

SUPPLEMENTAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN

SUMMARY PLAN DESCRIPTION

Designed specifically for



This booklet describes the Supplemental Accidental Death and Dismemberment Insurance Plan available to employees of Associated Colleges of the Midwest and employees of member colleges and universities of Associated Colleges of the Midwest.

This Plan offers you the opportunity to obtain protection for yourself or yourself and your dependents on a *voluntary basis* at a cost lower than accident insurance if purchased individually.

While this booklet describes the Supplemental Accidental Death and Dismemberment Insurance Plan arranged for your benefit, ***it is not considered as the contract of insurance.*** For simplicity, this Plan has been described in a general and brief manner in this booklet. The complete terms of the Group Plan are set forth in the original Policy issued to the Associated Colleges of the Midwest. The Plan is underwritten by Gerber Life Insurance Company.

TERMS USED IN THE PLAN

In order to fully understand the extent of your coverage under this Supplemental Accidental Death and Dismemberment Plan, you should be familiar with the following terms:

Injury

Accidental bodily injury which: (i) is direct and independent of any other cause; and (ii) requires treatment by a licensed physician or surgeon, acting within the scope of his or her license.

Exposure

Being exposed to the elements following the disappearance, forced landing, stranding, sinking or wrecking of a vehicle. Exposure will be deemed an accidental bodily injury.

Disappearance

Failure to find the body within one year after the disappearance, forced landing, stranding, sinking or wrecking of a vehicle. Disappearance will be deemed accidental loss of life, provided there has been a judicial determination of death.

Loss of Use

The complete, total and irrecoverable loss of use of an arm, leg, hearing, speech or sight.

Limb

An arm or leg.

Coma

Being in a state of complete mental unconsciousness without response to stimulation.

Comatose

Being in a coma.

Permanently Totally Disabled

Not able to do any work for pay or profit for life.

Airworthiness Certificate

The "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent.

Active Work

Performing your regular duties for a full work day for your employer.

Seat Belt

A properly installed seat belt, lap and shoulder restraint, child restraint or other restraint approved by the National Highway Traffic Safety Administration.

Supplemental Restraint System

An original factory installed air bag designed to inflate on impact for added protection to the head and chest areas.

Base Annual Earnings

Base Annual Earnings means base annual income received from your employer exclusive of bonuses, overtime and any other extra or special compensation.

Criminal Assault

A physical attack by another person resulting in bodily Injury. A physical attack is any willful or unlawful use of force or violence with the intent to cause bodily Injury. The physical attack must be considered a felony or a misdemeanor in the jurisdiction where it occurred.

Licensed Child Care Center

Any state licensed facility, other than a family day care home, which provides non-medical care and supervision for children in a group setting less than 24 hours a day.

Dependent

Your Spouse and dependent unmarried Children within the specified age limits.

Unmarried

Never having been married.

Spouse

The person to whom you are legally married.

Children

Your unmarried (1) natural children; (2) adopted children; (3) step-children; (4) foster children; and (5) any children related you by blood or marriage, provided the child or children are living in a regular parent-child relationship with you and are dependent upon you for support and maintenance. Regular parent-child relationship means that the child or children reside with you in the same household. In the case of (5) above, a regular parent-child relationship does not exist if either of the child's natural parents or legal guardians also reside with you.

To be eligible, children must be under 19 years of age. Unmarried children under age 25 who attend a licensed accredited school (beyond the 12th grade level) on a full-time basis are also eligible. For coverage to continue during vacation periods, the child must be scheduled to enter school on the next enrollment date.

The age limits will not apply to any child who is mentally or physically handicapped and is dependent on you for support and maintenance.

What the Plan Covers

The Supplemental Accidental Death and Dismemberment Insurance Plan provides all-risk accident protection against most types of accidents, 24 hours a day, anywhere in the world, whether you are at work or at home, including when you are flying as a passenger (but not as a pilot or crew member) in any civilian aircraft having a current and valid Airworthiness Certificate, except aircraft owned or leased by your employer or the Associated Colleges of the Midwest.

Eligibility

If you are an active full-time or part-time employee of the Associated Colleges of the Midwest or an active full-time or part-time employee of a participating member college, working at least 17.5 hours per week, you may enroll in this Plan. If you are eligible to enroll, you may also enroll your eligible Dependents.

