



# Williams College

Business Travel Accidental Death & Dismemberment Insurance • GTU 0207459

The following is a brief description of the Business Travel Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this Plan, please see the policy. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

## Eligibility and Benefit Amounts

- Class I:** All Employees of the policyholder excluding those in Class II as well as excluding Truck Drivers while performing their duties as such.  
**Class I Benefit Amount:** Three (3) times your **Base Annual Earnings\*** to a maximum of \$1,000,000.
- Class II:** All U.S. Expatriates of the policyholder.  
**Class II Benefit Amount:** Three (3) times your **Base Annual Earnings\*** to a maximum of \$1,000,000
- Class III:** Spouses/Domestic Partners/Dependent Child(ren) of Class I.  
**Class III Benefit Amount:** \$25,000
- Class IV:** Spouses/Domestic Partners/Dependent Child(ren) of Class II.  
**Class IV Benefit Amount:** \$25,000
- Class V:** All Students of the policyholder.  
**Class V Benefit Amount:** \$25,000.
- Class VI:** Direct family members, which are not Dependents, who are accompanying a Class I, or Class II Insured on a business trip.  
**Class VI Benefit Amount:** \$25,000

## Description of Coverage

24 Hour Accident Protection, Business & Pleasure,  
Excluding Corporate Owned or Leased Aircraft, Passenger and Crew, H-1

**Class II and Class IV Only:** This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

24 Hour Accident Protection, While on Business Trip  
Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-2

**Class I Only:** This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any covered accident incurred while on the business of the employer during the course of a business trip, including certain accidents while traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

24 Hour Accident Protection, While on a Specified Trip  
Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-3

This plan offers protection against any covered accident incurred during a specified trip to:

**Class III and Class IV:**

While accompanying an employee on a business trip, or relocation for business purposes.

**Class V:**

While participating in **Policyholder** sponsored trips outside the U.S., including travel to and from destination.

**Class VI:**

While accompanying a **Class I** or **Class II Insured** on a business trip.

Coverage, subject to limitations and exclusions, is provided between: a) the later of the time you leave the place where you normally work or live; and, b) the earlier of the time you return to the place where you normally work or live. This includes certain accidents while traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

Personal Deviation and Side Trip Coverage

**Class I, III, IV, V and VI:** You will receive coverage if you undertake a personal deviation, non-business activity while on the business of the policyholder during a business trip; and/or a non-business travel of a personal nature side-trip that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; 3) is taken during the course of the business trip; and 4) is limited to 168 hours.

Exposure and Disappearance Coverage

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, we will presume that you lost your life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay your benefit amount, subject to all policy terms. If you are exposed to weather because of an accident and this results in a loss of life, We will pay your benefit amount, subject to all policy terms and conditions.

Extra-Ordinary Commutation Coverage

If there is a stop in service due to a strike, power failure or major breakdown of one or more public transit systems you regularly use, you may be covered for non-business commutation to and from your home and place of employment by car or other conveyance.

War Risk Coverage

Provides for injury you sustain that is caused by or results from declared or undeclared war or any act thereof while you are traveling on company business in selected areas of the world; provided the war or act of war causing the injury does not occur within any of the states of the United States of America (including the District of Columbia), Afghanistan, Iraq, Syria or your country of residence.

Benefits Provided

If you have a covered accident that results in any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts. The amounts are based on the benefit amount shown in the schedule.

Loss of:	Benefit Amount
(1) Life .....	100% of benefit amount
(2) Both hands or both feet.....	100% of benefit amount
(3) One hand and one foot.....	100% of benefit amount
(4) One hand or one foot plus the sight of one eye.....	100% of benefit amount
(5) Sight of both eyes.....	100% of benefit amount

- (6) Speech and Hearing..... 100% of benefit amount
- (7) Speech or Hearing ..... 50% of benefit amount
- (8) One hand, one foot, or sight of one eye ..... 50% of benefit amount
- (9) Thumb and index finger of the same hand ..... 25% of benefit amount

**Plegia** **Benefit Amount**

- (1) Quadriplegia (total paralysis of all four Limbs) ..... 100% of benefit amount
- (2) Paraplegia (total paralysis of both lower Limbs) ..... 75% of benefit amount
- (3) Hemiplegia (total paralysis of upper and lower Limbs ..... 50% of benefit amount  
on one side of the body)
- (4) Uniplegia (total paralysis of one Limb)..... 25% of benefit amount

**Coma Benefit**

If you sustain a covered injury within 180 days of a covered accident and such injury causes you to be in a coma for at least 31 consecutive days, you may receive a monthly benefit of 1% of your benefit amount for the first 11 months you remain in a coma. At the end of the 11 months of payment, if you remain in a coma, we will pay a lump sum benefit equal to your benefit amount less the amount of the 11 months of benefit already received.

**Additional Benefits through the Plan**

**Home Alteration and Vehicle Modification Benefit**

An additional benefit equal to the lesser of 10% of your benefit amount to a maximum of \$25,000 for the one-time cost of alterations to your primary residence; and the one-time cost of modifications necessary to your motor vehicle to make them accessible.

**Rehabilitation Benefit**

An additional benefit for a prescribed Rehabilitation Training program which will prepare you for an occupation which you would not have engaged in except for the injury in an amount equal to the lesser of the actual expenses that are incurred within two years from the date of your covered accident for the Rehabilitation Training; \$25,000; or 10% of your benefit amount.

**Seat Belt Benefit**

If you suffer a loss of life in a covered automobile accident while wearing a factory installed or manufactured authorized seat belt, an additional benefit equal to 10% of your benefit amount to a maximum of \$25,000 may be paid.

**Air Bag Benefit**

An additional benefit equal to 10% of your benefit amount to a maximum of \$25,000 may be paid if you were driving or riding in a private passenger automobile with a manufacturer equipped air bag.

**Therapeutic Counseling Benefit**

If you suffer a covered injury which requires Therapeutic Counseling by a licensed therapist or counselor to provide psychological treatment or counseling, we will reimburse the charges for such counseling up to a maximum of \$25,000, for your incurred expense.

**Enhanced Travel Assistance Plan**

A comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your principal residence. Coverage includes the following benefits:

	<b>Maximum Benefit Amount</b>		<b>Maximum Benefit Amount</b>
Medical Evacuation:	Unlimited	Return of Child (per child):	\$ 10,000
Medical Repatriation:	Unlimited	(per attendant):	\$ 10,000
Non-Medical Repatriation:	Unlimited	Return of Companion:	\$ 10,000
Return of Remains:	Unlimited	Escort Services	\$ 10,000
Visit to Hospital	\$ 10,000	Dispatch of a Physician or Specialist	\$ 10,000
		Security Evacuation:	\$100,000

# SANCTIONS EXCLUSION ENDORSEMENT



## **THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

The following exclusion is added to the policy to which it is attached and supersedes any existing sanctions language in the policy, whether included in an Exclusion Section or otherwise:

### SANCTIONS EXCLUSION

Notwithstanding any other terms under the policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under the policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

## **ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED**