



## GROUP MASTER POLICY

**Group Master Policyholder:** Trustee of the ACE USA Accident & Health Insurance Trust on behalf of New Jersey State Fire Chief's Association

**Group Participating Organization:** New Jersey State Fire Chief's Association

**Group Master Policy Number:** CVT 301213

**Group Master Policy Effective Date:** 01/01/12

**Group Master Policy Anniversary Date:** January 1st

**Governing Jurisdiction:** District of Columbia

Combined Insurance Company of America agrees to pay the benefits provided under this Group Master Policy in accordance with its terms and conditions. By accepting this Group Master Policy and by paying premiums for this Group Master Policy as they become due, the Participating Organization agrees to be bound by its terms. This Group Master Policy is delivered in and governed by the laws of the Governing Jurisdiction.

Signed for the Company at Chicago, Illinois to take effect on the Group Master Policy Effective Date.

Chairman and  
Chief Executive Officer

Secretary

## GROUP TERM LIFE INSURANCE

GROUP MASTER POLICY SCHEDULE
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### ELIGIBILITY

**Emergency Service Member** means:

1. All active emergency service organization (ESO) volunteers as provided on the **Participating Organization's** census or on file with the **Participating Organization**.

**Member** means any person identified by class in this Eligibility provision.

### **New Entrants**

Any **Member** of a defined class above is eligible as of the date s/he is added to the **Participating Organization's** roster.

### EFFECTIVE DATE OF COVERAGE

Coverage starts on:

1. The **Group Master Policy Effective Date**, for **Members** on the roster prior to the **Group Master Policy Effective Date** (under no circumstances will coverage start prior to the **Group Master Policy Effective Date**).
2. For **Members** joining or hired subsequent to the **Group Master Policy Effective Date**, eligibility is coincident with the first day that s/he is added to the **Participating Organization's** roster.

**GROUP MASTER POLICY SCHEDULE (continued)**

**SCHEDULE OF BENEFITS**

Life Insurance

\$1,300.00

**NOTE:** (THE FOLLOWING STATEMENT IS OPTIONAL BASED UPON COVERAGE SELECTED) For a **Member** who is older than age 70 on the **Group Master Policy** Effective Date, the applicable benefit amount will be reduced according to the Age Reduction Schedule of this **Group Master Policy** Schedule, as if he/she had been insured under this **Group Master Policy** prior to age 70.

**LIMITATION:** This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit **Us** from providing insurance, including, but not limited to, the payment of claims.

**AGE REDUCTION SCHEDULE**

**Death Benefits** automatically reduce to the following percentages, or flat amount, on the **Group Master Policy** Anniversary Date that follows the applicable birthday, as follows:

**Birthday**

**Death Benefit Payable**

None

**PREMIUM RATES**

58390.29

**Premium Due Dates:** Premiums are due based upon the date illustrated on the application.

**Premium Rate Guarantee Period:** These premium rates are guaranteed for two years from the **Group Master Policy** Effective Date.

**MINIMUM PARTICIPATION REQUIREMENT**

A minimum of ten eligible **Members** insured is required in order to issue and keep this **Group Master Policy** in force.

**OTHER POLICY FEATURES**

Conversion of Coverage

**Terminal Illness** Accelerated **Death Benefit** Option Rider

Waiver of Premium Rider

Group Accidental Death and Dismemberment Insurance Rider

<b>TABLE OF CONTENTS</b>
--------------------------

	Page
Group Master Policy Schedule .....	2
Definitions .....	5
Group Master Policy Provisions	
Application .....	5
Termination of Group Master Policy .....	5
Duties.....	6
Premium Provisions	
Group Master Policy Premiums.....	6
Premium Due Dates .....	6
Grace Period For Paying Premiums.....	6
Change in Premium Rates .....	6
Group Master Policy Changes and Termination	
Who May Change this Group Master Policy.....	7
When Group Master Policy Changes are Effective.....	7
General Provisions	
Certificates .....	8
Time Effective .....	8
Inspection of Group Master Policy By <b>Members</b> .....	8
Examination of Records .....	8
Notice of Right to Continue Coverage .....	8
Notice of Right to Convert .....	8
Workers' Compensation.....	8
Clerical Error.....	8
Non-Participation.....	8
Entire Contract.....	8
Assignment .....	8
Certificate Provisions Made a Part of this Group Master Policy .....	9

## DEFINITIONS

**Certificate** means the document that describes the terms of the insurance made available to insured employees.

**Death Benefit** means the amount payable upon the death of an **Insured**.

**Group Master Application** means the **Participating Organization's** Application, the document by which the **Participating Organization** agrees to participate in this insurance program.

**Group Master Policy** means the contract whose provisions govern the insurance provided to insured **Members**.

**Participating Organization** means the emergency service organization that has asked **Us** to make this insurance available to its eligible **Members**.

**Insured** means the **Member** who is insured under this **Group Master Policy**.

**We, Us** and **Our** mean Combined Insurance Company of America.

## GROUP MASTER POLICY PROVISIONS

**Application:** The **Participating Organization** must submit to **Us** an executed **Group Master Application** electing to participate in this insurance program.

**Termination of Group Master Policy:** This **Group Master Policy** will terminate at the earliest of the following events:

1. If the **Participating Organization** submits a 60 day advance written request to **Us** to terminate the **Group Master Policy**, this **Group Master Policy** will terminate on the date specified in that request;
2. If **We** give a 60 day advance written notice to the **Participating Organization** that **We** intend to terminate the **Group Master Policy**, this **Group Master Policy** will terminate on the date specified in that notice;
3. If any premium payable by the **Participating Organization** is not paid within its grace period, this **Group Master Policy** will terminate on the day after the end of the grace period;
4. If the **Participating Organization** fails to comply with any terms of this **Group Master Policy**, or otherwise fails to fulfill any obligations under or pertaining to this insurance, or fails to comply with or cooperate with **Us** in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this **Group Master Policy** will terminate on the 32nd day after **We** have given the **Participating Organization** written notice of **Our** intent to terminate; or
5. If the number of **Members** who become insured under this **Group Master Policy** during any 12 month period does not meet the Minimum Participation Requirement shown in the **Group Master Policy** Schedule, this **Group Master Policy** will terminate on the 32nd day after **We** have given the **Participating Organization** written notice of **Our** intent to terminate.

Termination of individual insurance that was effective prior to the date this **Group Master Policy** is terminated will be governed by the When Insurance Stops provision of the **Certificate**, which is attached to and forms a part of the **Group Master Policy**.

#### GROUP MASTER POLICY PROVISIONS (continued)

**Duties:** The **Participating Organization**'s duties will include, but are not limited to, the following:

1. As required, give **Us** any and all information **We** determine to be necessary for the enrollment of the **Participating Organization's Members**, and for the determination of their eligibility.
2. Receive from the **Participating Organization's Members**, and forward to **Us**, their applications or enrollment forms.
3. Maintain records pertaining to the insurance of the **Participating Organization's Members** as **We** may reasonably require while this **Group Master Policy** is in force and for two years after this **Group Master Policy** terminates, and allow **Us** the opportunity to examine these records at any reasonable time during normal business hours.
4. Cooperate fully with **Us** in preparing and/or delivering to the **Participating Organization's Members** any notices regarding this insurance.

#### PREMIUM PROVISIONS

**Group Master Policy Premiums:** The premium due for this **Group Master Policy** will be the sum of the premiums applicable for all **Insureds** under this **Group Master Policy**. The **Participating Organization** must pay the premiums to **Us**. The premium rates are set forth in the **Group Master Policy** Schedule that is a part of this **Group Master Policy**.

**Premium Due Dates:** The premiums are due and payable to **Us** in advance by the **Participating Organization** on each premium due date. The first premium due date is the **Group Master Policy** Effective Date. After that, premium due dates will be as set forth in the **Group Master Policy** Schedule, or in the Group Master Application that is a part of this **Group Master Policy**.

**Grace Period for Paying Premiums:** The **Participating Organization** will have a grace period of 31 days from each premium due date, except the first, in which to pay the premium then due. The **Participating Organization** will be liable for the premium due during the grace period.

