



Group Accident Insurance Policy
(Hereinafter called the Company)

I. Insuring Agreement

This policy is issued in consideration of the payment of premiums as provided herein.

The Company hereby agrees to insure the persons described in Schedule I subject to all of the Exclusions, Provisions and other terms of this policy, against Loss resulting from Bodily Injury which may arise out of the hazards described in Schedule II while this policy is in force.

Effective Date and Policy Term:

Coverage will begin on the Effective Date stated above at 12:01 A.M., Standard Time at the Policyholder's address. Coverage will continue as long as the premiums are paid on or before the premium due date as herein agreed. This policy may be terminated by the Company or the Insured Person in accordance with the provision called "Policy Termination by the Insured Person or the Company". Policy years and Anniversaries will be determined from the policy Effective Date as specified above.

The Company reserves the right to change the applicable premium rates with not less than 31 days written notice of such change. No such change shall affect payment of any premium until the next policy Anniversary Date.

Form

Title

IT-8D26	Schedule I	Insured Persons
IT-8D27	Schedule II	Description of Hazards
IT-8D28	Schedule III	Premium Computation
IT-8D29	Schedule IV	Description of Benefits
IT-8D30	Schedule V	Endorsements

II. Definitions

1. **'Insured Person'** means the Insured named in Schedule I and his or her Eligible Family Members (if applicable). No eligible individual may be covered more than once under this policy. If the individual is covered as an employee, he/she cannot be covered as a spouse or dependent child of another employee.

2. **'Eligible Family Member'** means the legally married spouse of the Insured and all legally dependent, unmarried children (including step-children and legally adopted children) of the Insured who are wholly dependent on the Insured for financial support and are:

- a) Over thirty days but under nineteen years of age, and residing in the Insured's household, or;
- b) Under twenty-three years of age and a full-time student at a recognized school, college or university.
- c) Any dependent unmarried child or children of an Insured who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapable prior to attainment of age nineteen (19), and who is chiefly dependent on the Insured for support and maintenance, shall be eligible for coverage under the policy, at any age, and shall continue to be covered under the policy, regardless of age subject to the employee's coverage continuing in effect. The Company may request that the Insured submit satisfactory proof of the dependent child's or children incapacity to the Company within sixty (60) days prior to the attainment by the dependent child or children of the age limit specified in said policy. If the Insured fails to furnish proof within thirty-one (31) days after the request, coverage for the dependent child or children shall terminate after the attainment of the limiting age specified in the policy.

3. **'Anniversary Date'** means the anniversary of the Effective Date of Insurance.

4. **'Bodily Injury'** means Accidental injury occurring while this Policy is in force, resulting solely, directly and independently of all other causes from an Accident caused by violent, external and visible means.
5. **'Accident or Accidental'** as referred to in the definition of Bodily Injury means a sudden, unforeseen and fortuitous event.
6. **'Member'** means hand, foot or eye.
7. **'Loss'** means with regard to hand or foot, actual severance through or above the wrist or ankle joint; with regards to eye, entire and irrecoverable loss of sight; with regard to speech and hearing, entire and irrecoverable loss (hearing in both ears); with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to quadriplegia, complete and irreversible paralysis of both upper and lower limbs; with regard to paraplegia, the complete and irreversible paralysis of both lower limbs; with regard to hemiplegia, the complete and irreversible paralysis of upper and lower limbs on one side of the body. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from one accident.
8. **'Base Earnings'** means the Insured's base earnings as established by the Policyholder for the job classification, exclusive of any bonuses and/or overtime.
9. **'Totally Disabled'** and **'Total Disability'** means the Insured Person is unable to engage in any occupation or employment for compensation or profit for which the Insured Person is reasonably qualified by education, training or experience and is under continuous care and treatment by a Physician.
10. **'Permanently and Totally Disabled'** means the Insured Person is unable to engage in any gainful occupation or employment for the remainder of the Insured Person's life.
11. **'Waiting Period'** means the number of consecutive days as stated in the Schedule of Benefits of the Policy Specifications page, commencing with the first day the Insured Person is Totally Disabled, for which no benefits are payable.
12. **'Physician'** means a person legally licensed to practice medicine and/or surgery other than the Insured Person or a member of the Insured Person's immediate family.
13. **'Hospital'** means an establishment which meets all of the following requirements: (1) holds a license as a hospital, if licensing is required in the country or governmental jurisdiction in which the hospital is located; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (3) provides 44-hours nursing service by registered or graduate nurses; (4) has a staff of one or more physicians available at all times; (5) provides organized facilities for diagnosis and major surgical procedures; (6) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; and (7) maintains x-ray equipment and operating room facilities.
14. **'Sickness'** means sickness or disease contracted or commencing after the Effective Date of coverage for an Insured Person whose sickness is the basis of claim.
15. **'In-patient'** means a person confined in a Hospital as a resident patient and who is charged at least one (1) day's room and board in the Hospital.
16. **'Principal Sum'** means the amount stated in the Schedule of Benefits in the Policy Specifications page of this policy, as respects each Insured Person.
17. **'Parents and/or Parents in Law'** wherever used, means the employee's father and mother and/or employee's spouse father and mother.

