

Other BENEFITS

Coma Benefits

We will pay the Coma Benefit shown in the Schedule of Benefits if a Covered Person becomes Comatose within 31 days of a Covered Accident and remains in a Coma for at least 31 days.

We reserve the right, at the end of the first 31 days of Coma, to require proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay this benefit in periodic payments and a lump sum as shown in the Schedule of Benefits. Periodic payments will end on the first of the following dates:

1. The end of the month in which the Covered Person dies.
2. The end of the 11th month for which this benefit is payable.
3. The end of the month in which the Insured recovers from the Coma.

A person is deemed "Comatose" or in a "Coma" if he or she is in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

Repatriation Benefits

We will pay Repatriation of Remains Benefits as shown in the Schedule of Benefits for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling 100 miles or more away from his or her place of permanent residence. Covered expenses include:

1. Expenses for embalming or cremation.
2. The least costly coffin or receptacle adequate for transporting the remains.
3. Transporting the remains.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an *authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.*

24-Hour Access

1-855-327-1414 Toll -Free

1-630-694-9764 Direct Dial

Cancellation - Not available

Travel Assistance Services

CHUBB Accident & Health offers worldwide travel assistance services to employees, students and their eligible dependents or other individuals covered under its accident and sickness insurance plans. In the event of a medical emergency, our Assistance Provider will provide the services on the card below. To verify eligibility call the multi-lingual call center **24 hours a day** toll free at **1-855-327-1414; or direct dial at 1-630-694-9764.**

In addition to the insurance protection provided by your insurance plan, CHUBB Accident & Health has arranged with our Assistance Provider to provide you with access to its travel assistance services around the world. These services include:

- **Medical Assistance** including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- **Personal Assistance** including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, verifies medical benefits and assists with medical claims process.
- **Travel Assistance** including emergency travel arrangements, arrangements for the return of your traveling companion or dependents and vehicle return.
- **Security Assistance** including a crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling as well as access to a secure, web-based system for tracking global threats and health or location based risk intelligence.

Travel Assistance Program

Organization: **India Network Foundation, Inc.**

Policy Number: **ADD N1430227A**

Assistance Provider: **AXA Assistance USA, Inc.**

Please call when: You require a referral to a hospital or doctor, You are hospitalized, You need to be evacuated or repatriated, You need to guarantee payment for medical expenses, You experience local communication problems, Your safety is threatened by the sudden occurrence of a political or military event

India Network Foundation, Inc.

Serving the community Since 1988

Accidental Death & Dismemberment and Repatriation Plan

Features

ADD Coverage for 0-69 years old.

\$18 per year.....\$25,000 Benefits

\$36 per year.....\$50,000 Benefits

\$72 per year.....\$100,000 Benefits

Insurance for Members Visiting the United States/Canada/ Mexico

WWW.KVRAO.ORG
WWW.INDIANNETWORK.ORG

Phone : (408) 540-3600
Fax: (408) 520-4967

Insurance Eligibility

If You are in one of the Classes of Eligible Person shown on the Policy Schedule of Benefits, You are eligible to be insured on the Policy Effective Date, or the day after You become eligible if later. We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

Schedule of Covered Losses & Benefit Amount

Life 100% of the Principal Sum
Two or more Members 100% of the Principal Sum
Quadriplegia 100% of the Principal Sum
One Member 50% of the Principal Sum
Hemiplegia 50% of the Principal Sum
Paraplegia 75% of the Principal Sum
Thumb and Index Finger of the Same Hand 25% of the Principal Sum
Uniplegia 25% of the Principal Sum

Exposure and Disappearance Coverage
We will pay benefits shown in the Schedule of Benefits if the Covered Person sustains a Covered Loss in the Schedule of Covered Losses that results or resulting directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident.

If the Covered Person disappears and is not found within one year from the date of the wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip that would otherwise be covered under this Policy, it will be presumed that

AH-10893 ACE American Insurance Company 10 the Covered Person's death resulted directly and independently of all other causes from a Covered Accident.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS
Class 1 Principal Sum : An amount selected by the member of \$25,000, \$50,000 or \$100,000

Exposure And Disappearance Coverage: Principal Sum applicable to the Covered Loss, as shown in the Schedule of Covered Losses

ADDITIONAL BENEFITS
Coma Benefit
Benefits are payable initially as 1% of the Principal Sum per Month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum

Effective and Termination Dates of Insurance

You will be insured on the later of the Policy Effective Date or the date You are eligible, if You are not required to contribute

CLAIMS

CHUBB USA
PO Box 5124
Scranton, PA 18505-0556

Or Call

(800) 336 0627 Inside USA
(302) 476 6194 Outside USA
(302) 476 7857 Fax

Claims Forms

https://www.kvrao.org/policy_pdf/Dismember_Claim.pdf
(Dismemberment Claims) or
https://www.kvrao.org/policy_pdf/AD_Claim.pdf (Death Claims)

If You are required to contribute to the cost of this insurance, Your insurance is effective on the latest of the following dates:

1. The Policy Effective Date;
2. The date You become eligible;
3. The date We receive the completed enrollment form;
4. The date the required premium is paid; or
5. The date payroll/account deduction is authorized for this insurance.

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits. "Active Service" means a Covered Person is either 1) actively at work performing all regular duties on a full-time basis either at his or her employer's place of business or someplace the employer requires him or her to be; 2) employed, but on a scheduled holiday, vacation day or period of approved paid leave of absence; or 3) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.

"Covered Accident" means an accident that occurs while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

"Covered Loss" or "Covered Losses" means an accidental death, dismemberment or other loss resulting from Injury covered under the Policy.

"Covered Person" means any eligible person who applies for coverage and for whom the required premium is paid. If the cost for this insurance is paid for by the Policyholder, individual applications are not required for an eligible person to be a Covered Person.

"Doctor" means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

"Hospital" means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provide organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

"Immediate Family" means a Covered Person's parent, grandparent, spouse, child, brother, sister, stepchild, grandchild, step-grandchild or in-laws.

"Injury" means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused through accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

"Insured" means a person in a Class of Eligible Persons who enrolls for coverage and for whom the required premium is paid making insurance in effect for that person. If the cost for this insurance is paid for by the Policyholder, an eligible person will not need to enroll to be an Insured.

"Medical Emergency" means a condition caused by an Injury that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

"Medically Necessary" means a treatment, service or supply that is: 1) required to treat an Injury; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense. "Sickness" means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

"We", "Our", "Us" means the insurance company underwriting this insurance or its authorized agent.

"You, Your, Yours" means the Insured.

Payment of Premium: The first Premium is due on before the Effective Date of Your coverage. If any premium is not paid when due, Your coverage will be canceled as of the Premium Due Date, except as provided in the Grace Period section.

Your Grace Period: If the required premium is not paid on the Premium Due Date, there is a 31-day grace period after each Premium Due Date after the first. If the required premium is not paid during the grace period, Your insurance will end on the last day of the period for which premium was paid.

If benefits are payable during the grace period, We will deduct any overdue premium from the proceeds payable under the Policy.

Exclusions

We will not pay benefits for any loss or Injury that is caused by, results from, or is contributed to by:

1. suicide or attempted suicide, intentionally self-inflicted injury.
2. war or any act of war, whether declared or not.
3. Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
4. Sickness, disease, or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
6. Injury that occurs while the Covered Person is legally intoxicated (as determined by that state's law) or while under the influence of any drug unless administered under the advice and consent of a Doctor.
7. commission of, or attempt to commit, a felony.