



Philadelphia Indemnity Insurance Company

Administrative Office
One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
Tel: 800-873-4552

CATASTROPHIC CASH BENEFIT ENDORSEMENT

This Endorsement is attached to and made part of the Policy. It is subject to all of the Policy provisions that do not conflict with its provisions.

Policyholder	Philadelphia Indemnity Insurance Company Insurance Trust
Participating Organization	Park Ridge Board of Education
Policy Number	PHPC003753
Endorsement Effective Date	8/1/2021

We will pay benefits, as shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Covered Person suffers Paralysis, Coma or Brain Death, as described below, as a result, directly and independently of all other causes, of a Covered Accident. If the Covered Person suffers more than one of these as a result of the same Covered Accident, the largest available benefit will be payable.

Paralysis **Paralysis** means:

1. for hemiplegia, Total Paralysis of the upper and lower limb on one side of the body;
2. for paraplegia, Total Paralysis of both lower limbs or both upper limbs;
3. for quadriplegia, Total Paralysis of both upper and lower limbs;
4. for uniplegia, Total Paralysis of one upper or one lower limb.

Total Paralysis means complete loss of function and sensation of limbs.

Paralysis must:

1. occur within the period shown in the *Schedule of Benefits*; and
2. continue for the period of time shown in the *Schedule of Benefits* and;
3. be diagnosed by a Physician as being complete and not reversible.

The first Catastrophic Cash Benefit, as shown in the *Schedule of Benefits*, becomes payable when the Covered Person has met each of the three conditions specified above and remains alive. Each additional periodic payment becomes payable at the end of the period for which the last payment was made, as long as Paralysis continues and the Covered Person remains alive. The amount of each periodic payment and the period for which they are made are shown in the *Schedule of Benefits*. We will terminate benefits if Physician certification of Paralysis is not provided when requested.

Coma **Coma or Comatose** means a profound state of unconsciousness from which the Covered Person is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Accident, unless the state of unconsciousness results from administration of anesthesia in preparation for surgical treatment of injuries sustained in that Covered Accident.

The Covered Person's Coma must:

1. begin within the period shown in the *Schedule of Benefits*; and
2. continue for the period shown in the *Schedule of Benefits*; and
3. be expected, as certified by a Physician, to continue for an indefinite period or end, leaving the Covered Person expecting, as certified by a Physician, to remain Totally Disabled for the remainder of his life.

The first Catastrophic Cash Benefit, as shown in the *Schedule of Benefits*, becomes payable when the Covered Person has met each of the three conditions specified above and remains alive. Each additional periodic payment thereafter becomes payable at the end of the period for which the last payment was made, as long as the Covered Person remains Comatose or Totally Disabled and alive. The amount of each periodic payment and the period for which they are made are shown in the *Schedule of Benefits*. We will terminate benefits if Physician certification of Coma or Total Disability is not provided when requested.

Brain Death

Brain Death means irreversible unconsciousness with:

1. total loss of brain function; and
2. complete absence of electrical activity of the brain, even though the heart is still beating.

Brain Death must:

1. occur within the period shown in the *Schedule of Benefits*; and
2. be diagnosed by a Physician.

The first Catastrophic Cash Benefit, as shown in the Schedule of Benefits, becomes payable when the Covered Person has met both of the conditions specified above and remains alive. Each additional periodic payment becomes payable at the end of the period for which the last payment was made, as long as Brain Death continues and the Covered Person remains alive. The amount of each periodic payment and the period for which they are made are shown in the *Schedule of Benefits*. We will terminate benefits if Physician certification of Brain Death is not provided when requested.

Exclusions Exclusions that apply to this benefit are in the *Common Exclusions* Section.

All other terms, conditions and limitations of the Blanket Accident Insurance Policy apply to this Endorsement.

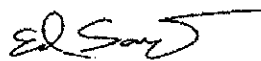
In the event of a conflict between the terms, conditions and limitations of this Endorsement and the Blanket Accident Insurance Policy, this Endorsement will control.

This Endorsement is made part of the Policy to which it is attached.

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless signed by our authorized representative.



President & CEO
Philadelphia Indemnity Insurance Company



Secretary
Philadelphia Indemnity Insurance Company



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REHABILITATION AND EXTENDED CARE FACILITY BENEFITS ENDORSEMENT

This Endorsement is attached to and made part of the Policy. It is subject to all of the Policy provisions that do not conflict with its provisions.

Policyholder	Philadelphia Indemnity Insurance Company Insurance Trust
Participating Organization	Park Ridge Board of Education
Policy Number	PHPC003753
Endorsement Effective Date	8/1/2021

We will pay Covered Expenses Incurred for physical and occupational rehabilitation provided to a Covered Person. Treatment must be rendered by a Physician or provided at a Physician's direction at a Rehabilitation Facility.

We will also pay Covered Expenses Incurred, up to the Benefit Maximum shown in the *Schedule of Benefits*, by a Covered Person for treatment of an injury sustained in a Covered Accident provided in an Extended Care Facility. Confinement in an Extended Care Facility must:

1. be preceded by a Minimum Hospital Stay; and
2. begin within the number of consecutive days of a Minimum Hospital Stay, as specified in the *Schedule of Benefits*; and
3. include treatment for which a Physician visits the Covered Person at least once every 30 days. Covered Expenses Incurred for treatment in an Extended Care Facility do not include those for routine custodial care.

Definitions For purposes of these benefits:

Extended Care Facility means an institution, operating pursuant to applicable law and engaged in providing, for a fee, in-patient skilled nursing care and related services and physical therapy services under the supervision of a Physician and registered Nurses. An Extended Care Facility must maintain medical records on all of its patients.

Rehabilitation Facility A legally operating institution or part of an institution which has a transfer agreement with one or more Hospitals and which:

1. is primarily engaged in providing comprehensive multi-disciplinary physical rehabilitative services or rehabilitation inpatient care; and
2. is duly licensed by the appropriate government agency to provide such services; and
3. is required to be accredited by the Joint Commission on Accreditation of

Health Care Organizations or the Commission on Accreditation of Rehabilitation Facilities.

A Rehabilitation Facility does not include institutions which provide only minimal care, custodial care, care for the terminally ill, part-time care, or services or facilities for drug abuse or alcoholism.

Exclusions Exclusions that apply to these benefits are in the *Common Exclusions Section*.

All other terms, conditions and limitations of the Blanket Accident Insurance Policy apply to this Endorsement.

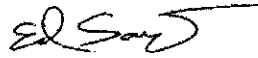
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**NOTICE
NEW JERSEY LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of New Jersey who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the New Jersey Life and Health Insurance Guaranty Association.

The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force.

The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The New Jersey Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in New Jersey. You should not rely on coverage by the New Jersey Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus. Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

The New Jersey Life and Health Insurance Guaranty Association
One Gateway Center
7th Floor
Newark, NJ 07102

State of New Jersey
Department of Insurance
20 West State Street
CN-325
Trenton, NJ 08625

The state law that provides for this safety-net coverage is called the New Jersey Life and Health Insurance Guaranty Association Act, N.J.S.A. 17B:32A-1, et seq. (the "Act").

COVERAGE

The following is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in New Jersey and hold a life, health or long-term care insurance contract, annuity contract, or if they are insured under a group insurance contract, issued by a member insurer.

The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Association if:

- . they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- . the insurer was not authorized to do business in this state;
- . the policy is issued by an organization which is not a member of the New Jersey Life and Health Insurance Guaranty Association.

The Association also does not provide coverage for:

- . any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- . any policy of reinsurance (unless an assumption certificate was issued);
- . interest rate yields that exceed an average rate as more fully described in Section 3 of the Act;
- . dividends;
- . credits given in connection with the administration of a policy by a group
- . contractholder;
- . employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Association is obligated to pay out. The Association cannot pay more than what the insurance company would owe under a policy or contract.

With respect to any one insured individual, regardless of the number of policies or contracts, the Association will pay not more than \$500,000 in life insurance death benefits and present value annuity benefits, including net cash surrender and net cash withdrawal values. Within this overall limit, the Association will not pay more than \$100,000 in cash surrender values for annuity benefits, \$500,000 in life insurance death benefits or \$500,000 in present value of annuities--again no matter how many policies and contracts that were with the same company, and no matter how many different types of coverages.

The Association will not pay more than \$2,000,000 in benefits to any one contractholder under any one unallocated annuity contract.

There are no limits on the benefits the Association will pay with respect to any one group, blanket or individual accident and health insurance policy.

PRIVACY POLICY NOTICE

Philadelphia Indemnity Insurance Company

The Philadelphia Indemnity Insurance Company ("PIIC" or "We") value(s) your privacy and we are committed to protecting personal information that we collect during the course of our business relationship with you. The collection, use and disclosure of certain nonpublic personal information are regulated by law. This notice is for your information only and requires no action on your part. It will inform you about the types of information that we collect and how it may be disclosed. This does not reflect a change in the way we do business or handle your information.

INFORMATION THAT WE COLLECT:

We collect personal information about you from the following sources:

- Applications or other forms such as claims forms or underwriting questionnaires completed by you;
- Information about your transactions with us, our affiliates or others; and
- Depending on the type of transaction you are conducting with us, information may be collected from consumer reporting agencies, health care providers, employers and other third parties in order to service your policy.

INFORMATION THAT WE DISCLOSE:

We will only disclose the information described above to affiliates and non-affiliated third parties, as permitted by law, and when necessary to conduct our normal business activities.

For example, we may make disclosures to the following types of third parties:

- Your agent or broker (producer);
- Parties who perform a business, professional or insurance functions for our company, including our reinsurance companies;
- Independent claims adjusters, investigators, attorneys, other insurers or medical care providers who need information to investigate, defend or settle a claim involving you;
- Regulatory agencies in connection with the regulation of our business; and
- Lienholders, mortgagees, lessors or other persons shown on our records as having a legal or beneficial interest in your policy.

We do not sell your information to others for marketing purposes. We do not disclose the personal information of persons who have ceased to be our customers.

PROTECTION OF INFORMATION:

We maintain physical, electronic and procedural safeguards that comply with state and federal regulations to protect the confidentiality of your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information.

USE OF COOKIES:

We may place electronic "cookies" in the browser files of your computer when you access this website. Cookies are text files placed on your computer to enable our systems to recognize your browser and to tailor the information on our website to your interests. We or our third party service providers or business partners may place cookies on your computer's hard drive to enable us to match personal information that we maintain about you so that we are able to pre populate on-line forms with your information. We also use cookies to help us analyze use of our website to understand which areas of our site are most useful to you. You may refuse the use of cookies by selecting the appropriate settings on your browser. Please note that if you do this, you may not be able to use the full functionality of the website.

YOUR RIGHTS REGARDING YOUR INFORMATION:

You have the right to submit a written request for access to your recorded Personal Information. Within 30 business days of receipt of your request, we must inform you of the nature and substance of your recorded Personal Information, permit you to view and copy it in person, or receive a copy by mail of your recorded Personal Information, and receive names of persons or entities to whom we have disclosed Personal Information about you in the last two years. There are some types of information, however, to which we are not required to give you access. Information collected for the evaluation of a claim, or when the possibility of a lawsuit exists, will not be disclosed. If your records contain medical information, we may ask you to name a licensed medical professional to whom we can send such information so that it may be properly explained. You may be charged a fee if we copy your Personal Information for you.

You have the right to request that we correct, amend or delete any recorded Personal Information that you believe is inaccurate. Within 30 business days of receipt of your request, we will correct, amend or delete the inaccurate recorded Personal Information or notify you the reason(s) that we are unable to make the change. If you disagree with our decision, you have the right to submit a concise statement for your file setting forth the reasons you disagree with us and/or the correct, relevant or fair information. If you request, we will provide you with a summary of our procedures by which you may request correction, amendment or deletion of your recorded Personal Information.

If we use an independent consumer reporting agency or insurance-support organization to prepare a report on you, you have the right to be personally interviewed by them. Information you give during an interview will be included in the report sent to us. If you wish to be interviewed, please tell us how the agency or organization may contact you, and every effort will be made to interview you. Even if you are not interviewed, you have the further right to request that the reporting agency or insurance-support organization provide you with a copy of the report it makes. Information obtained by a report prepared by an insurance support organization may be retained by that organization and disclosed to other persons. Write us at the address in this notice and we will give you the name and address of any agency or support organization we have used to prepare a report on you so that you can contact them directly to find out more about that report.

CONTACT US: Philadelphia Indemnity Insurance Company, One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004 ATTN: Chief Privacy Officer



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GENERAL ENDORSEMENT

This endorsement is attached to and made part of the Policy and Certificate. It is subject to all of the Policy and Certificate provisions that do not conflict with its provisions.

Policyholder: Park Ridge Board of Education
Policy Number: PHPA083961
Endorsement Effective Date: 8/1/2021

The following change is made:

1. The definition of Eligible Persons is deleted in its entirety and replaced with the following:

Eligible Persons: Class 1 – All enrolled students of the Policyholder Grades
Class 2 – Individuals who have purchased Voluntary School-Time or 24-Hour Coverage

2. Conditions of Coverage is amended to include Voluntary School-Time and 24-Hour Coverage. This Conditions of Coverage applies to Class 2 only.

VOLUNTARY SCHOOL-TIME AND 24-HOUR COVERAGE – Class 2 Only

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss or Incurs Covered Expenses as a direct result, independently of all other causes, of a Covered Accident that occurs any time while insured under this Policy.

Exclusions The exclusions that apply to this coverage are in the *Common Exclusions* Section.

3. The Accident Medical Expense Benefits that apply to Class 2 are outlined on the Schedule on Page #2 of this endorsement.

ACCIDENT MEDICAL EXPENSE BENEFITS – Class 2 Only

Any benefit limits and Benefit Percentages for Accident Medical Expense Benefits apply, unless otherwise specified, on a per-Covered Person, per-Covered Accident basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Scope of Coverage Applicable to Accident Medical Benefits

Primary Medical Expense

Medical Expense Benefits

Total Maximum for all Accident Medical Expense Benefits	\$25,000
First Covered Expenses must be Incurred within	180 days after a Covered Accident
Benefit Period	1 year from the date of the Covered Accident
Deductible	\$100
applies to	each Covered Accident
does not	include Covered Expenses paid under another Health Care Plan

Covered Expenses

In-Patient Hospital Services

Daily ICU or CCU Benefit	80%
Daily In-Hospital Benefit	80% of the average Semi-private room rate
Miscellaneous Services	80% per Hospital Stay

Ambulatory Medical Center

80%

Emergency Room Treatment

80%

Physician Services

Surgery Benefit	80%
Assistant Surgeon	35%
Physician's Surgical Facilities	80%
Second Opinion or Consultation	80%
Physician's Assistant	80%
Anesthesia Benefit	35%
Inpatient Visits	80%
Office Visits	80%

Outpatient X-ray, CT Scan, MRI and Laboratory Tests	80%
Outpatient Physiotherapy	80%
Nursing Services	80%
Ambulance Services	80%
Medical Equipment Rental	80%
Medical Services and Supplies	80%
Dental Services	80%
Prescription Drug Benefit	80%

Annual Rate per Covered Person

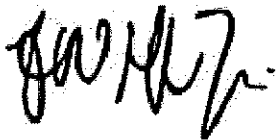
School Time with Extended Dental	\$12.00
24-Hour Coverage with Extended Dental	\$74.00

All other terms, conditions and limitations of the Blanket Accident Insurance Policy apply to this Endorsement.

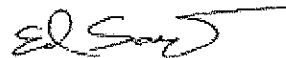
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