**Change in Premium Rates:** **We** have the right to change the premium rates on any premium due date after the end of the Premium Rate Guarantee Period shown in the **Group Master Policy** Schedule. **We** will provide the **Participating Organization** with a 60 day advance written notice of any such change in the premium rates.

## GROUP MASTER POLICY CHANGES AND TERMINATION

**Who May Change This Group Master Policy:** The terms of this **Group Master Policy** may be changed at any time by written agreement between **Us** and the **Participating Organization**. The insurance provided by this **Group Master Policy** may be changed or canceled without the consent of any **Insured** and without prior notice to any **Insured**. No agent has the right to change or waive any terms of this **Group Master Policy**. Only **Our** President or a Vice President together with **Our** Secretary or an Assistant Secretary can authorize a change in this **Group Master Policy**. Such an authorization must be in writing and signed by the officers. All changes are subject to the laws of the Governing Jurisdiction.

**When Group Master Policy Changes Are Effective:** Unless **We** and the **Participating Organization** agree otherwise in writing, the effective date of any change in benefits will be the first day of the calendar month that coincides with or next follows the date **We** send notice to the **Participating Organization** of the change in benefits and any corresponding change in premiums.

## GENERAL PROVISIONS

**Certificates:** **Certificates** will be issued where required by law. **Certificates** will indicate: (1) the coverage provided to **Insureds**; (2) the person to whom the insurance benefits are payable; and (3) the rights and conditions under which conversion to permanent insurance is available. If a **Certificate** is not issued to **Insureds**, a copy will be available from the **Participating Organization** at all reasonable times during normal business hours.

**Time Effective:** For any dates used in this **Group Master Policy**, the effective time will be 12:00 a.m. (midnight) at the **Participating Organization's** home office address.

**Inspection of Group Master Policy By Members:** The **Participating Organization** must make this **Group Master Policy** available for inspection by its **Members** at all reasonable times during normal business hours.

**Examination of Records:** While this **Group Master Policy** is in effect, and for two years after it terminates, **We** have the right to examine all of the **Participating Organization's** records that pertain to this insurance.

**Notice of Right to Continue Coverage:** If continuation of coverage is part of this group insurance program, the **Participating Organization** is required to give each employee notice of the right to elect the continuation option (details are set forth in the Continuation of Coverage Option Rider attached to the **Certificate**).

**Notice of Right to Convert:** The **Participating Organization** is required to give each employee notice of the right to elect the conversion option (details are set forth in the Conversion Option provision of the **Certificate**).

**Workers' Compensation:** This **Group Master Policy** is not in lieu of Workers' Compensation coverage and does not relieve the **Participating Organization** of the need to provide such coverage.

**Clerical Error:** Clerical error will not void insurance otherwise validly in force, nor will it keep in force insurance that otherwise would cease.

**Non-Participation:** This is non-participating insurance. Neither the **Participating Organization** nor any employee participates in **Our** profits nor surplus.

**Entire Contract:** This **Group Master Policy**, the **Participating Organization's** **Group Master Application**, the **Certificate** evidencing the insurance made available to its **Members**, the **Member's** applications or enrollment forms and any riders, endorsements and amendments constitute the entire contract of insurance. All statements made by the **Participating Organization** or an **Insured** will be considered representations and not warranties. **We** will not use any statements made by or for an **Insured** to contest his/her insurance unless: (1) that statement is in writing; (2) that statement has been signed by, or on behalf of, the **Insured**; and (3) a copy of that statement has been given to the **Insured**, his/her beneficiary of his/her personal representative.

**Assignment:** The employee may assign all rights and interests in any benefits that are payable on account of the death of the employee. The assignment shall not be made to, nor be for the benefit of the **Participating Organization**.



<b>CERTIFICATE PROVISIONS MADE A PART OF THIS GROUP MASTER POLICY</b>
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The remainder of this Group Master Policy consists of the provisions that appear in the **Certificate** (including any riders and/or endorsements) that describes the insurance made available to **Members** under this **Group Master Policy**. A copy of the **Certificate**, and any riders and/or endorsements, are attached to and form a part of this **Group Master Policy**.