III. Exposure And Disappearance

Exposure

When by reason of Bodily Injury, an Insured Person is exposed to the elements, and as a result of such exposure suffers accidental death, such accidental death shall be covered hereunder subject to the Definitions and all other terms and conditions of this policy.

Disappearance

In the event an Insured Person disappears and, after three hundred and sixty-five (365) days, it is reasonable to believe that such Insured Person has died as a result of Bodily Injury, the Loss of Life Benefit shall become payable subject to a signed undertaking that if the belief is subsequently found to be wrong, such Loss of Life Benefit shall be immediately refunded to the Company.

IV. Exclusions

This Insurance Policy shall not apply to Bodily Injury directly or indirectly consequent upon:

1. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power. Engaging in military duty with any armed forces of any country or international authority.
2. Suicide, self-destruction, self-inflicted injury, or any attempt thereat while sane or insane.
3. Engaging in (or practicing for or taking part in training peculiar to) aqualung or scuba diving, climbing or mountaineering necessitating the use of ropes or guides, pot-holing, parachuting, hang-gliding, winter sports, professional sports or racing other than on foot, bungee jump.
4. Engaging in aviation other than as a fare-paying passenger in a fixed wing aircraft provided and operated by a regularly scheduled airline or air charter Company which is duly licensed for the regular transportation of fare-paying passengers or in helicopter provided and operated by an airline which is duly licensed for the regular transportation of fare-paying passengers, provided such helicopter is operated only between established commercial airports and/or licensed commercial heliports.
5. Illegal acts of an Insured Person or an Insured Person's executors or administrators, legal heirs or personal representatives.
6. The Insured Person driving any kind of vehicle while the alcohol content of his or her blood exceeds the level permitted by the law of the country or place where the accident causing Bodily Injury occurs.
7. The Insured Person having taken a drug, unless it is proved that the drug was taken in accordance with proper medical prescription and not for the treatment of drug addiction.
8. Illness, disease, bacterial or bacterial infections except pyogenic infections which are caused by an accident cut or wound.
9. Any pregnancy or resulting childbirth, miscarriage or abortion.
10. Any disorder treated in a Psychiatric Hospital or Clinic or in the Psychiatric Department of a General Hospital.
11. Infection with Human Immunodeficiency Virus (HIV) or variants including Auto Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC).
12. The handling or use of radioactive, toxic, or explosive substance or claims resulting from any kind of nuclear exposure.
13. Congenital anomalies and conditions arising out of or resulting there from, hernia or dental treatment except to sound natural teeth as occasioned by a covered injury.
14. Any accidental medical expenses which are covered under Workers' Compensation plan or similar law except as specifically provided herein.

