-Hour Coverage
Business Trip – Insured Person's Spouse and Child(ren)

Coverage: This Hazard covers Injury to the Insured Person's Spouse and Child(ren) resulting from an accident which occurs anywhere in the world while the Insured Person's Spouse and Child(ren) are accompanying the Insured Person on his or her Business Trip, including:

- a) an Injury resulting from an accident which occurs while the Insured Person's Spouse and Child(ren) are a passenger on, boarding, or alighting from a Civil Aircraft or Military Transport Aircraft; or
- b) injury resulting from being struck by an aircraft.

Spouse means the Insured Person's wife or husband who is not legally separated or divorced from the Insured Person at the date of the accident. Spouse will include the Insured Person's domestic partner, provided they have executed a Domestic Partner Affidavit acceptable to us, establishing that the Insured and their partner are domestic partners for purposes of this Policy. They will continue to be considered domestic partners provided they continue to meet the requirements described in the Domestic Partner Affidavit. Spouse, with respect to California or Oregon residents only, will include an individual who is in a registered domestic partnership with the Insured Person in accordance with that state's law. Reference to the Insured Person's marriage or divorce shall include his or her registered domestic partnership or dissolution of his or her registered domestic partnership.

Child(ren), as used in this benefit, mean(s) the Insured Person's unmarried child, stepchild, legally adopted child, child in the process of adoption, foster child or any other child related to them by blood or marriage or domestic partnership who:

- a) live with the Insured Person in a regular parent-child relationship; and/or
- b) the Insured Person claimed as a dependent on their last filed federal income tax return; provided such children are primarily dependent upon the Insured Person for financial support and maintenance and are under age 26; or age 26 or older and disabled. Such children must have become disabled before attaining age 26. The Insured Person must submit proof, satisfactory to Us, of such children's disability.

Exclusions: This Hazard does not cover Injury resulting from an accident which occurs while the Insured Person's Spouse and Child(ren) are on, boarding, or alighting from:

- a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or
- b) a Policyholder Aircraft.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-12B

HAZARD C-18
Specified Aircraft Coverage
Trip

Coverage: This Hazard covers injury resulting from accident which occurs anywhere in the world while the Insured Person is on a Trip as a passenger on, boarding or alighting from, or being struck by a an aircraft which is operated at the time with consent of the Policyholder by the Policyholder and which aircraft is being operated at the time with the consent of the Policyholder and piloted by a qualified pilot, holding a current and valid certificate of competency of a rating authorizing him or her to pilot this aircraft and who has logged a minimum of 1000 hours as a pilot, at least 500 hours of which were logged in a single or multi-engine aircraft of like and basic design.

Exclusions: This Hazard does not cover injury resulting from accident which occurs while the above aircraft is:

- a) carrying passengers for hire; or
- b) engaged in an Extra Hazardous Aviation Activity.

Refer to the Policy Modifications, Definitions, and Exclusions section for modifications, limitations, and exclusions affecting this coverage.

Form 7679 H-18

HAZARD C-41
Commutation Coverage

Coverage: This Hazard covers injury resulting from accident which occurs while the Insured Person is commuting directly between his or her residence and place of regular employment:

- a) by automobile or other conveyance not normally used by the Insured Person for commuting; and
- b) during a strike, power failure, major breakdown or similar event which results in the discontinuance or interruption of one or more public transportation systems regularly used by the Insured Person;

on a regularly scheduled workday.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-41

HAZARD C-46C
Hijacking
Business Trip

Coverage: This Hazard covers Injury resulting from an accident which occurs during a Hijacking anywhere in the world while the Insured Person is on a Business Trip.

Coverage of an Insured Person who is Hijacked shall continue while he or she is subject to the control of the hijacker(s) and during travel directly to his or her residence or original destination.

Hijacking means unlawful seizure or wrongful exercise of control of an aircraft or other conveyance, or the crew thereof, in which the Insured Person is traveling as a Passenger.

Refer to the Policy Modifications, Definitions and Exclusions sections for further modifications, limitations and exclusions affecting this coverage.