The following index sets forth the list of current **Certificate**, rider and/or endorsement forms:

**Index of Certificate, Rider and/or Endorsement Forms**

**Form**

**Form Number**

Group Term Life Insurance <b>Certificate</b>	C34537V
Terminal Illness Accelerated <b>Death Benefit</b> Option Rider	R34537ADB
Waiver of Premium Rider	R34537WOP
Group Accidental Death and Dismemberment Insurance Rider	R34537ADD 0111-DC

## GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE RIDER

**Combined Insurance Company of America** has issued this Rider as part of the Policy to which it is attached. The effective date of this Rider is the later of: (1) the date insurance starts under **Your** Policy; or (2) the Effective Date shown in the Notification of Certificate Change Endorsement. **PLEASE READ THIS RIDER CAREFULLY.**

### DEFINITIONS:

**Covered Activity** means any activity, including travel directly to and from such activity, which is a normal duty of an **Insured**, including any: (1) emergency response for fire suppression and rescue or emergency medical activity; (2) training exercise which simulates an emergency and where active physical participation is required; (3) **Firematic Events or Contests**; (4) class room training; (5) fund-raising activities including athletic activities solely for the purpose of raising funds for the **Participating Organization** or other non-profit organization when such fund-raising is performed as an activity of the **Participating Organization**, except any activity in football, ice or field hockey, lacrosse, soccer or boxing; (6) official functions attended primarily by **Members** of the **Participating Organization** for which the purpose is to further the business of the **Participating Organization** (i.e. installation dinners, banquets, etc.); (7) official conventions, conferences or meetings of emergency fire, rescue or medical personnel attended by the **Insured** on behalf of the **Participating Organization** including personal travel or activities undertaken attendant to such convention, conference or meeting.

The **Covered Activity** must be performed at the direction, or with the knowledge, of an officer of the **Participating Organization**, unless immediate action is required of the **Insured** at the scene of an emergency not on behalf of the **Participating Organization** or any other organization.

**Doctor** means a U.S. licensed practitioner of the healing arts, who is practicing within the scope of his/her license. A **Doctor** does not include **Yourself** or a member of **Your** immediate family. **Your** immediate family includes **Your** spouse, children and their spouses, parents, grandparents, grandchildren and their spouses, brothers or sisters and their spouses.

**Emergency Service Member** means:

1. All active emergency service organization (ESO) volunteers as provided on the **Participating Organization's** census or on file with the **Participating Organization**.
2. All active emergency service organization (ESO) volunteers and life **Members/retirees** (as defined by the ESO bylaws).
3. All active emergency service organization (ESO) volunteers and life **Members/retirees** and auxiliary **Members** (as defined by the ESO bylaws.)
4. All paid personnel.

**Firematic Events or Contests** means practice or participation in an organized event intended to enhance the **Insured's** skills or emergency reaction times. These events include, but are not limited to, departmental or interdepartmental: (1) apparatus pumping contests; (2) battles of the barrel; (3) antique pumping; (4) hose rolling contests; (5) equipment donning contests; (6) bucket brigades; (7) ladder climbs; (8) tug of war contests; and (9) apparatus operation rodeos.

**Injury** means bodily injury caused by an accident occurring while the Policy is in force with respect to the **Insured** whose **Injury** is the basis of claim and resulting directly and independently of all other causes in a covered loss which is not otherwise defined as a **Sickness**.

**Insured** means any person who is a **Member** of an Eligible Class as described in the Group Accidental Death and Dismemberment Insurance Schedule, for whom premium has been paid while covered under the Policy.

**Sickness** means illness or disease diagnosed by a **Doctor**.

**We, Us or Our** means Combined Insurance Company of America.

**You or Your** means an **Insured**.

#### **WHAT WE WILL PAY:**

**Principal Sum:** As applicable to **You**, Principal Sum means the amount of insurance in force under the Policy on the date of the accident, as described in the Group Accidental Death and Dismemberment Insurance Schedule. In no event will the total amount of Accidental Death and Dismemberment Insurance in force for **You** exceed the maximum shown the Group Accidental Death and Dismemberment Insurance Schedule.