Enrollment Procedures

You may enroll yourself or yourself and your eligible Dependents, for coverage provided under the Plan by completing an enrollment form and authorizing payroll deductions.

If husband and wife are both employees, either each may select the Employee Only Plan, or one may select the Employee and Dependent Plan (which includes coverage for Spouse and Dependent Children).

Plan Options

You may choose to insure yourself under the Employee Only Plan, or yourself and your Dependents under the Employee and Dependent Plan.

Plan A - Employee Only Plan

You may select an amount from \$10,000 to \$750,000, in \$10,000 increments. Amounts over \$350,000 may not exceed ten (10) times your Base Annual Earnings.

Plan B - Employee and Dependent Plan

You may select an amount from \$10,000 to \$750,000 in \$10,000 increments. Amounts over \$350,000 may not exceed ten (10) times your Base Annual Earnings. If you enroll in the Employee and Dependent Plan, your Dependents will be insured as follows:

- a) Your Spouse will be insured for 65% of your Principal Sum, if you have no eligible Dependent Children.
- b) Your Spouse will be insured for 50% of your Principal Sum, and each eligible Dependent Child will be insured for 15% of your Principal Sum, subject to a maximum of \$100,000.
- c) If you do not have a Spouse, each eligible Dependent Child will be insured for 20% of your Principal Sum, subject to a maximum of \$100,000.

Your beneficiary for loss of life benefits will be the beneficiary that you designate on your enrollment form. You will be the beneficiary for each of your Dependents.

If you do not wish to participate in the Plan, please sign the enrollment form in the appropriate place which indicates that you do not wish to exercise your privilege to participate in the Plan. All enrollment forms must be returned to your Benefits Representative.

Plan Cost

Plan A – Employee Only Plan

The cost for the Employee Only plan is \$0.012 per \$1,000 of Principal Sum per month.

Plan B – Employee and Dependent Plan

The cost for the Employee and Dependent Plan is \$0.023 per \$1,000 of Principal Sum per month.

TABLE OF BENEFITS AND MONTHLY COST

*AMOUNT OF PRINCIPAL SUM	Employee Only	Employee and Dependent	*AMOUNT OF PRINCIPAL SUM	Employee Only	Employee and Dependent
\$10,000	\$0.12	\$0.23	\$390,000	\$4.68	\$8.97
20,000	0.24	0.46	400,000	4.80	9.20
30,000	0.36	0.69	410,000	4.92	9.43
40,000	0.48	0.92	420,000	5.04	9.66
50,000	0.60	1.15	430,000	5.16	9.89
60,000	0.72	1.38	440,000	5.28	10.12
70,000	0.84	1.61	450,000	5.40	10.35
80,000	0.96	1.84	460,000	5.52	10.58
90,000	1.08	2.07	470,000	5.64	10.81
100,000	1.20	2.30	480,000	5.76	11.04
110,000	1.32	2.53	490,000	5.88	11.27
120,000	1.44	2.76	500,000	6.00	11.50
130,000	1.56	2.99	510,000	6.12	11.73
140,000	1.68	3.22	520,000	6.24	11.96
150,000	1.80	3.45	530,000	6.36	12.19
160,000	1.92	3.68	540,000	6.48	12.42
170,000	2.04	3.91	550,000	6.60	12.65
180,000	2.16	4.14	560,000	6.72	12.88
190,000	2.28	4.37	570,000	6.84	13.11
200,000	2.40	4.60	580,000	6.96	13.34
210,000	2.52	4.83	590,000	7.08	13.57
220,000	2.64	5.06	600,000	7.20	13.80
230,000	2.76	5.29	610,000	7.32	14.03
240,000	2.88	5.52	620,000	7.44	14.26
250,000	3.00	5.75	630,000	7.56	14.49
260,000	3.12	5.98	640,000	7.68	14.72
270,000	3.24	6.21	650,000	7.80	14.95
280,000	3.36	6.44	660,000	7.92	15.18
290,000	3.48	6.67	670,000	8.04	15.41
300,000	3.60	6.90	680,000	8.16	15.64
310,000	3.72	7.13	690,000	8.28	15.87
320,000	3.84	7.36	700,000	8.40	16.10
330,000	3.96	7.59	710,000	8.52	16.33
340,000	4.08	7.82	720,000	8.64	16.56
350,000	4.20	8.05	730,000	8.76	16.79
360,000	4.32	8.28	740,000	8.88	17.02
370,000	4.44	8.51	750,000	9.00	17.25
380,000	4.56	8.74			