Form 7679 H-46 C

HAZARD C-55B
Relocation Coverage
Insured Person's Spouse and Children

Coverage: This Hazard covers Injury to the Insured Person's Spouse and Child(ren) resulting from an accident which occurs anywhere in the world while the Insured Person's Spouse and Child(ren) are on a Relocation Trip.

Relocation Trip means a Trip which begins when:

- a) the Insured Person's Spouse and Child(ren) leave his or her former place of residence for the purpose of relocating to a new residence; and
 - b) ends when the Insured Person's Spouse and Child(ren) arrive at his or her new place of residence;
- provided such trip is due to the Insured Person's relocation which is at the request and expense of the Policyholder.

A Relocation Trip will not include any period of time in excess of 7 days of the Relocation Trip during which the Insured Person's Spouse and Child(ren) take a personal trip, vacation or sojourn.

Spouse means the Insured Person's wife or husband who is not legally separated or divorced from the Insured Person at the time of the accident. Spouse will include the Insured Person's domestic partner, provided they have executed a Domestic Partner Affidavit acceptable to us, establishing that the Insured and their partner are domestic partners for purposes of this Policy. They will continue to be considered domestic partners provided they continue to meet the requirements described in the Domestic Partner Affidavit. Spouse, with respect to California or Oregon residents only, will include an individual who is in a registered domestic partnership with the Insured Person in accordance with that state's law. Reference to the Insured Person's marriage or divorce shall include his or her registered domestic partnership or dissolution of his or her registered domestic partnership.

Child(ren), as used in this benefit, mean(s) the Insured Person's unmarried child, stepchild, legally adopted child, child in the process of adoption, foster child or any other child related to them by blood or marriage or domestic partnership who:

- a) live with the Insured Person in a regular parent-child relationship; and/or
- b) the Insured Person claimed as a dependent on their last filed federal income tax return; provided such children are primarily dependent upon the Insured Person for financial support and maintenance and are under age 26; or age 26 or older and disabled. Such children must have become disabled before attaining age 26. The Insured Person must submit proof, satisfactory to Us, of such children's disability.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage. The Benefit Amount is stated in the Schedule.

Form 7679 H-55B

HAZARD C-57
Sojourn or Personal Deviation
Business Trip

Coverage: This Hazard covers injury resulting from an accident which occurs anywhere in the world during a Sojourn or Personal Deviation from a covered Business Trip.

Sojourn or Personal Deviation from a Business Trip means personal trips taken by the Insured Person:

- a) during a Business Trip; and
- b) which are not assignments from or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder; and
- c) which do not exceed a total of 7 days.

Exclusions: This Hazard does not cover injury resulting from an accident which occurs while the Insured Person is on, boarding, or alighting from an aircraft engaged in an Extra-Hazardous Aviation Activity.

Refer to the Policy Modifications, Definitions, and Exclusions sections for modifications, limitations, and exclusions affecting this coverage.

Form 7679 H-57

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If an Insured Person's injury results in any of the following losses within the Loss Period after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for all losses due to the same accident.

The amount of the Principal Sum and the Loss Period are determined in the Schedule.

For Loss of:

Life.....	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	The Principal Sum
One Hand and One Foot.....	The Principal Sum
Speech and Hearing.....	The Principal Sum
Either Hand or Foot and Sight of One Eye.....	The Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....	The Principal Sum
Movement of Both Lower Limbs (Paraplegia).....	Three Quarters The Principal Sum
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	One Half The Principal Sum
Either Hand or Foot.....	One Half The Principal Sum
Sight of One Eye.....	One Half The Principal Sum
Speech or Hearing.....	One Half The Principal Sum
Thumb and Index Finger of Either Hand.....	One Quarter The Principal Sum

Loss means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, speech or hearing, entire and irrecoverable loss thereof;
- c) thumb and index finger, actual severance through or above the metacarpophalangeal joints.
- d) movement of limbs, complete and irreversible paralysis of such limbs.

EXPOSURE

Exposure to the elements will be presumed to be injury if:

- a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which an Insured Person was an occupant at the time of the accident; and
- b) this policy would have covered injury resulting from the accident.

DISAPPEARANCE

An Insured Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) this policy would have covered injury resulting from the accident.