#### **Accidental Death and Dismemberment Benefit**

**We** will pay the Percentage of Principal Sum shown below if **Injury to You** results in any one of the losses listed below in the Schedule of Losses. If **You** suffer more than one loss as a result of any one accident, only one amount, the largest, will be paid.

#### **Schedule of Losses**

<b><u>For Loss of</u></b>	<b><u>Percentage of Principal Sum</u></b>
Life	100%
Both Hands or Both Feet	100%
Sight in Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight in One Eye	100%
One Foot and Sight in One Eye	100%
Speech and Hearing in Both Ears	100%
Quadriplegia	100%
Paraplegia	75%
One Hand or One Foot	50%
Sight in One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Hemiplegia	50%
Uniplegia	25%
Thumb and Index Finger of Same Hand	25%

**Loss of Hand or Foot** means complete severance through or above the wrist or ankle joint.

**Loss of Sight in an Eye** means total and irrecoverable loss of the entire sight in that eye.

**Loss of Hearing in an Ear** means total and irrecoverable loss of the entire ability to hear in that ear.

**Loss of Speech** means total and irrecoverable loss of the entire ability to speak.

**Loss of Thumb and Index Finger** means the complete severance through or above the metacophalangeal joint of both digits.

**Quadriplegia** means the complete and irreversible paralysis of both upper and both lower Limbs.

**Paraplegia** means the complete and irreversible paralysis of both lower Limbs.

**Hemiplegia** means the complete and irreversible paralysis of the upper and lower Limbs of the same side of the body.

**Uniplegia** means the complete and irreversible paralysis of one Limb.

**Limb** means entire arm or entire leg.

**Exposure and Disappearance.** If by reason of an accident occurring while **Your** coverage is in force under the Policy, **You** are unavoidably exposed to the elements and as a result of such exposure suffer a loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of the Policy.

If **Your** body has not been found within one year of disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which **You** were an occupant while covered under the Policy, then it shall be deemed, subject to all other terms and provisions of the Policy, that **You** shall have suffered accidental death within the meaning of the Policy.

**WHAT WE WILL NOT PAY:** We will not pay benefits for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- **Sickness**, disease or infections of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning;
- **Your** commission of or attempt to commit a felony;
- declared or undeclared war, or any act of declared or undeclared war;
- full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the **Insured** enters military service);
- travel or flight in or on (including getting in or out of, or on or off of, or performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft) any vehicle used for aerial navigation, except if the **Insured** is:
  - a. riding as a passenger in any aircraft licensed for the transportation of passengers for hire; or
  - b. riding as a passenger in any aircraft while taking part of a **Covered Activity**.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the Company from providing insurance, including, but not limited to, the payment of claims.

**REDUCTION IN THE PRINCIPAL SUM:** The Reduction in the Principal Sum is shown in the Group Accidental Death and Dismemberment Insurance Schedule. The Principal Sum will be automatically reduced at specified ages.

**WHO WE WILL PAY:** Upon receipt of due written proof of death, payment for loss of life of an **Insured** will be made to **Your** beneficiary named in writing on **Your** application, enrollment form, or on the beneficiary designation form on file with the Certificate Holder.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of) **You**. If **You** die before all payments due have been made, the amount still payable will be paid to **Your** beneficiary named in writing on **Your** application, enrollment form, or on the beneficiary designation form on file with the **Participating Organization**.

If **You** did not name a beneficiary, or if the beneficiary dies before **You**, **We** will pay **Your** benefit to **Your** living relatives in the following order: (1) legal spouse; (2) children; (3) parents; or (4) brothers and/or sister. If none of these relatives are living, **We** will pay **Your** benefit to **Your** estate.

Any payment **We** make in good faith fully discharges **Our** liability to the extent of the payment made.

**RULES FOR FILING A CLAIM:** Due proof of loss must be submitted to **Us** at **Our** Administrative Office. **You, Your** beneficiary or personal representative can get a claim form by calling **Our** toll-free telephone number.