**Amounts over \$350,000 may not exceed 10 times your Base Annual Earnings.*

Upon attainment of the ages shown below, your Principal Sum will be reduced as follows:

Age at Date of Loss	Principal Sum reduced to
70 – 74	82.5% of the Principal Sum prior to age 70
75 – 79	57.5% of the Principal Sum prior to age 70
80 – 84	27.5% of the Principal Sum prior to age 70
85 and over	20.0% of the Principal Sum prior to age 70

All Plan benefits that are based on your Principal Sum will be computed according to the above schedule.

When Your Coverage Begins

You will be covered on the first of the month coinciding with or next following the date your enrollment form is received by your Benefits Department, if you have completed:

- (a) a full day of Active Work on that date; or
- (b) a full day of Active Work on your last regularly scheduled work day.

If you do not meet the requirements of (a) or (b) above, your coverage will become effective on the date you return to active work.

If you enroll under the Employee and Dependent Plan, your Dependents will be covered on the date your coverage begins, provided they are not in a hospital.

If a Dependent is in a hospital, coverage for that Dependent will become effective on the day following discharge from the hospital.

A natural child born to you will be covered on the child's date of birth even though the child is in the hospital.

When Your Coverage Ends

Your coverage will end on the earlier of:

- (a) the date the Plan ends;
- (b) the date ending the period for which your last contribution is made, if you are required to pay a part of the cost of the plan; or
- (c) the last day of the calendar month during which you are no longer a member of the eligible Class.

If you are on an:

- a) Approved Medical Leave, coverage may be continued for up to 12 months. For coverage to continue during an Approved Medical Leave, you must continue to make the required contributions for coverage under the Policy.
- b) Approved Personal Leave, coverage may be continued for up to 2 months. For coverage to continue during an Approved Personal Leave, you must continue to make the required contributions for coverage under the Policy.

- c) Approved Educational Leave, coverage may be continued for up to 6 months. For coverage to continue during an Approved Educational Leave, you must continue to make the required contributions for coverage under the Policy.
- d) Approved Family Leave, coverage may be continued for up to 4 months. For coverage to continue during an Approved Family Leave, the Insured Person must continue to make the required contributions for coverage under the Policy.

Coverage for your Dependents ends when your coverage ends or when they are no longer eligible, whichever occurs first.

BENEFITS

Accidental Death and Loss of Use Benefit

Gerber Life Insurance Company will pay a benefit for loss due to Injury caused by an accident to you or your Dependent as shown in the table below. The loss must occur within 365 days after the date of the accident.

Table of Losses:

For Loss of:

Life	The Principal Sum
Sight of Both Eyes	100% of The Principal Sum
Speech and Hearing of Both Ears	100% of The Principal Sum
Both Hands or Both Feet	100% of The Principal Sum
One Hand and One Foot	100% of The Principal Sum
Loss of Use of Four Limbs	100% of The Principal Sum
Loss of Use of Three Limbs	75% of The Principal Sum
Loss of Use of Two Limbs	67% of The Principal Sum
Loss of Use of One Limb	50% of The Principal Sum
Either Hand or Foot	50% of The Principal Sum
Sight of One Eye	50% of The Principal Sum
Speech or Hearing of Both Ears	50% of The Principal Sum
Hearing of One Ear	25% of The Principal Sum
Thumb and Index Finger of Same Hand	25% of The Principal Sum

Maximum - All Losses - Any One Accident 100% of The Principal Sum

Loss means the:

- (i) complete, total and irrecoverable loss of use of a hand at or above the wrist;
- (ii) complete, total and irrecoverable loss of use of a foot at or above the ankle joint;
- (iii) complete, total and irrecoverable loss of use of a limb at or above the elbow or knee;
- (iv) complete, total and irrecoverable loss of the sight of an eye;
- (v) complete, total and irrecoverable loss of speech;
- (vi) complete, total and irrecoverable loss of hearing; or
- (vii) complete, total and irrecoverable loss of use thumb and index finger at or above the knuckles.

