

Certificate of Insurance

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Simsbury, Connecticut

Policyholder: The Professional Association of Georgia Educators

Policy Number: ADD-11037

Policy Effective Date: September 1, 2004



We have issued a policy to the Policyholder. Our name, the Policyholder name and the Policy Number are shown above. The provisions of the policy which are important to you are summarized in this Certificate; consisting of this Certificate and any additional forms which have been made a part of this Certificate. This Certificate replaces all certificates which may have been given to you earlier for the policy. The policy alone is the only contract under which payment will be made. Any difference between the policy and this Certificate will be settled according to the provisions of the policy. The Policy may be inspected at the office of the Policyholder.

Ricardo A. Anzaldúa, Secretary

John C. Walters, President

SCHEDULE

BENEFIT AMOUNT: \$10,000

Accidental Death and Dismemberment Reduction on Age 65: The amount of Principal Sum in force upon an Insured Person will reduce 50% upon such individual's attainment of age 65.

30 DAY RIGHT TO EXAMINE CERTIFICATE: We urge you to examine this certificate closely. If you are not satisfied, return it to us within 30 days of your Effective Date. In that event, we will consider it void from the certificate Effective Date and any premium paid will be refunded. Any claims paid during the initial 30 day period will be deducted from the refund.

DEFINITIONS: **We, us** or **our** means the insurance company named on the face page. **You, your** or **Insured Person** means an Eligible Person while he or she is covered under the policy. **Covered Person** means you or your Eligible Dependent while you, he or she is covered under the policy. **Business Trip** means a bona-fide trip while on assignment at the direction of the Policyholder for the purpose of furthering the business of the Policyholder: a) which begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; b) which ends when he or she returns to his or her place of regular employment, whichever first occurs. **Injury** means bodily injury resulting directly from accident and independently of all other causes which occurs while the Covered Person is covered under the policy. Loss resulting from: a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or b) medical or surgical treatment of a sickness or disease; is not considered as resulting from injury. **On**, when used with reference to any conveyance (land, water or air), means in or on, boarding or alighting from the conveyance. **Common Carrier** means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern. **Civil or Public Aircraft** means an aircraft which: a) has a current and valid Airworthiness Certificate; b) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and c) is not operated by the militia or armed forces of any state, national government or international authority. **Airworthiness Certificate** means: a) the "Standard" Airworthiness Certificate issued by the United States Federal Aviation Administration; or b) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry. **Military Transport Aircraft** means a transport aircraft operated by: a) the United States Air Mobility Command (AMC); or b) a national military air transport service of any country. **Physician** means a licensed practitioner of the healing arts acting within the scope of his license. He may not be: 1) a Covered Person; 2) a member of the Covered Person's household; 3) a member of a Covered Person's immediate family; or 4) a Covered Person's employer. **Written Request** means any form provided by us for the particular request.

INSURED PERSON PERIOD OF COVERAGE: Effective Date: Your coverage for Basic Benefits becomes effective on the later of: a) the Policy Effective Date; or b) the first day of the month on or next following the date you become eligible. If you are eligible for Voluntary Benefits and give us a Written Request for those Benefits, you become covered for those Benefits on the later of: a) the Policy Effective Date; b) the first date of the month on or next following the date we receive the request. **Termination:** Your coverage as an Insured Person terminates on the earlier of: a) the date the policy is terminated; or b) the Premium due date on or next following the date You: 1) cease to be an Eligible Person, or 2) attain the Policy Age Limit, if any, shown in the Schedule. Your coverage for Voluntary Benefits terminates on the earlier of: a) the date you request that your Voluntary Benefits be terminated; b) the Premium Due Date on or next following the date you cease to be eligible for Voluntary Benefits; or c) the Premium Due Date on which you fail to pay any required premium for Voluntary Benefits. **Cancellation:** (either by Us or the Policyholder) will not affect any claim for loss due to an accident which occurs before the effective date of the cancellation. **Request For Change In Coverage:** If you give us Written Request for a change in your coverage, and if you: a) are not eligible for the coverage requested, the change will not become effective; b) are eligible for the coverage requested, the change will become effective on the first day of the month on or next following the date we receive the request.