V. General Provisions**1. Entire Contract Changes**

This policy, including the Schedules, Enrollment Form and the endorsements, amendments and attached papers, if any, will constitute the entire

contract between the parties. No change in this Policy shall be valid unless approved by the Company and evidenced by endorsement or amendment.

2. **Interpretation**

This Policy, including the Schedules, Enrollment Form and the endorsements, amendments and attached papers, if any, shall be read together as one contract and any word or expression to which a specific meaning has been attached shall bear that specific meaning wherever it may appear.

3. **Maintenance of Records and Examination**

The Insured Person shall maintain records of the Insured's showing in respect to each the essential particulars of this insurance. The Company shall have the right to examine these records at any time during the Policy Term and within three years after the expiration of this Policy or until adjustment and settlements of all claims hereunder, whichever is later.

4. **Policy Termination by the Insured Person or the Company**

This policy may be terminated by the Insured Person on the first Anniversary Date, or at any time thereafter, by mailing or delivering to the Company written notice of such termination, effective on receipt or on such later date as may be specified in such notice. In the event of such termination at a date other than the Anniversary Date, the earned premium shall be computed, and the Company will promptly return the unearned portion of any premium paid.

This policy may be terminated by the Company at any time by mailing or delivering to the Insured Person notice of such termination no less than thirty days (30) prior to the Anniversary Date. In the event of such termination at a date other than the Anniversary Date, the earned premium shall be computed, and the Company will promptly return the unearned portion of any premium paid.

5. **Termination of Insured Person**

Insurance under this policy shall automatically terminate in respect to the Insured Persons:

- a) Upon the subsequent Anniversary Date of

this policy following the Insured Person attaining age sixty five 65 unless otherwise endorsed or amended;

- b) The date the master policy is terminated;
- c) The premium due date if the required premiums are not paid subject to the Grace Period;
- d) With respect to an Insured Person who is insured under the Policy as an active member or an active employee of the Holder, on the premium due date next following the date the Insured Person ceases to be associated with the Holder in a capacity making such person eligible for insurance under the Policy;
- e) with respect to an Insured Person who is insured under this Policy as a spouse, dependent child or parent and/or parent in law, on the premium due date next following the date he or she ceases to be an eligible dependent, eligible spouse or eligible parent and/or parent in law;
- f) with respect to an Insured Person who is insured under the Policy as a spouse, dependent child or parent and/or parent in law, on the date the Main Insured Person (the employee) ceases to be associated with the Holder in a capacity making such person eligible for insured under the Policy. Any such termination shall be without prejudice to any valid claim originating prior to the date of termination.

6. **Change of Beneficiary**

Unless the Insured Person makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured Person and the consent of the beneficiary or beneficiaries shall not be requisite to the surrender or assignment of this policy or to any other changes in this policy.

7. **Jurisdiction**

The Company will in all competent judicial proceedings at the instance of parties suing in respect of matters arising out of this insurance policy acknowledge the jurisdiction of the courts in Puerto Rico only.

8. **Notice of Trust or Assignment**

The Company shall not be bound to accept or be affected by any notice of any trust, charge, lien,

assignment or other dealing with or related to the Policy.

9. **Interest**

No amount payable under the Policy shall carry interest.

10. **Clerical Error**

A clerical error by the Company shall not invalidate insurance otherwise validly in-force, nor continue insurance otherwise not validly in-force.

11. **Legal Action**

No action shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of claim has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless commenced within two years from the expiration of the time within which proof of claim is required.

12. **Grace Period**

A grace period of thirty-one (31) days will be granted for the payment of any premium falling due after the first premium, during which grace period the policy shall continue in force.

13. **Evidence of Individual Insurability**

The Company reserves the right to require a person eligible for insurance to present evidence of individual insurability satisfactory to the insurer.

