

Certificate of Insurance
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
 Hartford, Connecticut
Policyholder: Reed College
Policy Number: ETB-018154
Policy Effective Date: July 1, 2008
Certificate Effective Date: The date You enter a Class



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.


 Ricardo A. Anzaldua, Secretary


 John C. Walters, President

SCHEDULE

Eligible Persons: All employees who work .5 FTE or more of the Policyholder excluding truckdrivers. Truck Drivers, chauffeurs and delivery persons are not Eligible Persons regardless of whether they otherwise qualify under the above Class Description.

Hazard:	Benefit:	Amount:
C-12	ADD	Principal Sum: \$100,000

Aggregate Limitation: Hazard: C-12 Aggregate Amount: \$500,000

\$500,000 shall be the total limit of the Company's liability for all benefits payable under the policy because of Injury sustained due to any one accident.

Accidental Death and Dismemberment Reduction on and after Age 70: On the date of Your attainment of ages 70, 75, 80, and 85, Your amount of Principal Sum will reduce. The reduced amount will be determined by multiplying the Amount of Principal Sum shown in the Schedule and applicable to You by the percentage shown below for Your attained age:

Insured Person's Age:	<u>Age 70 - 74</u>	<u>Age 75 - 79</u>	<u>Age 80 - 84</u>	<u>Age 85 or over</u>
Percentage of Principal Sum:	65%	45%	30%	15%

If You are age 70 or over, You will not be eligible for a Principal Sum Amount that is more than the Percentage of Principal Sum shown above for Your attained age.

Benefit Description: Accidental Death and Dismemberment Benefit: Loss Period: 365 days* (*For residents of Pennsylvania, the 365 day Loss Period does not apply to Loss of Life).

DEFINITIONS: **ADD** means Accidental Death and Dismemberment Benefit. **We, Us** or **Our** means the insurance company named on the face page. **Insured Person, You** or **Your** means an Eligible Person while he or she is covered under the policy. **Injury** means, and You are covered for, bodily injury resulting directly and independently of all other causes from accident which occurs: a) while You are covered under; and b) in the manner specified in; a Hazard applicable to Your Class. 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. **Business Trip** means a bona fide trip: a) while on assignment or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder; b) which begins when You leave Your residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; c) which ends when You return to Your residence or place of regular employment, whichever first occurs; and d) excluding travel to and from work, bona fide leaves of absence and vacations. **Trip** means a trip which: a) begins when You leave Your residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and b) ends when You return to Your residence or place of regular employment, whichever first occurs. **Passenger** means a person who is not: a) the operator or driver; or b) the pilot, student pilot, or a crewmember; of a conveyance at the time of accident. **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 Aircraft** means a civil or public aircraft which: a) has an Airworthiness Certificate; b) is piloted by a person who has: 1) a current pilot certificate with

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the appropriate aircraft category rating for that aircraft; and 2) a current medical certificate which is appropriate for the operation of that aircraft; and c) is not operated by the militia, or armed forces of any state, national government or international authority. **Scheduled Aircraft** means a Civil Aircraft operated by a scheduled airline which: a) is licensed by the FAA for the transportation of passengers for hire; and b) publishes its flight schedules and fares for regular passenger service. **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. **Policyholder Aircraft** means an aircraft which is owned, leased, or operated by or on behalf of the Policyholder. **Airworthiness Certificate** means a valid and current "Standard Airworthiness Certificate" issued by the FAA. **FAA** means: a) the Federal Aviation Administration of the United States; or b) the similar aviation authority for the country of the aircraft's registry, if the country is recognized by the United States. **Extra-Hazardous Aviation Activity** means an aircraft while it is being used for one or more of the following activities: Acrobatics or Stunt Flying, Racing or any Endurance Test, Crop Dusting or Seeding, Spraying, Exploration, Pipe or Power Line Inspection, Any Form of Hunting, Bird or Fowl Herding, Aerial Photography or Banner Towing, Any Test or Experiment, Firefighting, Any flight which requires: a) a special permit; or b) waiver; from the FAA, even though granted.