**PHYSICAL EXAMINATION AND AUTOPSY:** **We**, at **Our** expense, shall have the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy as often as **We** may reasonably require during the pendency of the claim, and to make an autopsy in the case of death where it is not forbidden by law.

**GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE SCHEDULE**

**WHO IS COVERED UNDER THIS SCHEDULE**

1. All active emergency service organization (ESO) volunteers as provided on the **Participating Organization's** census or on file with the **Participating Organization**.

**ACCIDENTAL DEATH & DISMEMBERMENT PRINCIPAL SUM**

<b>Covered Class</b>	<b>Principal Sum</b>
1	\$1,300.00

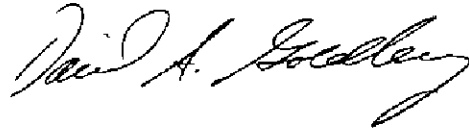
*PREMIUM RATES*  
**58390.29**

This Rider is subject to all Certificate terms and limitations.

FOR COMBINED INSURANCE COMPANY OF AMERICA



Chairman and  
Chief Executive Officer



Secretary

**Except as shown in this Rider, the provisions of Your Certificate will prevail.**

## WAIVER OF PREMIUM RIDER

**Combined Insurance Company of America** has issued this Rider as part of the **Policy** to which it is attached (**Your Policy**). The effective date of this Rider is the later of: (1) the date insurance starts under **Your Certificate**; or (2) the Effective Date shown in the Notification of Certificate Change Endorsement. **PLEASE READ THIS RIDER CAREFULLY.**

### DEFINITIONS:

**Doctor** means a U.S. licensed practitioner of the healing arts, who is practicing within the scope of his/her license. A **Doctor** does not include Yourself or a member of Your immediate family. Your immediate family includes Your spouse, children and their spouses, parents, grandparents, grandchildren and their spouses, brothers or sisters and their spouses.

**Total Disability** or **Totally Disabled** means that, due to sickness or accidental injury, You are not able to perform the material duties of any occupation for which You are reasonably qualified by education, training or experience. Total loss of sight of both eyes, or hearing in both ears, or of use of both hands or both feet, or of one hand and one foot will be considered a **Total Disability**.

**Waiting Period** means the six month period that starts on the date Your **Total Disability** begins.

**WHAT WE WILL WAIVE:** If You become **Totally Disabled** while You are insured, and You continue to be **Totally Disabled** for longer than the **Waiting Period**, We will waive the premiums under the **Policy** from the start of **Total Disability**. We will continue to waive premiums for Your coverage until the benefits for this Rider stop as provided in the When Benefits Stop provision.

**WHAT WE WILL NOT WAIVE:** We will not waive any premiums that were in default on the date Your **Total Disability** begins.

**WHEN BENEFITS START:** Benefits start on the first day after the **Waiting Period** of a **Total Disability** that begins on or after Your 16<sup>th</sup> birthday, but before Your 60<sup>th</sup> birthday, provided We approve your **Total Disability** claim.

**WHEN BENEFITS STOP:** Benefits stop at the earliest of: (1) the date Your **Total Disability** ends; (2) the date You refuse to give **Us** proof of Your continuing **Total Disability**, if We ask for it; or (3) the date You refuse to be examined by a **Doctor** of **Our** choice at **Our** expense, if **We** ask You to do so.

**WHEN THIS RIDER STOPS:** This Rider stops on Your 60<sup>th</sup> birthday. Termination of this Rider will not affect Your right to benefits for a waiver of premium claim that **We** approve on or before Your 60th birthday.

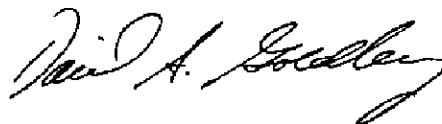
**RULES FOR FILING A CLAIM:** You must tell **Us** about Your waiver of premium claim within 30 days after the end of the **Waiting Period**. If You cannot tell **Us** within 30 days, You must tell **Us** as soon after that as You can. You must submit claims to **Us** at **Our** Administrative Office. You can get a claim form by calling **Our** toll-free telephone number. If **We** do not send the claim form within 15 days, You can simply send **Us** written proof of Your **Total Disability**. That proof must show the date and the cause of Your disability and how serious it is, and it must be signed by a **Doctor**. **We** can require that You send **Us** additional proof at reasonable intervals during Your **Total Disability**. Unless You have been legally incapable of filing the proof of Your **Total Disability**, **We** will not accept if it is filed more than 12 months from the date Your **Total Disability** begins.