14. **Addition of Insured Persons**

All persons added to the groups or classes described in Schedule I shall be automatically insured under this Policy, unless the Insured Persons are specifically named. In such event the additions will be evidenced by an endorsement. Premiums will be charged in a pro-rata basis for all new Insured Person added to this Policy after the Effective Date of premium due date.

15. **Individual Certificates**

The Company will issue an individual certificate stating the insurance benefits and the rights and conditions under this policy.

16. **Notice of Claim**

Written notice of claim must be given to the Company within twenty (20) days from the date of the Loss covered by this Policy. Failure to give

notice in the time prescribed shall not invalidate a claim if it can be shown to the Company's satisfaction that notice had been provided as soon as was reasonably practicable. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured Persons shall be deemed notice.

17. **Claim Forms**

The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proof of Loss. If such forms are not furnished within fifteen days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Policy for filing proof of Loss upon submitting, within the next time fixed in the policy for filing proof of Loss, written proof covering the occurrence, and the character and extent of the Loss for which claim is made.

All certificates, information and evidence required by the Company shall be furnished at the expense of the claimant and shall be in such form and of such nature as the Company may prescribe.

18. **Proof of Claim**

Written proof in support of a claim must be furnished to the Company within ninety (90) days of the receipt of the claim forms provided by the Company as above. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such is furnished as soon as is reasonably possible, and in no event later than one year from the time proof is otherwise required

19. **Payment of Benefits**

Indemnity for Loss of Life will be payable in accordance with the beneficiary designation and the provisions respecting such payments which may be prescribed herein and effective at the time of payment. If more than one beneficiary is designated, the beneficiaries shall share equally. If no such designation or provision is then effective, such indemnity shall be paid to the surviving persons in the first of the following classes of successive preference beneficiaries in which there is a living member:

1. The Insured Person's spouse;
2. His or her children, including legally adopted children;
3. His or her parents or any of them;
4. His or her brothers and sisters;
5. His or her executor or administrator

In determining such person or persons the Company may rely upon a declaration by a member of any of the classes of preference beneficiaries described above. Payment based upon such declaration shall fully discharge the Company from all obligations under this policy. Any amount payable to a minor may be paid to the minor's legal guardian. All other indemnities will be payable to the Insured Person.

20. **Physical Examination and Autopsy**

The Company, at its own expense, shall have the right and opportunity to examine the Insured Person when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

21. **Fraudulent Claims**

If any claim under this policy shall be, in any respect, fraudulent or if any fraudulent means or devices shall be used by the Insured Person or anyone acting on the Insured Person's behalf to obtain benefit under this policy, the Company shall be under no liability in respect of such claim and shall be entitled to terminate this policy immediately.

22. **Misstatement of Age**

If the age of any Insured Person has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. If, according to the correct age of the Insured Person, the coverage provided by the policy would not have become effective, or would have ceased prior to the acceptance of such payment of premiums, the liability of the Company during the period the Insured Person is not eligible for coverage shall be limited to the refund, upon written request, of premiums paid for the period not covered by the policy.

If an Insured Person changes occupation to one classified by the Company a less hazardous, the Company, upon receipt of proof of such change of occupation, will reduce the premium rate accordingly, and will return the excess pro rata unearned premium from the date of change of occupation or from the policy anniversary date immediately proceeding receipt of such proof, whichever is more recent.

In applying provision, the classification of occupation and the premiums rates shall be such as have been last promulgated by the Company prior to the occurrence of the loss for which the Company is liable, or prior to the date of proof of change of occupation.

23. **Change of Occupation**

If an Insured Person sustains a loss after having changed occupation to one classified by the Company as more hazardous than that for which premium was paid or while doing, for compensation, anything pertaining to an occupation so classified, the Company will pay only such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits fixed by the Company for such much hazardous occupation.

