

Willis North America Inc.
Policy Summary – Group Accident
Policy Holder: City of Los Angeles for Volunteer Workers
200 N. Main Street, Los Angeles, CA 90012
Insurance Co. One Beacon Insurance
Policy: 214-00-00-00-0000
Coverage: Group Accident Insurance
Coverage Term: Three Year
Effective Dates: April 1, 2013 to April 1, 2016

The following is a brief description of the Group Accidental Death and Dismemberment Plan provided for authorized volunteer workers of the City of Los Angeles. 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.

Insured Person:

All Volunteer Workers of the City of Los Angeles

Eligibility:

Volunteer Workers while performing your duties in the scope of an authorized volunteer assignment for the City of Los Angeles.

Benefit Amount:

Your maximum Benefit Amount will be \$25,000. At age 70, the Benefit Amount will be reduced as follows:

Age at Date of Loss	<u>Percent of Benefit Amount</u>
70-74	65%
75-79	45%
80-84	30%
85 and Older	15%

Description of Coverage:

This plan offers protection 24 hours a day; 365 days a year against certain injuries resulting from a covered accident sustained in the course of performing your duties as an authorized volunteer for the City of Los Angeles, 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.

Benefits Provided:

If you have an accident that results in a loss of life, loss of a limb(s), sight, speech or hearing, or paralysis of certain limbs, resulting from a covered accident within 365 days of the date of the accident, OneBeacon America Insurance Company, may pay certain Benefit Amounts to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable.

Additional Benefits Provided:

• **Accident Medical Expense Benefit (any covered accidental injury including Dismemberment):** If you sustain a covered accidental injury for which medical expenses (in excess of any other valid and collectible insurance) are incurred within 365 days of the covered accident, provided the first treatment or service occurs within 30 days of such accident, an accident medical expense benefit may be paid.

Expenses not covered under this additional benefit are: for any pre-existing conditions; any expenses covered by Workers Compensation; any expenses covered by Medicare; any services of a Federal, Veteran's, State or Municipal hospital for which you are not liable; expenses which are more than reasonable and customary; cosmetic, plastic or restorative surgery unless medically necessary for the treatment of the covered injury; any expenses recoverable in a settlement or court judgment; expenses which are covered under any other kind of insurance; expenses for which you are not legally obligated to pay; and any expenses that are not medically necessary for the treatment of the covered injury. The maximum amount payable under this benefit is \$25,000 for any one covered accident.

• ***Hearing Aid or Prosthetic Appliance Benefit:*** If you suffer a covered injury resulting in a loss that is payable under the Accidental Dismemberment and Covered Loss of Use Benefit and you are required to use a hearing aid or prosthetic appliance as a result of the covered injury, an additional benefit may be paid equal to the lesser of the actual cost or IO% of your Benefit Amount -to a max. of \$10,000.

· ***Home Alteration and Vehicle Modification Benefit:*** If you suffer a covered injury resulting in a loss that is payable under the Accidental Dismemberment and Covered Loss of Use benefit and you are required to use a wheelchair to be ambulatory on a permanent basis as a result of the covered injury an additional benefit may be paid equal to the lesser of the actual onetime cost for alteration to your home or vehicle or 10% of your Benefit Amount-to a max. of \$10,000.

· ***Seat Belt Benefit:*** If you suffer, a loss of life in a covered automobile accident while wearing a factory installed or manufacturer authorized seat belt or lap and shoulder restraint, an additional 10% of the applicable Benefit Amount may be paid – to a maximum of \$10,000.

Exclusions and Limitations:

This plan does not cover any loss caused by, contributed to or resulting from:

- Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
- War or any act of war, whether declared or undeclared;
- Involvement in any type of active military service;
- Illness or disease; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease;
- Participation in the commission or attempted commission of a crime, any felony, an assault, insurrection or riot;
- Being intoxicated;
- The use of a controlled substance as defined in Title II of the Comprehensive Drug Abuse\ Prevention and Control Act of 1970 as amended and the regulations issued under its authority unless taken as prescribed by a physician or for a non-prescription controlled substance unless taken in accordance with its directions;
- Traveling or flying in any aircraft except to the extent stated in the Hazards Section.

Claims Provisions:

You, your beneficiary, or someone on their behalf, must give OneBeacon America Insurance Company written notice of a covered loss within 20 days of such loss. The notice must name you and the policy number. The toll-free number to report a claim is: 866-583-2233. The claim form must be sent to: OneBeacon Insurance/ A&H Claims, PO Box 1009, Morristown, N.J. 07962- 1009.

Important

This summary is intended to highlight the main features of the coverage provided under this policy. For specific details concerning the terms, conditions, coverage and exclusions refer to the actual policy.