**PHYSICAL EXAMINATION:** **We** have the right to arrange for You to be examined by a **Doctor** of **Our** choice at **Our** expense as often as is reasonably required while a claim is pending. You must allow **Us** the opportunity to exercise this right.

FOR COMBINED INSURANCE COMPANY OF AMERICA



Chairman and  
Chief Executive Officer



Secretary

**The premiums for this insurance must be paid during the Waiting Period.  
Except as shown in this Rider, the provisions of Your Certificate will prevail.**

## TERMINAL ILLNESS ACCELERATED DEATH BENEFIT OPTION RIDER

(Your Death Benefit will be reduced if an accelerated Death Benefit is paid)

**SPECIAL NOTICE – Benefits paid out under this Rider may be taxable, and subject to a tax penalty. Whether or not You incur a tax liability depends on how the IRS interprets the applicable portions of the Tax Code when You exercise this option. Eligibility for government sponsored health benefit plans may also be affected by Your exercising this option. As with all tax matters, You should consult a tax advisor and/or financial professional to assess the impact of exercising this option.**

**Combined Insurance Company of America** has issued this Rider as part of the **Policy** to which it is attached (Your **Policy**). The effective date of this Rider is the later of: (1) the date insurance starts under Your **Certificate**; or (2) the Effective Date shown in the Notification of Certificate Change Endorsement. **PLEASE READ THIS RIDER CAREFULLY.**

### DEFINITIONS:

**Doctor** means a U.S. licensed practitioner of the healing arts, who is practicing within the scope of his/her license. A **Doctor** does not include Yourself or a member of Your immediate family. Your immediate family includes Your spouse, children and their spouses, parents, grandparents, grandchildren and their spouses, brothers or sisters and their spouses.

**Terminal Illness** means an illness that, in the best medical judgment of a **Doctor**, will result in death within 12 months.

**WHAT YOU GET:** This Rider provides You with an option to receive a portion of Your **Death Benefit** while You are alive. You may exercise this option only if: (1) You are first diagnosed with the illness on or after the effective date of this Rider; and (2) that illness is diagnosed as terminal on or after the effective date of this Rider.

**WHAT WE WILL PAY:** If You are diagnosed with a **Terminal Illness**, **We** will accelerate the lesser of (1) up to 50% of Your **Death Benefit**; or (2) \$100,000.

**WHAT WE WILL NOT PAY:** If You ask for less than 50% of Your **Death Benefit** as the amount that You want us to accelerate, You cannot ask us at a later time to give You the difference between what You did ask for and what You could have asked for.

**WHEN THIS RIDER STOPS:** This Rider stops at the earliest of: (1) the date **We** have paid the accelerated death benefit; or (2) the date Your **Certificate** stops.

**WHAT THIS RIDER COSTS:** There is no cost for this Rider, unless You decide to exercise this option. If You decide to exercise this option, You will have to pay (1) an administrative fee of \$100; and (2) 12 months interest, in advance, on the amount that **We** accelerate (at an interest rate of not more than 7.4%).

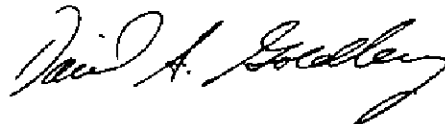
**RULES FOR FILING A CLAIM:** You must submit the claim to **Us** at **Our** Administrative Office. You can get a claim form by calling **Our** toll-free telephone number. If **We** do not send the claim form within 15 days, You can simply send **Us** written proof of the terminal illness. That proof must show the date and the cause of the **Terminal Illness**, and it must be signed by a **Doctor**. If You named an irrevocable beneficiary, the irrevocable beneficiary must also sign the claim form.