24. **Time Limit on Defenses**

- (a) Two years after this policy is issued no false statement (except fraudulent statements) made by an Insured Person under the policy may be used to annul the insurance on his person or to deny a claim for Loss sustained or for Disability which may begin after the said period of two years has elapsed.
- (b) No claim for Loss sustained or for Disability which may begin after the lapse of two years from the date of issuance of this policy shall be reduced or denied on the ground that, prior to the effective date of the coverage of this policy, there existed a disease or physical injury not excluded from the coverage by its specific name or description, effective on the date of the Loss.

25. **Aggregate Limit of Liability**

The Company shall not be liable for any amount in excess of the Aggregate Limit of Liability stated in the Policy Specifications page. If the aggregate amount of all indemnities otherwise payable by reason of coverage provided under this policy exceeds such Aggregate Limit of Liability, the maximum total of all indemnities payable to any one Insured Person shall not exceed, in conjunction with any other liability under this policy, the Aggregate Limit of Liability for any one indemnifiable event.

Upon the occurrence of such an indemnifiable event, the maximum payable to any individual covered under this policy shall be an appropriate percentage of the Aggregate Limit of Liability which takes into account all other losses suffered by other persons covered under this policy.

Where appropriate this clause shall modify, as described in the first paragraph of this clause, any other clause defining the Company's liability to indemnity

26. Filing of Premium Rates and Classification of Risks

If the law of the country in which the Policyholder is located at the time this policy is issued requires that prior to the policy issue a statement of the premium rates and classification of risk pertaining to the policy shall be filed with a government official having supervision of insurance in such country, then the premium rates and classification of risks mentioned in this policy shall mean only such as have been last filed by the Company in accordance with such law, but if such filing is not required by such law, then they shall mean the Company's premium rates and classification of risk last made effective by the Company in such country prior to the occurrence of the loss for which the Company is liable.

27. Compliance with Policy Provisions

The Policyholder shall maintain, and shall furnish to the Company upon request, the names of all persons initially insured, of all new persons who become insured, and of all persons whose insurance is cancelled, together with the data necessary for the calculation of premium.

In Witness Whereof the Company has caused this Policy to be issued and commence on the Effective Date.

Provided that no insurance shall be in force unless this policy is signed by an authorized representative of the Company.

For the Company



Manager
Chubb Insurance Company of Puerto Rico

Accidental Loss Of Life, Limb Or Sight

Description Of Benefits

If, within 180 days from the date of an Accidental Loss covered by this policy, Bodily Injury results in any of the following Losses, the Company will pay the benefit set opposite such Loss; provided, however, that if the insured sustains more than one such Loss as the result of any one accident, the Company will pay only the largest amount to which the Insured Person is entitled. This amount will not exceed the Principal Sum.

Loss of LifeThe Principal Sum

Loss of Two or More Members.....The Principal Sum

Loss of One Member.....One-Half the Principal Sum

Loss of Thumb and Index Finger of the same Hand.....One Quarter the Principal Sum

The Principal Sum is stated in Schedule I - Insured Persons

IT-8D29-1

Seat Belt Benefit

Description Of Benefits

An additional 25% of the Principal Sum Amount, up to a maximum of \$25,000, will be paid if the employee or his/her covered family members suffer loss of life in a covered automobile accident despite proper restraint by a seat belt.

IT-8D29-7

Educational Benefit**Description Of Benefits****1. Accidental Loss of Life, or Disablement**

If the employee elects Family Plan Coverage and suffers accidental loss of life, sight or loss of two members, or quadriplegia, in a covered accident while insured under this Plan, the Plan will pay in addition to all other benefits payable, an amount equal to (a) \$6,000.00 for a maximum of five (5) consecutive school years; or (b) \$3,000.00 for a maximum of ten (10) consecutive school years, to or on behalf of any dependent child, who on the date of the accident was enrolled as a full time student in any accredited educational institution beyond the first grade or was at a kinder level and subsequently enrolls as a full-time first grade student in an accredited educational institution within three hundred sixty five (365) days following the date of the accident.