Enhanced Accidental Death and Loss of Use Benefit for Your Children

Gerber Life Insurance Company will pay a benefit for loss due to Injury caused by an accident to your Dependent Child as shown in the table below. The loss must occur within 365 days after the date of the accident.

Table of Losses:

For Loss of:

Life	The Principal Sum
Sight of Both Eyes	200% of The Principal Sum
Speech and Hearing of Both Ears	200% of The Principal Sum
Both Hands or Both Feet	200% of The Principal Sum
One Hand and One Foot	200% of The Principal Sum
Loss of Use of Four Limbs	200% of The Principal Sum
Loss of Use of Three Limbs	150% of The Principal Sum
Loss of Use of Two Limbs	125% of The Principal Sum
Loss of Use of One Limb	100% of The Principal Sum
Either Hand or Foot	100% of The Principal Sum
Sight of One Eye	100% of The Principal Sum
Speech or Hearing of Both Ears	100% of The Principal Sum
Hearing of One Ear	50% of The Principal Sum
Thumb and Index Finger of Same Hand	50% of The Principal Sum

Maximum - All Losses - Any One Accident \$200,000

Loss means the:

- (i) complete, total and irrecoverable loss of use of a hand at or above the wrist;
- (ii) complete, total and irrecoverable loss of use of a foot at or above the ankle joint;
- (iii) complete, total and irrecoverable loss of use of a limb at or above the elbow or knee;
- (iv) complete, total and irrecoverable loss to the sight of an eye;
- (v) complete, total and irrecoverable loss of speech;
- (vi) complete, total and irrecoverable loss of hearing; or
- (vii) complete, total and irrecoverable loss of use of thumb and index finger at or above the knuckles.

Rehabilitation Benefit

Gerber Life Insurance Company will pay a rehabilitation benefit for loss due to Injury caused by an accident to you or your Dependent. The loss must occur within 90 days after the date of the accident.

The rehabilitation benefit is \$500 per month and will be paid for up to paid for 12 months.

In order for benefits to be paid, you or your Dependent must be receiving rehabilitation therapy from an accredited therapist as the result of the accident. You or your Dependent must continue to undergo rehabilitation therapy for benefits to be paid.

Common Disaster Benefit

If, due to Injury caused by an accident, you and your Spouse both lose your lives as the result of the same accident, your Spouse's Principal Sum shall be increased to equal your Principal Sum, subject to a maximum combined benefit of \$1,500,000.

You, your Spouse and your Dependent Children must be covered under the Policy on the Date of the accident.

The loss of your life and your Spouse's life must occur within 365 days after the date of the accident.

Survivor's Benefit

If, due to Injury caused by an accident, you or your Spouse lose your life as a result of such accident, Gerber Life Insurance Company will pay a survivor's benefit to each of your surviving Dependent Children. You, your Spouse and your Dependent Children must be covered under the Policy on the date of such accident.

The loss of life must occur within 365 days after the date of such accident.

The survivor's benefit is \$100 per month and will be paid for 12 months. The first benefit will be paid on the date the benefit for accidental loss of life is paid.

Coma Benefit

If Injury caused by an accident results in you or your Dependent being in a coma for at least 30 consecutive days, Gerber Life Insurance Company will pay a coma benefit to you or your Dependent. The coma must occur within 90 days after the date of such accident. The coma must result from accidental bodily Injury which is direct and independent of any other cause.

The coma benefit is equal to 1% of the applicable Principal Sum, subject to a minimum of \$100 and a maximum of \$1,000 per month and will be paid for up to 12 months.

The first coma benefit will be paid on the date the Company receives proof that you or your Dependent are in a coma which:

- (a) resulted from accidental bodily Injury direct and independent of any other cause;
- (b) requires treatment by a licensed physician or surgeon acting within the scope of his or her license;
- (c) requires that you or your Dependent are hospital confined; and
- (d) the coma has lasted for at least 30 consecutive days.

The coma benefit will end when the comatose condition ceases, whether by death, recovery or any other change of such condition.

Permanent and Total Disability Benefit (Employee Only)

If, due to Injury caused by an accident and prior to attainment of age 60, you become permanently and totally disabled Gerber Life Insurance Company will pay the Principal Sum.

Your disability must:

- (i) start within 90 days of the date of the accident;
- (ii) continue for a period of 26 weeks (during the 26 week period, you must be unable to perform any and every duty of your job); and
- (iii) result in you being Permanently Totally Disabled at the end of the 26 week period.