**PHYSICAL EXAMINATION:** **We** have the right to request a second opinion from a **Doctor** of **Our** choice at **Our** expense. You must allow **Us** the opportunity to exercise this right.

FOR COMBINED INSURANCE COMPANY OF AMERICA



Chairman and  
Chief Executive Officer



Secretary

**Except as shown in this Rider, the provisions of Your Certificate will prevail.**



**COMBINED INSURANCE COMPANY OF AMERICA  
111 Wacker Drive, Suite 700 • Chicago, Illinois 60601**

**ACCELERATED BENEFIT DISCLOSURE**

Your **Policy** contains an accelerated benefit rider that allows the owner to receive the proceeds of the **Policy** if the **Insured** is diagnosed with a **Terminal Illness**. A **Terminal Illness** means an illness that, in the best judgment of a **Doctor**, will result in death within 12 months.

Upon receipt of a request for a full or partial accelerated payment, the requested proceeds of the **Certificate** will be paid to the owner. For partial payments, the cash values and premium payment under the **Certificate** shall be reduced. Combined will issue an amended **Certificate** data page. If full payment of the proceeds is requested, the **Certificate** and all riders will terminate without value. No other payments will be made under the **Certificate**.

**Unlike other life insurance proceeds, accelerated benefits may be taxable. You should consult your personal tax advisor before applying for this benefit.** Also, receipt of accelerated benefits may affect Medicaid or Supplemental Social Security Income benefits or entitlements.

The **Certificate** provides that payment will not be made if the owner requests accelerated benefits involuntarily to meet the claims of creditors, whether in bankruptcy or otherwise, or to keep or obtain a government benefit or entitlement.

**We** recommend that you obtain the advice of your tax advisor and/or attorney if you have any questions about this benefit.



Combined Insurance Company of America

111 Wacker Drive, Suite 700 • Chicago, Illinois 60601

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## Participating Organization Endorsement

**Policy Number:** CVT 301213

**Effective Date:** 01/01/12

**Policyholder:** Trustee of the ACE USA Accident & Health Insurance Trust on behalf of New Jersey State Fire Chief's Association

**Participating Organization:**  
New Jersey State Fire Chief's Association

This Endorsement form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this form takes effect as of the Policy Effective Date shown in the Policy's Master Application. This form is subject to all of the terms, limitations and exclusions of the Policy except as they are changed by it.

**I.** This definition is added to the Definitions section of the Policy:

**Participating Organization** – means any individual, firm, corporation or other organization which meets these tests:

1. it elects coverage or elects to offer coverage under the Policy by completing a **Participating Organization** Application; and
2. its Application has been accepted by the Company; and
3. it pays any required premium when due;

while coverage through the **Participating Organization** is available under the Policy.

**II.** This section is added to the Policy:

**PARTICIPATING ORGANIZATION EFFECTIVE DATE**

**EFFECTIVE DATE.** A **Participating Organization's** coverage under the Policy begins on the later of:

1. the **Participating Organization** Effective Date shown in the **Participating Organization** Application at 12:01 a.m. at the address of the **Participating Organization** shown in the **Participating Organization** Application; or
2. the Policy Effective Date shown in the **Master Application**.

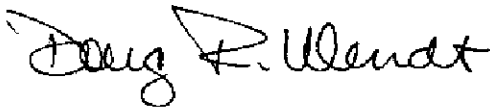
III. This language applies to each Rider form attached to the Policy:

Any Rider form applies only on or after the later of:

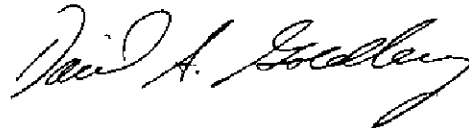
1. the effective date of each such form; or
2. the effective date of the **Participating Organization's** coverage under the Policy.

Each such form applies to a **Participating Organization's** coverage only if the **Participating Organization** has elected the coverage described in the form as shown in the **Participating Organization Application**.

Signed for Combined Insurance Company of America in Chicago, Illinois



Chairman and  
Chief Executive Officer



Secretary