2. Spouse Studying Benefit

The Plan will also pay, in addition to all other benefits payable, the actual cost incurred within thirty (30) months from the date of the death (subject to a maximum of \$5,000.00) to or on behalf of the surviving spouse who has enrolled in any professional or trades training program for the purpose of obtaining an independent source of support and maintenance.

Definition

"**Accredited Educational Institution**", wherever used herein includes, but is not limited to, any state or private school from first to twelve grade, any state or private university, private college or trade school.

"**Dependent Child**" as respects this benefit provision only, shall mean any unmarried child under 23 years of age who was dependent upon you for at least 50% of his maintenance and support.

IT-8D29-9

Rehabilitation**Description Of Benefits**

The Company will pay up to the maximum amount stated in the Schedule of Benefits to cover the eligible costs of rehabilitation, incurred within the next two (2) years following the date of the accident covered by this benefit.

Eligible costs of rehabilitation mean the actual costs incurred by the Insured for physical therapies, acquisition of special vehicles, structural changes to the Insured home, and prosthesis, as recommended by a qualified Physician.

IT-8D29-10

Accident And Sickness In-Hospital Income**Description Of Benefits**

When as the result of Injury or the commencement of Sickness, a Named Insured shall be necessarily confined within a Hospital as an In-Patient under the continuous attendance of a Physician, the Company will pay the Weekly Benefit stated in Schedule I, for each week the Named Insured shall be confined therein, up to 52 weeks, commencing immediately following the Elimination Period (if any) stated in the Schedule.

If the Named Insured is confined for a portion of week, one seventh (1/7) of the Weekly Benefit shall be payable for each day of confinement subject to the Elimination Period.

Successive Period of Hospital Confinement

If within 12 month Period of hospital confinement for which indemnity is paid or payable under this form, the Named Insured shall be readmitted and confined due to the same or related causes, the Company's liability for the entire period shall be subject to the limitations applicable in the part of this policy under which the original period of confinement was indemnified. If subsequent confinement as an In-Patient is separated by more than 12 month, the confinement will be considered a new period of confinement and indemnified in accordance with appropriate provisions of this policy.

Exclusions

In additions to the exclusions listed in part IV of this policy, this form shall not cover hospital confinement resulting from or related to:

- (1) Routine physical examinations.
- (2) Plastic surgery except as the result of Injury

IT-8D29-11

Cancer Lump Sum Benefit**Description Of Benefits**

If any Insured person shall be diagnosed for the first time as having contracted Cancer which commenced after the

effective date of this policy and after the Waiting Period stated in this form, the Company shall pay the Principal Sum stated in Schedule I.

Definitions

"Cancer" shall mean a malignant tumor characterized by the uncontrolled growth and spread of malignant cells. This includes Leukemia, Hodgkin Disease and invasive melanoma, but does not include: (1) any other Skin Cancer that is not malignant; (2) carcinoma in situ; (3) Kaposi's Sarcoma and AIDS related Cancers. Cancer does not include melanoma that is not invasive and had not exceeded .75 mm in depth.

"Skin Cancer" shall mean carcinoma of the skin, commonly known as Skin Cancer, contracted and commencing after the effective date of this Policy.

"Diagnosis" shall mean a positive diagnosis by an individual holding the post of pathologist upon basis of a microscopic examination of fixed tissue (either while living or post mortem). The Properly recognized pathologist establishing the diagnosis shall base his judgment solely on the definition of Cancer or Skin Cancer as provided herein after the study of the histological examination of suspected tumor tissue or specimen. Clinical Diagnosis as defined herein does not meet the standard of diagnosis required by this definition.

"Clinical Diagnosis" shall mean a diagnosis based on the patient's history, physical and x ray examination and/or other laboratory examination but one that does not include microscopic or histological confirmation.

Waiting Period

A waiting period of ninety (90) days will apply from the effective date of this policy before coverage will become operative.