In no event will more than the Principal Sum be paid for all losses for any one Injury. The Principal Sum will be reduced by any amount paid under the Accidental Death and Loss of Use Benefit.

College Education Benefit

If, due to Injury caused by an accident, you or your Spouse lose your life as a result of such accident, Gerber Life Insurance Company will pay a benefit to each of your Dependent Children. You, your Spouse and your Dependent Children must be covered under the Policy on the date of such accident. The loss of life must occur within 365 days after the date of such accident.

The benefit is equal to 5% of your or your Spouse's Principal Sum, subject to a minimum of \$500 and a maximum of \$5,000 per year and paid for up to 4 consecutive years.

The first benefit will be paid on the later of:

- (i) the date the benefit for accidental loss of life is paid; or
- (ii) the date Gerber Life Insurance Company receives proof that your Dependent Child is attending a licensed or accredited school (beyond the 12th grade level) on a full-time basis.

Additional annual payments will be paid on the date that Gerber Life Insurance Company receives proof that your Dependent Child is attending a licensed or accredited school (beyond the 12th grade level) on a full-time basis.

The benefit shall be paid for each of your Dependent Child who, on the date of such accident, was:

- (i) attending a licensed or accredited school (beyond the 12th grade level) on a full-time basis; or
- (ii) at the 12th grade level and enrolls, within 365 days after the date of such accident, in a licensed or accredited school (beyond the 12th grade level) on a full-time basis.

Your Dependent Child must continue to enroll and attend a licensed or accredited school (beyond the 12th grade level) for the benefit to be paid.

An additional benefit of \$1,000 will be paid to the named beneficiary if you do not have any Dependent Children who qualify for this benefit.

Spouse Training Benefit

If, due to Injury caused by an accident, you lose your life as a result of such accident, Gerber Life Insurance Company will pay a benefit to your Spouse. You and your Spouse must be covered under the Policy on the date of such accident. The loss of life must occur within 365 days after the date of such accident.

The benefit is equal to 2% of your Principal Sum, subject to a minimum of \$500 and a maximum of \$20,000.

In order for benefits to be paid your Spouse must:

- (i) not be employed in an income producing occupation on the date of such accident;
- (i) and as a result of such accident, seek full-time employment within 365 days after the date of such accident; and
- (ii) enroll as a full-time student in a school of higher education or vocational training for the purpose of preparing for full-time employment.

The benefit will be paid on the date Gerber Life Insurance Company receives proof that your Spouse is attending a school of higher education or vocational training on a full-time basis.

An additional benefit of \$1,000 will be paid to the named beneficiary if you do not have a Spouse who qualifies for this benefit.

Child Care Center Benefit

If, due to Injury caused by an accident, you or your Spouse lose your life as a result of such accident, Gerber Life Insurance Company will pay a benefit to each of your Dependent Children. You, your Spouse and your Dependent Children must be covered under the Policy on the date of such accident. The loss of life must occur within 365 days after the date of such accident.

The benefit is equal to 5% of your or your Spouse's Principal Sum, subject to a minimum of \$500 and a maximum of \$5,000 per year and paid for up to 4 consecutive years.

The first benefit will be paid on the later of:

- (i) the date the benefit for accidental loss of life is paid; or
- (ii) the date Gerber Life Insurance Company receives proof that your Dependent Child is attending a licensed Child care center on a full-time basis.

Additional annual payments will be paid on the date that Gerber Life Insurance Company receives proof that your Dependent Child is attending a licensed Child care center on a full-time basis.

The benefit shall be paid for each of your Dependent Children who, on the date of such accident, were:

- (i) less than 13 years of age;
- (ii) attending a licensed Child care center on a full-time basis; or
- (iii) enrolls, within 365 days after the date of such accident, in a licensed Child care center on a full-time basis.

Your Dependent Child must continue to enroll and attend a licensed child care center on a full-time basis for the benefits to be paid.

An additional benefit of \$1,000 will be paid to the named beneficiary if you do not have any Dependent Children who qualify for this benefit.

Private Passenger Automobile Seat Belt Benefit

Gerber Life Insurance Company will pay an additional benefit of 10% of the applicable Principal Sum, subject to a minimum of \$500 and a maximum of \$75,000, for loss due to Injury caused by an accident to you or your Dependent while operating or riding as a passenger in a private passenger automobile provided that you or your Dependent were wearing a properly fastened seat belt at the time of the accident.

