

CLAIMS PROVISIONS

CLAIM FORMS

Our administrator will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the Company received notice of claim, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which the claim is made. The notice should include the Insured Person's name, the Sponsoring Organization's names and the Policy number. Any forms that may be required to be provided under this subsection may be provided in electronic or paper form.

NOTICE OF CLAIM

A written incident report must be made to the Sponsoring Organization or Our administrator within 20 days, or as soon as reasonably possible, after the Covered Activity that may give rise to a loss under this Policy. Written notice of claim must be given to Our administrator within 20 days after the occurrence or commencement of the Insured Person's Covered Injury or Covered Illness or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company or to its designated authorized agent, with information sufficient to identify the Insured Person, is deemed notice to the Company. Any notices that may be required to be provided under this subsection may be provided in electronic or paper form.

PROOF OF LOSS

In case of a claim for loss of time from disability, written proof of loss must be furnished within ninety (90) days of the date of such loss, or as soon as reasonably possible. Subsequent written proof of the continuance of such disability must be furnished at such time, in such manner and at such place as We may reasonably require.

For any loss other than a disability loss, written proof of loss must be furnished within ninety (90) days after such loss, or as soon as reasonably possible.

Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to furnish proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required. Any forms that may be required to be provided under this subsection may be provided in electronic or paper form.

PAYMENT OF CLAIMS

All benefits will be paid in United States currency. After We received written proof of loss of time due to disability, disability benefits payable under the Policy for loss of time will be paid monthly during the continuance of the period for which the Company is liable. Benefits for any other loss covered by this Policy will be paid not more than 60 (sixty) days after proof of loss is received. The balance of any unpaid benefits at the termination of the period for which the Company is liable will be paid as soon as possible after receipt of proof. Any payment We make in good faith will end Our liability to the extent of the payment of loss of life claims.

PAYMENT OF LOSS OF LIFE CLAIMS

Upon receipt of due written proof of death, unless otherwise indicated in a specific benefit, benefits for a loss of life claim will be paid to the beneficiary named by an Insured Person when he or she became covered under this Policy. An Insured Person has the right to change his or her beneficiary at any time by completing a form, approved by us, and submitting it to the Sponsoring Organization. The new beneficiary designation will be effective as of the date an Insured Person signed the required form. However, if We have taken any action or made any claim payment before the Sponsoring Organization receives an Insured Person's request to change his or her beneficiary, that change will not go into effect.

If an Insured Person does not name a beneficiary or names more than one beneficiary but does not designate their order or share of payments, the beneficiaries will share equally. The share of a beneficiary who dies before an Insured Person, or the share of a beneficiary who is disqualified will pass to any surviving beneficiaries in the order designated by an Insured Person.