DETERMINATION OF INDIVIDUAL COVERAGE: Effective Date: You become an Insured Person on the later of: a) the Policy Effective Date; or b) the date You enter a Class of Eligible Persons. **Termination:** Your coverage terminates on the earlier of: a) the date the policy terminates; or b) the date You do not qualify in any Class of Eligible Person. Termination will not affect any claim for loss due to an accident which occurs before the effective date of the termination. The Policyholder's failure to report that a person ceased to qualify in a Class of Eligible Persons will not continue coverage in that Class beyond the date he or she ceased to qualify. **Hazards and Benefits Determined By Class:** You are covered under the Hazard and for the Benefits applicable to the Class in which You qualify: a) beginning on the date You enter the Class; and b) ending on the date You leave the Class. If You qualify in more than one Class on the date of accident, You will be considered to qualify in the one Class with the largest Benefit Amount.

EXCLUSIONS: The policy does not cover any loss resulting from: 1) intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane (in Missouri, while sane); 2) war or act of war, whether declared or undeclared; 3) Injury sustained while in the armed forces of any country or international authority; 4) Injury sustained while on any aircraft, unless, and only to the extent, a Hazard specifically describes such coverage.

AGGREGATE LIMITATION: If: a) two or more persons, in the same or different classes, are injured as the result of any one accident, which occurs in the manner specified in the Hazard(s) identified in the Schedule; and b) the total of all amounts payable for all persons, in the absence of this provision, exceeds the Aggregate Amount shown opposite the Hazard; the amount for each person will be proportionately reduced so that the total will equal the Aggregate Amount.

HAZARD C-12: 24-Hour Business Trip Coverage: This Hazard covers Injury resulting from an accident which occurs anywhere in the world during a Business Trip, including: a) an Injury resulting from an accident which occurs while You are a passenger on, boarding, or alighting from a Civil Aircraft or Military Transport Aircraft; or b) Injury resulting from being struck by an aircraft. **Exclusions:** This Hazard does not cover Injury resulting from an accident which occurs while You are on, boarding, or alighting from: a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or b) a Policyholder Aircraft. Refer to the Certificate Modifications, Definitions, and Exclusions sections for modifications, limitations, and exclusions affecting this coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: If Your Injury results in any of the following losses within the Loss Period* after the date of accident, We will pay the sum shown opposite the loss. *For residents of Pennsylvania, the Loss Period does not apply to Loss of Life. We will not pay more than the Principal Sum for all losses due to the same accident. Your amount of Principal Sum and the Loss Period are 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
	Speech and Hearing	The Principal Sum
	Either Hand or 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 or Hearing	One-Half The Principal Sum
	Thumb and Index Finger of Either Hand	One-Quarter The Principal Sum

Loss means with regard to: a) hands and feet, actual severance through or above 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. **EXPOSURE:** Exposure to the elements will be presumed to be Injury if: a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which You were an occupant at the time of the accident; and b) the policy would have covered Injury resulting from the accident. **DISAPPEARANCE:** You will be presumed to have suffered loss of life if: a) Your body has not been found within one year after the disappearance of a conveyance in which You were an occupant at the time of its disappearance; b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and c) the policy would have covered Injury resulting from the accident.

CLAIMS: Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary, or his or her representative) 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 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 life: a) according to the beneficiary designation in effect at the time of death; or b) 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 a beneficiary who is either a minor or not competent to give a valid release for the payment; We may pay up to \$1,000 (\$3,000 for residents of Florida) of the benefit due to some other person. The other person will be someone related to You or the beneficiary 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. **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 is reasonably necessary; and b) in case of death to make an autopsy, where it is not forbidden by law. **Legal Actions:** No legal action may be taken against Us: a) before 60 days following the date proof of loss is sent to Us; b) after 3 years (6 years for residents of South Carolina) following the date proof of loss is due (for Florida residents, after the expiration of the applicable statute of limitations 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. A designation of beneficiary or Absolute Assignment, if any, in effect on June 30, 2008 for the Prior Policy is considered to be a designation of beneficiary or an Absolute Assignment under This Policy, which shall take effect on the effective date of This Policy. However, any designation of beneficiary or Absolute Assignment made on or before the effective date of This Policy in connection with the insurance provided by This Policy, in lieu of the designation of beneficiary or Absolute Assignment made under the Prior Policy shall take effect on the effective date of This Policy. **Prior Policy** means Policy No. ETB-18154 issued by Hartford Accident And Indemnity Company. **This Policy** means Policy No. ETB-018154 issued by Hartford Life and Accident Insurance Company. **Assignment:** The insurance under the policy is not assignable, but benefits may be assigned in accordance with the Payment of Claims provision of the Claims section of the policy.

IMPORTANT CANCELLATION INFORMATION

YOUR POLICY MAY BE CANCELED BY THE COMPANY. PLEASE REFER TO THE CANCELLATION PROVISION OF THE POLICY.