No benefit is payable if the operator of the automobile was under the influence of alcohol or drugs.

Seat Belt usage must be verified by:

- (i) a doctor;
- (ii) a coroner;
- (iii) a police officer; or
- (iv) any other person of competent authority.

Private Passenger Automobile Air Bag Benefit

Gerber Life Insurance Company will pay an additional benefit of 10% of the applicable Principal Sum, subject to a minimum of \$500 and a maximum of \$50,000, for loss due to Injury caused by an accident to you or your Dependent while operating or riding as a passenger in a private passenger automobile provided you or your Dependent were wearing a properly fastened seat belt at the time of the accident and were positioned in a seat protected by a properly functioning original factory installed Supplemental Restraint System that deploys on impact.

No benefit is payable if the operator of the automobile was under the influence of alcohol or drugs.

Seat Belt and Supplemental Restraint System usage must be verified by:

- (i) a doctor;
- (ii) a coroner;
- (iii) a police officer; or
- (iv) any other person of competent authority.

Criminal Assault Benefit

Gerber Life Insurance Company will pay an additional benefit of 10% of the applicable Principal Sum, subject to a minimum of \$500 and a maximum of \$50,000, for loss due to Injury caused by an accident to you or your Dependent as a result of a violent criminal act committed by a person or persons.

Coverage does not apply to any Injury sustained from your or your Dependent's own criminal act or any attempted criminal act.

Accidental Permanent Disfigurement Benefit

Gerber Life Insurance Company will pay a benefit for loss, as defined below, due to an Injury caused by an accident to you or your Dependent as shown below. The loss must occur within 90 days after the date of the accident.

The benefit shall be equal to 10% of that portion of the Principal Sum for the loss sustained, subject to a minimum of \$1,000 and a maximum of \$25,000.

Definition: Loss means any permanent disfigurement resulting from accidental bodily Injury which cannot be corrected by cosmetic surgery or by any other reasonable means as established by a competent licensed cosmetic surgeon acting within the scope of his or her license.

COBRA Accidental Death Benefit

If, due an Injury caused by an accident, you lose your life, Gerber Life Insurance Company will pay a benefit, as shown below.

This benefit is for the continuation of your medical coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

In order for the benefit to be paid, you and your Dependents must be enrolled in your employer's medical plan on the date of the accident.

The benefit will be equal to 10% of your Principal Sum, subject to a minimum of \$250 and a maximum of \$5,000 and paid for 36 months in 3 equal annual installments.

The first benefit will be paid 12 months after your death. Additional benefits will be paid in 12 month intervals.

In order for benefits to be paid, Gerber Life Insurance must receive proof that this benefit will be used for the continuation of your medical coverage under COBRA.

Therapeutic Counseling Benefit

If, due to an Injury caused by an accident, you or your Dependent require Therapeutic Counseling, Gerber Life Insurance Company will pay a benefit of \$100 per month for up to 12 months.

The Therapeutic Counseling must commence within 90 days after the date of the accident.

In order for benefits to be paid, you or your Dependent must be receiving Therapeutic Counseling from an accredited and state licensed therapist, psychiatrist or psychologist. You or your Dependent must continue to undergo Therapeutic Counseling for benefits to be paid.

Therapeutic Counseling Care means that you or your Dependent are under the care of a licensed physician acting within the scope of his or her license and upon the recommendation of such physician, you or your Dependent are receiving counseling from an accredited and state licensed therapist, psychiatrist or psychologist.

Adaptive Home and Vehicle Benefit

If, due to an Injury caused by an accident, you or your Dependent incur expenses for alterations to your principal residence or personal private automobile as a result of such Injury Gerber Life Insurance Company will pay a benefit of an amount equal to 5% of your or your Dependent's Principal Sum, subject to a minimum of \$250 and a maximum of \$10,000.

The alterations to your principal residence or personal private automobile must commence within 365 days after the date of the accident.

Eligible expenses are those expenses required to make alterations to your:

- (i) principal residence accessible to you or your Dependent; or
- (ii) personal private automobile to allow you or your Dependent to operate or ride as a passenger in such automobile.