Form 7679 J3

SEAT BELT AND AIR BAG BENEFIT

If an Insured Person's Injury results in a covered Loss under the Accidental Death and Dismemberment Benefit while:

- a) a passenger riding in; or
- b) the licensed operator of;

an Automobile, and at the time of the accident he or she was properly wearing a Seat Belt as verified on the police report, then the amount of the Principal Sum will be increased by a Percentage of the Principal Sum to a Maximum Amount.

If the above Seat Belt is payable, we will pay an additional Percentage of the Principal Sum to a Maximum Amount as a Air Bag Benefit if:

- a) the Insured Person was positioned in a seat that was equipped with a factory installed Air Bag;
- b) the Insured Person was properly strapped in the Seat Belt when the Air Bag inflated; and
- c) the police report establishes that the Air Bag inflated properly upon impact.

Air Bag means an inflatable supplemental passive restraint system installed by the manufacturer of the Automobile, or proper replacement parts as required by the Automobile manufacturer's specifications that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.

Automobile means a duly registered, four-wheeled, private passenger: car, pick-up truck, van, self-propelled motor home or sport utility vehicle which is not being used as a Common Carrier.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

Seat Belt means:

- a) an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Automobile, or proper replacement parts as required by the automobile manufacturer's specifications; or
- b) a child restraint device that meets the standards of the National Safety Council and is properly secured and utilized in accordance with applicable state law and the recommendations of its manufacturer for children of like age and weight.

Exclusions: This Benefit does not cover any loss if the Insured Person:

- a) is under the influence of any intoxicant, excitant, hallucinogen, or any narcotic or other drug, or similar substance as verified in the police accident report (unless administered under the advice of a physician); and
- b) is operating the Automobile.

The Percentage of Principal Sum and Maximum Amount for the Seat Belt Benefit Amount and the Air Bag Benefit are shown in the Schedule.

Form J6 Rev.-1

REHABILITATION BENEFIT

If an Insured Person's injury results in any loss payable under this policy, other than loss of life, within the Loss Period after the date of accident, we will pay a benefit equal to the lesser of:

- a) the Expense Incurred for Rehabilitative Training;
- b) a Percentage of the Insured Person's Principal Sum; or
- c) the Maximum Amount;

for Rehabilitative Training.

The expense must be incurred within 2 years of the date of accident.

The Loss Period, the Percentage of Principal Sum and the Maximum Amount are shown in the Schedule.

Rehabilitative Training means any training which:

- a) is required due to the Insured Person's injury;
- b) prepares the Insured Person for an occupation in which he or she would not have engaged except for the injury.

Expense Incurred means the actual cost:

- a) of the training; and
- b) of the materials needed for the training.

Form 7679 R1

ADAPTIVE HOME AND VEHICLE BENEFIT

If the Insured Person's Injury results in a covered Loss, other than Loss of life, and a benefit is payable under the Accidental Death and Dismemberment Benefit, we will pay the lesser of:

- a) a percentage of the Principal Sum; or
- b) the actual cost;

for the one-time cost of alterations incurred within two years from the date of the accident to the Insured Person's:

- a) principal residence; and/or
- b) private automobile;

to make the residence accessible or the private automobile drivable or rideable for the Insured Person. In no event will payment under this benefit exceed the Maximum Amount for this Benefit.

The Percentage of Principal Sum and Maximum Amount are shown in the Schedule.

The benefit will be payable only if:

- a) such home alterations are:
 - i) made by a person or persons with experience in such alterations; and
 - ii) recommended by a recognized organization associated with the Loss; and
- b) such vehicle alterations are:
 - i) carried out by a person or persons with experience in such matters;
 - ii) approved by the Motor Vehicle Department.

Private Automobile means a four wheeled, private passenger car: station wagon, pick-up truck, van or jeep-type automobile which is not being used as a conveyance which is organized and licensed for the transportation of passengers.

Form 7679 R3

COMA BENEFIT

If, as the result of an Injury, an Insured Person:

- a) becomes Comatose within 31 days from the accident; and
- b) remains continuously Comatose for at least the number of days shown as the Waiting Period;

we will pay 1% of the Comatose Maximum Benefit Amount for each month after the Waiting Period that he or she remains in a Coma.

