

**Accident Insurance Underwritten by:**  
**Federal Insurance Company,**  
a member insurer of the Chubb Group of Insurance Companies  
15 Mountain View Road, PO Box 1615  
Warren, NJ 07061-1615

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**Important Notice - Please Read this Description of Coverage Carefully**

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, 9907-57-17 and the Certificate which can be obtained from the Policy Administrator.

This insurance is subject to the eligibility and effective date requirements of the group policy issued to:

**POLICYHOLDER:** BNY Midwest Trust Company as Trustee of the Chubb Financial Institution Trust for the Account of: Generations Gold Program  
**GROUP POLICY NO.:** 9907-57-17

**MEMBER ELIGIBILITY**

**ELIGIBILITY** - All accountholders of the Participating Financial Institutions, under the age of 85, who are enrolled as members in Generations Gold Plan 2, as well as their eligible dependent children.

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple Classes of Insured Persons, then such person will only be insured under the Class which provides the Insured Person the largest Benefit Amount for the loss that has occurred.

**DATE INSURED PERSON'S INSURANCE TAKES EFFECT** – Insurance for an Insured Person becomes effective on the latest of: 1) the effective date of the policy; 2) the date on which such person first meets the eligibility criteria as a member of an eligible Class of Insured Persons; or 3) the beginning of the period for which required premium is paid for such Insured Person.

**DATE INSURED PERSON'S INSURANCE ENDS** – An Insured Person's insurance will end at the earliest of: 1) the date the policy ends; 2) the expiration of the period for which required premium has been paid for such Insured Person; 3) the date on which a person no longer meets the eligibility criteria as an Insured Person.

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

We will pay the applicable Benefit Amount if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while an Insured Person is insured under this policy, while it is in force. The covered Loss must occur within one (1) year after the Accident. 24 Hour Business and Pleasure Hazard covers an Insured Person 24 hours a day, 365 days a year.

**BENEFIT AMOUNT** – Single Accountholder - \$20,000  
Joint Accountholder – \$10,000 each  
Dependent Children - \$2,000

**100%** of the Benefit Amount is payable for Accidental: Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech and one of: Loss of Hand, Foot or Sight of One Eye; Loss of Hearing and one of: Loss of Hand, Foot or Sight of One Eye; Loss of both Hands, both Feet, loss of Sight or any combination thereof; **50%** of the Benefit Amount is payable for Accidental: Loss of Hand, Foot or Sight of One Eye (any one of each); Loss of Speech or Loss of Hearing; **25%** of the Benefit Amount is payable for Accidental: Loss of Thumb and Index Finger of the same hand.

If an Insured Person suffers multiple covered Losses as the result of one (1) Accident, then We will only pay the single largest Benefit Amount applicable to all such covered Losses.

**Extensions of Insurance: Disappearance:** If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any Conveyance in which an Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of this policy, that an Insured Person has suffered Loss of Life insured under this policy. **Exposure:** If an Accident resulting from an insured Hazard causes an Insured Person to be unavoidably exposed to the elements and as a result of such exposure an Insured Person has a Loss, then such Loss will be insured under this policy.

## EXCLUSIONS

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition no benefits will be paid for any Accident caused by or resulting from any of the following: 1) an Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf; 2) an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency); 3) an Insured Person's emotional trauma, mental or physical illness, disease, normal pregnancy, normal childbirth or elective abortion, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof, except infections which result from Accidental Bodily Injuries. This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria. 4) an Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony; 5) while an Insured Person is incarcerated after conviction; 6) an Insured Person being intoxicated, while operating a motorized vehicle at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs; 7) an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. (This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.); 8) an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority); 9) an Insured Person traveling or flying on any flight on a rocket propelled or rocket launched aircraft or on any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted; 10) an Insured Person's suicide, attempted suicide or intentionally self-inflicted injury; 11) a declared or undeclared War.