Exclusions

In addition to the Exclusions stated in Part IV of this Policy, this form shall not be liable in respect of:

1. Any condition directly or indirectly consequent upon or contributed to by any preexisting medical conditions;
2. Sickness contracted and commencing or injury sustained by an Insured person for which he or she

has or should reasonably have received relevant medical treatment or advice by a Physician prior to such Insured Person's initial Effective date of insurance under this plan;

3. Any condition directly or indirectly consequent upon or contributed to by infection with Human Immunodeficiency Virus (HIV) or variants including Auto Immune Deficiency Syndrome (AIDS and AIDS Related Complex (ARC).

Limitations

The coverage under this form shall have the following limitations:

1. The Company will pay indemnity only for the first disease diagnosed (as herein defined), after the stated waiting period has ended;
2. Under no circumstances, the indemnity payable under this form will be higher than the Principal Sum stated in Schedule I;
3. In the event that the Insured person is covered under another policy issued by the Company and covering the same risks stated above, the Company shall pay benefits once and only under the policy with the most recent date of effectiveness.

CRISIS DISEASES LUMP SUM BENEFIT**DESCRIPTION OF BENEFITS**

If any Insured person shall be diagnosed for the first time as having contracted any of the Crisis Diseases mentioned hereunder, which commenced after the effective date of this policy and after the Waiting Period stated in this form, the Company shall pay the Principal Sum stated in Schedule I.

Definitions

"Coronary Artery Disease Requiring Surgery" shall mean open heart surgery undergone to correct narrowing or blockage of two or more coronary arteries, but excluding non-surgical techniques such as balloon angioplasty, laser relief of obstruction, or other non-surgical techniques.

"Heart Attack" shall mean the death of a portion of heart muscle as a result of inadequate blood supply, which must occur with prolonged chest pain and indicate at least a 15% reduction in the normal volume of blood being ejected from the left ventricle with each heartbeat.

"Kidney Failure" shall mean end stage renal disease due to any cause as a result of which the affected Insured person must be required to undergo regular peritoneal dialysis or hemodialysis or renal transplantation.

"Major Organ Transplantation" shall mean the actual undergoing as a recipient of a transplant of a heart, heart and lung, liver, pancreas or bone marrow.

"Paralysis" shall mean complete and permanent loss of use of two (2) or more limbs through neurological damage.

"Diagnosis" shall mean a positive diagnosis by an individual holding the post of pathologist upon basis of a microscopic examination of fixed tissue (either while living or post mortem). The Properly recognized pathologist establishing the diagnosis shall base his judgment solely on the definition of Crisis Disease as provided herein after the study of the histological examination of suspected tumor tissue or specimen. Clinical Diagnosis as defined herein does not meet the standard of diagnosis required by this definition.

"Clinical Diagnosis" shall mean a diagnosis based on the patient's history, physical and x ray examination and/or other laboratory examination but one that does not include microscopic or histological confirmation.

Waiting Period

A waiting period of ninety (90) days will apply from the effective date of this policy before coverage will become operative.

Exclusions

In addition to the Exclusions stated in Part IV of this Policy, this form shall not be liable in respect of:

1. Any condition directly or indirectly consequent upon or contributed to by any pre-existing medical conditions;
2. Sickness contracted and commencing or injury sustained by an Insured person for which he or she has or should reasonably have received relevant medical treatment or advice by a Physician prior to such Insured Person's initial Effective date of insurance under this plan;
3. Any condition directly or indirectly consequent upon or contributed to by infection with Human Immunodeficiency Virus (HIV) or variants including

Auto Immune Deficiency Syndrome (AIDS and AIDS Related Complex (ARC).