Payment will cease on the earliest to occur of:

- 1) the end of the month in which the Insured Person dies;
- 2) the end of the month in which the Insured Person recovers from the Coma; or
- 3) when the total payment equals the Comatose Maximum Benefit Amount.

The Comatose Maximum Benefit Amount equals the Principal Sum less all other payments under the Accidental Death and Dismemberment Benefit for the Injury.

Coma means complete and continuous:

- a) unconsciousness; and
- b) inability to respond to external or internal stimuli.

The amount of the Principal Sum and the Waiting Period are shown in the Schedule.

Form 7679 U1

THERAPEUTIC COUNSELING BENEFIT

If an Insured Person:

- a) incurs a loss, other than loss of Life, under the Accidental Death and Dismemberment Benefit; and
- b) within 90 days requires Therapeutic Counseling due to the loss;

we will pay the lesser of:

- a) the Reasonable Expenses incurred for Therapeutic Counseling which are in excess of any other Plan;
- b) a Percentage of the Insured Person's Principal Sum; or
- c) the Maximum Amount.

The Therapeutic Counseling services must be incurred within one year from the date of the loss.

Therapeutic Counseling means treatment or counseling provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Therapeutic Counseling in the local area where received by the Insured Person.

For purposes of this benefit, we reserve the right to determine Reasonable Expenses. An Expense is considered to be incurred on the date the Therapeutic Counseling is rendered.

Plan means:

- a) group, blanket or franchise health insurance;
- b) group hospital, medical service or pre-payment plan;
- c) labor-management trustee, union welfare, employer organization or employee benefit organization plan;
- d) governmental program or coverage required or provided by any statute except Medicare;
- e) automobile insurance medical payments benefit or automobile reparations insurance (no-fault);
- f) Workers' Compensation or similar law.

The Maximum Amount, Percent and Principal Sum are shown in the Schedule.

Form 7679 X1

BEREAVEMENT COUNSELING BENEFIT

If a Principal Sum is payable under this Policy for an Insured Person's loss of life, we will pay for the expenses incurred by his or her Dependent Spouse and Child(ren) for Bereavement Counseling up to:

- a) \$100 per visit;
- b) a maximum amount of \$500 Per Covered Person per accident.

Expenses for Bereavement Counseling must be first incurred by the Insured Person's Dependent Spouse and Child(ren) within 90 days after the date of the Insured Person's death.

Proof of Bereavement Counseling expenses must be given to Us within one year after the date of the Insured Person's death.

Bereavement Counseling means treatment or counseling for the grief reaction resulting from the Insured Person's Loss of life. Counseling must be provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.

Spouse means the Insured Person's wife or husband who is not legally separated or divorced from the Insured Person at the date of the accident.

Child(ren), as used in this benefit, mean(s) the Insured Person's unmarried child, unmarried grandchild in the legal custody of and residing with the Insured Person, stepchild, legally adopted child from the date of placement in the home of the Insured Person, or foster child who is:

- a) under the age of 26; and
- b) primarily dependent on the Insured Person for support and maintenance.

Form 7679 Y1 Rev.-1

CLAIMS

Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary, or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent.

Claim Forms: When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us.

Proof of Loss: Proof of loss must be sent to us in writing within 90 days after:

- a) the end of a period of our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year from the date proof of loss is due, unless the claimant is legally incapacitated.

Time of Claim Payment: We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately, but not more than 60 days, after we receive the proof of loss.

Payment of Claims: We will pay any benefit due for loss of the Insured Person's life:

- a) according to the beneficiary designation in effect at the time of his or her death; otherwise
- b) if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at the time of the Insured Person's death; or
- c) to the survivors, in equal shares, in the first of the following classes to have a survivor at the Insured Person's death:
 - 1) spouse,
 - 2) children,
 - 3) parents,
 - 4) brothers and sisters.

If there is no survivor in these classes, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

Form 7679 Z2b

If a benefit due is payable to:

- a) the Insured Person's estate; or
 - b) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;
- we may pay up to \$1,000 (\$3,000 for residents of Florida) of the benefit due to some other person.