## DEFINITIONS

**Accident** or **Accidental** means a sudden, unforeseen, and unexpected event which: 1) happens by chance; 2) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; 3) occurs while the Insured Person is insured under this policy which is in force; and 4) is the direct cause of loss. **Accidental Bodily Injury** means bodily injury, which is: 1) Accidental; 2) the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not include conditions caused by repetitive motion injuries, or cumulative trauma not a result of an Accident, including, but not limited to: 1) Osgood-Schlatter's Disease; 2) bursitis; 3) Chondromalacia; 4) shin splints; 5) stress fractures; 6) tendinitis; and 7) Carpal Tunnel Syndrome. **Benefit Amount** means the amount stated which applies: 1) at the time of an Accident; 2) to an Insured Person; and 3) for an applicable Hazard. **Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. **Immediate Family Member** means an Insured Person's: 1) Spouse or Domestic Partner; 2) children including adopted children or stepchildren; 3) legal guardians or wards; 4) siblings or siblings-in-law; 5) parents or parents-in-law; 6) grandparents or grandchildren; 7) aunts or uncles; 8) nieces and nephews. Immediate Family Member also means a Spouse's or Domestic Partner's children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews. **Insured Person** means a person, qualifying as a Class member: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. **Loss** means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, Loss of Thumb and Index Finger. Loss must occur within one year after the Accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hand** means complete severance, as determined by a Physician, of at least four fingers at or above the metacarpal phalangeal joint on the same hand or at least three fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. **Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Speech** means the permanent, irrecoverable and total Loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Physician** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member. **Policyholder** means BNY Midwest Trust Company as Trustee of the Chubb Financial Institution Trust for the Account of: Generations Gold Program. **We, Us and Our** means Federal Insurance Company.

## BENEFICIARY

The Loss of Life benefit will be paid to the first surviving party in the following order: a) the Insured Person's Spouse or Domestic Partner, b) in equal shares to the Insured Person's children, c) in equal shares to the Insured Person's parents, d) in equal shares to the Insured Person's brothers and sisters, e) the Insured Person's estate. All other benefits will be paid to the Insured Person or the Insured Person's designee, or unless otherwise noted. If you choose to name someone else as your beneficiary, please contact the Policy Administrator for a Beneficiary Designation form. Any Benefit Amount payable due to the Loss of Life of a Dependent Child will be paid to the Primary Insured Person, absent any beneficiary designation by the Dependent Child.

## CLAIM PROVISIONS

**Claim Notice:** Written Claim Notice must be given to Us or any of Our brokers or appointed agents within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms:** When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within fifteen (15) days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the Loss. This written description should include information detailing the occurrence, type and extent of the Loss for which the claim is made. **Claim Proof of Loss:** Complete Proof of Loss must be given to Us within ninety (90) days after the date of Loss, or as soon as reasonably possible. Failure to give complete Proof of Loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete Proof of Loss, except in cases where the claimant lacks legal capacity. **Claim Payment:** We will pay the Insured Person or beneficiary the applicable Benefit Amount within thirty (30) days after We receive complete Proof of Loss if the Insured Person, Policyholder and the beneficiary, where applicable, have complied with all the terms of this policy. If We fail to pay such claim within thirty (30) days after We receive complete Proof of Loss, We will pay interest of nine percent (9%) per annum from the thirtieth day. **Claim and Suit Cooperation:** In the event of a claim under this policy, the Policyholder, the Insured Person or the beneficiary, if applicable, must fully cooperate with Us in Our handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that We may require. If We are sued in connection with a claim under this policy, then the Policyholder, the Insured Person or the beneficiary must fully cooperate with Us in the handling of such suit. The Policyholder, the Insured Person or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without Our prior written consent.

**Governing Jurisdiction and Conformance With Statutes** - The group policy under which coverage is provided is governed by the laws of the jurisdiction in which it is delivered to the Policyholder. Any terms of this policy which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which an Insured Person has elected coverage are amended to conform to such statutes, laws or regulations.

## HOW TO FILE A CLAIM

To obtain a claim form contact the Policy Administrator: Generations Gold, Inc., 525 S. Flagler Drive, Suite 401, West Palm Beach, FL 33401, (800) 428-6686. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to: Crawford and Company, P.O. Box 4090, Atlanta, GA 30302, PHONE NUMBER 855-830-3719 Fax Number 855-830-3728.

## FRAUD WARNING

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person.

## POLICY ADMINISTRATOR

Generations Gold, Inc.  
525 S. Flagler Drive, Suite 401  
West Palm Beach, FL 33401  
(800) 428-6686