Surgical Reattachment Benefit

Gerber Life Insurance Company will pay a benefit for the reasonable medical expenses, shown below, required to surgically reattach a severed arm, leg, hand or foot due to an Injury caused by an accident to you or your Dependent. The loss must occur within 5 days after the date of the accident.

You or your Dependent must have suffered a loss due to an Injury caused by an accident as shown in the Table of Losses below.

Items of reasonable medical expense are:

- 1) medical treatment by a licensed physician or surgeon, acting within the scope of his or her license;
- 2) services of a licensed anesthesiologist, acting within the scope of his or her license;
- 3) services of a licensed nurse, acting within the scope of his or her license; and
- 4) hospital confinement.

Table of Losses:

For Loss of:

Both Legs or Both Arms	50% of The Principal Sum
Both Hands or Both Feet	50% of The Principal Sum
One Arm and One Leg	50% of The Principal Sum
One Hand and One Foot	50% of The Principal Sum
Either Leg or Arm	25% of The Principal Sum
Either Hand or Foot	25% of The Principal Sum

Maximum - All Losses - Any One Accident 50% of The Principal Sum

Loss shall mean the:

- (i) loss of a leg by total severance at or above the knee;
- (ii) loss of an arm by total severance at or above the elbow;
- (iii) loss of a hand by total severance at or above the wrist;
- (iv) loss of a foot by total severance at or above the ankle joint

Continuation of Coverage for Dependents of Deceased Employees

If you die, while covered under the Policy, the coverage may be continued on your Dependents (if coverage under the Policy), until the sooner of:

- (i) 12 months from your death;
- (ii) remarriage of your spouse;
- (iii) the date your Dependent cease to eligible as a Dependent; or
- (iv) the date the Policy ceases.

Conversion Benefit

If your coverage under the Policy ceases because: (a) your employment ceases; or (b) your membership in the eligible class ceases, you may apply for a conversion policy providing

Accidental Death or Accidental Death and Dismemberment Insurance for which you were covered under the Policy.

Your Spouse and any Dependent Children who are covered under the Policy may also apply for the conversion policy if: (a) you die; or (b) your marriage ends.

The same right will apply to a Dependent Child who is covered under the Policy when he or she: (a) marries; or (b) reaches the age limit for coverage under the Policy.

The converted policy will be limited to the lesser of: (a) the amount of Principal Sum you or your Dependents had under the Policy; or (b) \$750,000 for you; \$490,000 for your Spouse; and \$100,000 for each Dependent Child.

The premium for the policy will be based on: (a) age; (b) class of risk; and (c) form and amount of policy.

You or your Dependent must: (i) apply for the policy; and (ii) pay the first premium for the conversion policy, within 31 days after the Policy ceases.

If issued, the Policy will go into effect on the later of: (i) the day following the date coverage under the Policy ceases; or (ii) the date Company receives the conversion application and premium payment.

No medical exam will be required.

THE PLAN'S EXCLUSIONS

Benefits are not paid for any loss caused by or resulting from:

- (a) suicide or self-inflicted injury; whether sane or not (in Missouri, while sane);
- (b) bacterial infection, except those which occur with a cut or wound at the time of the accident;
- (c) any kind of disease;
- (d) medical or surgical treatment (except surgical treatment required by the accident);
- (e) war or any act of war;
- (f) injury sustained while riding as a pilot or crew member of any aircraft;
- (g) injury sustained while in any of the armed forces, except temporary domestic National Guard or Reserve duty for less than 30 days;
- (h) injury sustained while riding in, boarding or alighting from any aircraft owned or leased by the Associated Colleges of the Midwest or your employer;
- (i) voluntarily taking any drug, chemical or controlled substance, unless taken as prescribed by a licensed physician;
- (j) committing or attempting to commit a felony; and
- (k) operating any vehicle with a blood alcohol level greater than the legal limit.

THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)
Statement of Rights and Information

HOW TO FILE A CLAIM

If you should suffer a loss covered by the Policy, either you or your beneficiary should contact the Plan Administrator to obtain claim forms. Read the instructions on these forms carefully and be sure that all the questions are answered. Remember to include any required attachments when you return the completed forms. After your claim has been processed you will be notified in writing if any additional information is required or if any benefits are denied in whole or in part.