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NOTICES:

Arkansas: IMPORTANT NOTICE ARKANSAS INSURED'S ACCESS TO INSURER INFORMATION. This notice is to comply with Arkansas House Bill 1221. We are required by law to notify You of the complete addresses and phone numbers of the Arkansas Insurance Department, the insurance company's servicing office, and the agent. Below is this information: Arkansas Insurance Department, Consumer Services Division, 400 University Tower Building, Little Rock, AR 72204, Telephone: 1-800-852-5494; Servicing Office: The Hartford, Special Risk Life & Health Department, P.O. Box 2250, Alpharetta, GA 30023, Telephone (770) 753-0085. **California:** CALIFORNIA COMPLAINT NOTICE: WHENEVER THE HARTFORD OR ITS AGENT HAS BEEN UNABLE TO RESOLVE A CONSUMER COMPLAINT AFFECTING THE POLICY OR CERTIFICATE, THE STATE AGENCY LISTED BELOW MAY BE CONTACTED TO ASSIST THE COMPLAINANT IN PURSUING A RESOLUTION OF THE COMPLAINT: CALIFORNIA DEPARTMENT OF INSURANCE CONSUMER SERVICES DIVISION, 300 SOUTH SPRING STREET, LOS ANGELES, CA 90013, TOLL FREE TELEPHONE: (800) 927-4357. **Florida:** NOTICE: The benefits of the policy providing Your coverage are governed primarily by the laws of a state other than Florida. **Indiana:** IMPORTANT NOTICE We are here to serve You. As Our policyholder, Your satisfaction is very important to Us. Should You have a valid claim, We fully expect to provide a fair settlement in a timely fashion. If for any reason You wish to contact The Hartford, please write to Us at: The Hartford, Special Risk Life & Health, 200 West Madison Street, Chicago, Illinois 60606. 1-312-346-6000, or Public Information/Market Conduct, Indiana Department of Insurance, 311 W. Washington St., Suite 300, Indianapolis, IN 46204-2787. Consumer Hotline: 1-800-622-4461, Indianapolis Area: 1-317-232-2395.

Texas: **THE INSURANCE UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM. IMPORTANT NOTICE:** To obtain information or make a complaint: You may call The Hartford's toll-free telephone number for information or to make a complaint at **1-800-428-5711**. You may also write to The Hartford at: PO Box 2999, Hartford, CT 06104-2999. You may contact the Texas Department of Insurance to obtain information on companies, coverage, rights or complaints at 1-800-252-3439. You may write the Texas Department of Insurance at: PO Box 149104, Austin, TX 78714-9104, FAX # (512) 475-1771. **PREMIUM OR CLAIM DISPUTES:** Should You have a dispute concerning Your premium or about a claim You should contact the agent or The Hartford first. If the dispute is not resolved, You may contact the Texas Department of Insurance. **ATTACH THIS NOTICE TO YOUR POLICY OR CERTIFICATE:** This notice is for information only and does not become a part or condition of the attached document. **AVISO IMPORTANTE:** Para obtener informacion o para someter una queja: Usted puede llamar al numero de telefono gratis de The Hartford para informacion o para someter una queja al: **1-800-428-5711**. Usted tambien puede escribir a The Hartford: PO Box 2999, Hartford, CT 06104-2999. Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos, o quejas al **1-800-252-3439**. Puede escribir al Departamento de Seguros de Texas: PO Box 149104, Austin, TX 78714-9104. FAX # (512) 475-1771. **DISPUTAS SOBRE PRIMAS O RECLAMOS:** Si tiene una disputa concerniente a su prima o a un reclamo debe comunicarse con el agent o The Hartford primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI). **UNA ESTE AVISO A SU POLIZA O CERTIFICADO:** Este

aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto. **Wisconsin:** KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS. PROBLEMS WITH YOUR INSURANCE? - If You are having problems with Your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve Your problem. Hartford Life Insurance Companies, Special Risk Life & Health, Policyholder Services, P.O. Box 2999, Hartford, CT 06104-2999. Telephone: (860) 843-8623. You can also contact the OFFICE OF THE COMMISSIONER OF INSURANCE, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by contacting: Office of the Commissioner of Insurance, Complaints Department P.O. Box 7873, Madison, WI 53707-7873, 1-800-236-8517, 1-608-266-0103, or You can call 1-800-236-8517 outside of Madison, or 266-0103 in Madison, and request a complaint form.