The other person will be someone related to the Insured Person or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

Appealing Denial of Claims: If a claim for benefits is wholly or partially denied, notice of the decision shall be furnished to the Insured Person within 45 days. This written decision will:

- a) give the specific reason or reasons for denial;
- b) make specific reference to policy provisions on which the denial is based;
- c) provide a description of any additional information necessary to prepare the claim and an explanation of why it is necessary;
- d) provide an explanation of the review procedure; and
- e) state what portions of the claim is being disputed and return the uncontested amount within 60 days.

On any denied claim, an Insured Person or his representative may appeal to Us for a full and fair review. The claimant may:

- a) request a review upon written application within 60 days of receipt of claim denial;
- b) review pertinent documents; and
- c) submit issues and comments in writing.

We will make a decision no more than 90 days after receipt of the request for review. The written decision will include specific reasons for the decision on which the decision is based.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense:

- a) to have the Insured Person who has a loss examined by a physician when and as often as is reasonably necessary; and
- b) in case of death to make an autopsy, where it is not forbidden by law.

Legal Actions: You cannot take legal action against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years (6 years for residents of South Carolina) following the date proof of loss is due (for Florida residents, after the expiration of the applicable statute of limitations following the date proof of loss is due).

Naming a Beneficiary: The Insured Person may name a beneficiary or change a revocably named beneficiary by giving your written request to the Policyholder. His or her request takes effect on the date you execute it, regardless of whether he or she is living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received his or her request.

Assignment: We will recognize any assignment the Insured Person makes under this policy, provided:

- a) it is duly executed; and
- b) a copy is on file with us.

We and the Policyholder assume no responsibility for the validity or effect of an assignment.

Form 7679 Z3a



WAR RISK RIDER #1

This rider forms a part of Policy Number ETB-110029 issued to University Of Arkansas System and all certificates of insurance furnished in connection with the Policy.

This rider is effective from January 1, 2018 to January 1, 2019.

The Policy and all certificates are hereby amended in the following manner:

1. This rider applies to all hazard(s).
2. In consideration of a Minimum Deposit Premium of \$1,500 per year, which is included in the Policy Premium, War Risk Coverage is added to the Policy.
3. The EXCLUSION for loss resulting from "war or act of war, whether declared or undeclared" is deleted in its entirety and is replaced with the following:

The Policy does not cover loss resulting from war or act of war, whether declared or undeclared, occurring within the geographical limits, the territorial waters, or the airspace above:

- a) the United States, Canada; and
- b) any country of which the Insured Person is a Permanent Resident.

Permanent Resident means a person who is:

- a) a resident of; or
- b) regularly employed in;
a country for 3 months or longer.

4. If warlike conditions develop or increase in any country worldwide, we reserve the right to exclude any country from war risk coverage or charge additional premium subject to the Policyholder providing us with the requested exposure data. Any change will not be effective until the 11th day following the date we send notice to the Policyholder.
5. Cancellation: The Policyholder may cancel this war risk coverage at any time by sending us written notice to our Home Office. Cancellation will become effective on the later of the date of receipt or the date requested.

We may cancel this coverage at any time by sending written notice to the Policyholder at least 10 days prior to the effective date of cancellation.

In all other respects, the policy and certificates remain the same.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut

Terence Shields, Secretary

Michael Concannon, Executive Vice President

Form PA-8766 (HLA)

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer 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 policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member 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.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("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 the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance Companies or their agents are required by law to provide 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 Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

Form HL-13859-1

Arkansas

Printed in U.S.A.

COVERAGE

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

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **NOT** protected by the Guaranty 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 or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends and voting rights and experience rating credits;
- credits given in connection with the administration of a policy by 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 contractholders, not individuals);
- unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay maximum of \$300,000 in life and annuity benefits and \$500,000 in health insurance benefits - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within these overall limits, the Association will not pay more than \$300,000 in disability and long term care benefits. \$500,000 in health insurance benefits. \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Form HL-13859-1

Arkansas

Printed in U.S.A.