RESPONSIBILITIES OF THE PLAN ADMINISTRATOR AND OTHER PLAN FIDUCIARIES

In carrying out their respective responsibilities under the Plan, the Plan Administrator and other Plan fiduciaries shall have the discretionary authority to interpret the terms of the Plan and to determine eligibility for Plan benefits. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

YOUR RIGHT TO APPEAL

If you have any questions about a claim payment, call or write the Plan Administrator. If your claim has been denied in whole or in part and you do not agree, you should write, within 60 days, to the claim office which advised you of the denial. Be sure you state why you believe the claim should not have been denied, and submit any data you think is appropriate. Your appeal will be reviewed by the office that processed your claim. Any appeal that cannot be resolved by that office will be forwarded to the insurance company's home office for review and final decision. The party hearing the appeal has the discretionary authority to interpret the Plan and the Policy and to determine eligibility for benefits. You will be notified of the final decision within 60 days after the date of your appeal unless there are special circumstances in which case you will be notified within 120 days.

NAME OF PLAN

Associated Colleges of the Midwest Personal Accidental Death and Dismemberment Insurance Plan

PLAN SPONSOR AND ADMINISTRATOR

Associated Colleges of the Midwest
205 West Wacker Drive, Suite 220
Chicago, Illinois 60606

PLAN IDENTIFICATION

Employer Identification Number: 36-2600769
Plan Number: 509

TYPE OF ADMINISTRATION

Contract administration. All benefits provided by Group Policy Number PAI-119192 issued to the Plan sponsor by Gerber Life Insurance Company. You may inspect this Policy and the annual report filed with the U.S. Department of Labor at the Corporate Office of Associated Colleges of the Midwest or your local personnel office. Copies may be obtained at a reasonable cost.

FUNDING

All payments to support the Plan are made by the employees of the Associated Colleges of the Midwest and participating member colleges.

END OF PLAN YEAR

December 31st.

DESIGNATED AGENT FOR SERVICE OF LEGAL PROCESS

Legal process may be made upon the Plan Administrator at the address above.

YOUR ERISA RIGHTS

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

- 1) Examine, without charge, at the Plan Administrator's office, all Plan documents, including insurance contracts and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.
- 2) Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- 3) Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and the other Plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in a federal court. In such case, the court may require the Plan Administrator to provide

the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a federal court. If it should happen that Plan "fiduciaries" misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous. If you have any questions about your plan, you should contact the Plan Administrator.

The right is reserved in the Plan for the Plan Sponsor to terminate, suspend, withdraw, amend or modify the Plan, covering any active employee, or current retiree or future retiree, in whole or in part at any time. Any such change or termination in benefits (i) will be based solely on the decision of the Plan Sponsor and (ii) may apply to all active employees, current retirees or future retirees and dependents, as either separate groups or as one group. This is subject to the applicable provisions of the Plan.

If you have any questions about this statement or about your rights under ERISA, you should contact the nearest Office of the Pension and Welfare Benefits Administration, U.S. Department of Labor listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington D.C. 20210.

HIGHLIGHTS OF ASSIST AMERICA GLOBAL EMERGENCY SERVICES ARRANGED FOR YOUR BENEFIT

In addition to your AD&D benefits are Assist America Global Emergency Services which provides the following assistance services when you and your dependents, if covered under the Supplemental Accidental Death and Dismemberment Plan, becomes ill or injured while traveling more than 100 miles from your home or traveling in a foreign country:

- ◆ Emergency Medical Evacuation
- ◆ Critical Care Monitoring
- ◆ Medically Supervised Repatriation
- ◆ Medical Consultation
- ◆ Prescription Assistance
- ◆ Emergency Message Transmission
- ◆ Transportation to Join Patient
- ◆ Care for Minor Children
- ◆ Return of Mortal Remains
- ◆ Emergency Trauma Counseling
- ◆ Lost Luggage or Document Assistance
- ◆ Interpreter and Legal Referrals
- ◆ Pre-trip Information

Assist America completely arranges and pays for all the assistance services it provides without limits on the covered cost. This alleviates many of the obstacles and potential expense that can be caused by medical emergencies away from home.

It is important to keep your Assist America identification card with you at all times so that you can call for services whenever you need them. All covered services must be arranged and provided by Assist America. No claims for reimbursement will be accepted.

Assist America is not travel or medical insurance, rather it is a provider of global emergency services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health insurance.

Assist America is more fully described in the Assist America brochure