EXCLUSIONS: The policy does not cover any loss resulting from: 1. intentionally self-inflicted Injury, suicide or attempted suicide, whether sane or insane; 2. war or act of war, whether declared or undeclared; 3. Injury sustained while riding On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft; 4. Injury sustained while riding On any aircraft: a) as a pilot, crewmember or student pilot; b) as a flight instructor or examiner; or c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under the policy; 5. Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician; 7. Injury sustained while legally intoxicated from the use of alcohol.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT (BASIC PLAN – INSURED PERSON ONLY): If your Injury results in any of the following losses within 365 days after the date of accident, we will pay the sum stated opposite the Loss shown in the Loss Table. We will not pay more than the Principal Sum for all losses due to the same accident. Your amount of the Principal Sum under the Basic Plan is shown in the Schedule.

For Loss of: Life	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
Either Hand and Sight of One Eye	The Principal Sum
Either Foot and Sight of One Eye	The Principal Sum
Either Hand or Foot	One-Half The Principal Sum
Sight of One Eye	One-Half The Principal Sum
Speech	One-Half The Principal Sum
Hearing in Both Ears.....	One-Half The Principal Sum

Loss means with regard to: a) hands and feet, actual severance through or above the wrist or ankle joints; b) sight, speech or hearing, entire and irrecoverable loss thereof; c) thumb and index finger, actual severance through or above the metacarpophalangeal joints.

CLAIMS: Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include Your name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent. **Claim Forms:** When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the Notice of Claim. If the forms are not received, the claimant will satisfy the Proof of Loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us. **Proof of Loss:** Proof of Loss must be sent to us in writing within 90 days after: a) the end of a period of our liability for periodic Payment of Claims; or b) the date of the loss for all other claims. If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated. **Time of Claim Payment:** We will pay any daily, weekly or monthly benefit due: a) on a monthly basis, after we receive the Proof of Loss, while the loss and our liability continue; or b) immediately after we receive the Proof of Loss following the end of our liability. We will pay any other benefit due immediately, but not later than 60 days, after we receive the Proof of Loss. **Payment of Claims:** We will pay any benefit due for loss of your life: a) according to the beneficiary designation in effect under the policy at the time of your death; otherwise b) to the survivors, in equal shares, in the first of the following classes to have a survivor at your death: 1) spouse, 2) children 3) parents, 4) brothers and sisters. If there is no survivor in these classes, payment will be made to your estate. All other benefits due and not assigned will be paid to you, if living. Otherwise, the benefits will be paid according to the above. If a benefit due is payable to: a) your estate; or b) you or any person who is either a minor or not competent to give a valid release for the payment; we may pay up to \$1,000 of the amount to some other person. The other person will be someone related to the minor or the incompetent person by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith. **Appealing Denial of Claims:** If a claim for benefits is wholly or partially denied, notice of the decision shall be furnished to the Insured Person. This written decision will: a) give the specific reason or reasons for denial; b) make specific reference to policy provisions on which the denial is based; c) provide a description of any additional information necessary to prepare the claim and an explanation of why it is necessary; and d) provide an explanation of the review procedure. On any denied claim, an Insured Person or his representative may appeal to Us for a full and fair review. The claimant may: a) request a review upon written application within 60 days of receipt of claim denial; b) review pertinent documents; and c) submit issues and comments in writing. We will make a decision no more than 60 days after receipt of the request for review, except in special circumstances (such as the need to hold a hearing), but in no case more than 120 days after We receive the request for review. The written decision will include specific reasons for the decision on which the decision is based. **Physical Examinations and Autopsy:** While a claim is pending we have the right at our expense: a) to have the person who has a loss examined by a physician when and as often as we feel is necessary; and b) to make an autopsy in case of death where it is not forbidden by law. **Legal Actions:** You cannot take legal action against us: a) before 60 days following the date proof of loss is sent to us; b) after 3 years following the date proof of loss is due. **Naming a Beneficiary:** You may name a beneficiary or change a revocably named beneficiary by giving your Written Request to the Policyholder. Your request takes effect on the date you execute it, regardless of whether you are living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received your request. **Assignment:** We will recognize any assignment you make under the policy, provided: a) it is duly executed; and b) a copy is on file with us. We and the Policyholder assume no responsibility for the validity or effect of an assignment.

The Hartford Life and Accident Insurance Company has contracted with an independent Third Party Administrator, AmWINS Group Benefits/NEBCO, to provide administrative services under a Policy issued to the Policyholder named in this Certificate.

The insurance carrier for the Policy is:	The Administrator for the Policy is:
The Hartford Life and Accident Insurance Company	AmWINS Group Benefits/NEBCO
200 Hopmeadow Street	8500 Freeport Parkway South, Suite 450
Simsbury, CT 06089	Irving, TX 75063