Limitations

The coverage under this form shall have the following limitations:

1. The Company will pay indemnity only for the first disease diagnosed (as herein defined), after the stated waiting period has ended;
2. Under no circumstances, the indemnity payable under this form will be higher than the Principal Sum stated in Schedule I;
3. The Company will give coverage for the specific Crisis Disease (s) stated in Schedule I of this Policy;
4. In the event that the Insured person is covered under another policy issued by the Company and covering the same risks stated above, the Company shall pay benefits once and only under the policy with the most recent date of effectiveness.

It is hereby understood and agreed that the following conditions are also applicable to this policy.

Schedule II Description Of Hazards

The hazards against which insurance is granted under this policy are:

ALL ENROLLED PARTICIPANTS WILL BE COVERED AGAINST THE RISKS PERTAINING TO PARTICULAR COVERAGE SELECTIONS, 24 HOURS. SPECIFIC EXCLUSIONS APPLY PER COVERAGE. SEE PART IV OF THE MASTER POLICY AND THE SPECIFIED RIDERS FOR EACH BENEFIT.

IT-8D26

Schedule III Premium Computation

The premium for this policy shall be completed on the following basis: CUSTODIAN PLAN

THE PREMIUM FOR THIS POLICY VARIES ACCORDING TO EACH BENEFIT, THE AMOUNT OF UNITS BOUGHT, AND THE PACKAGE THAT EACH ENROLLED PARTICIPANT DESIGNS ON AN INDIVIDUAL OR FAMILY BASIS.

THE COST PER UNIT FOR EACH COVERAGE IS AS FOLLOWS:

FAMILY PROTECTION - ACCIDENTAL DEATH AND
DISMEMBERMENT
(LIMITS STARTS IN - \$25,000)

INDIVIDUAL PLAN - \$2.16 MONTHLY
FAMILY PLAN - \$5.61 MONTHLY

ACCIDENTAL AND SICKNESS IN HOSPITAL INCOME (LIMITS
STARTS IN -\$25.00 DAILY)

INDIVIDUAL PLAN - \$2.50 MONTHLY
FAMILY PLAN - \$6.50 MONTHLY

CANCER LUMP SUM (LIMITS STARTS IN \$10,000)

INDIVIDUAL PLAN - \$2.10 MONTHLY
FAMILY PLAN - \$4.62 MONTHLY

DREAD DISEASE AND ORGAN TRANSPLANT INDEMNITY
(LIMITS STARTS IN \$10,000)

INDIVIDUAL PLAN - \$2.90 MONTHLY
FAMILY PLAN - \$6.40 MONTHLY

IT-8D28

Pre-Existing Medical Conditions

The Company will not be liable in respect of any condition directly or indirectly consequent upon or contributed to by any pre-existing medical condition except as follows:

1. Accident and Sickness In-Hospital Income Pre-Existing Medical Conditions

The Company will not be liable in respect of pre-existing medical condition due to sickness or injury sustained by an Insured Person for which he or she has or should reasonably have received, relevant medical treatment or advice by a Physician during the 24 months immediately prior to such Insured Person's initial Effective Date of Insurance under this Plan. A pre-existing medical condition shall be covered after an Insured person has been covered for 12 months continuous insurance under this plan.

2. Cancer and Dread Diseases Lump Sum Pre-Existing Medical Conditions

The Company will not be liable in respect of pre-existing medical conditions for which an Insured Person has or should reasonably have received, relevant medical treatment or advice by a Physician, prior to the effective date of this policy. A Waiting Period of 90 days will apply

from the Effective Date of the Insurance before coverage will become operative.

Nothing herein contained shall be held to vary, alter, waive, or change any of the terms, limits or conditions of the policy, except as herein above set forth.

Amended

Respect to the Part V - General Provisions

Section 5

Termination of Insured Person

Insurance under this policy shall automatically terminate in respect to the Insured Persons:

a) Upon the subsequent Anniversary Date of this policy following the Insured Person attaining **age Seventy (70)**

All other terms and conditions remain the same.

Chubb Insurance Company of Puerto Rico



Manager

Chubb Insurance Company of Puerto Rico