



# BENEFIT HIGHLIGHT SUMMARY – BUSINESS TRAVEL ACCIDENT INSURANCE.

**POLICYHOLDER NAME:** GDS Associates, Inc

**POLICY #:** 20-GTA-103099



**The benefits outlined below are for:**

All Employees of the Policyholder.

**WHAT TYPE OF COVERAGE IS MY EMPLOYER PROVIDING?**

Business Trip Coverage – Accidental Death & Dismemberment (AD&D) Insurance benefits to eligible employees while they are traveling on company assignment, including local business travel.

**Benefit (AD&D) Amount = \$350,000**

**Aggregate Limit = \$3,500,000**

**WHEN DOES THIS INSURANCE BEGIN AND END?**

This insurance will become effective for you on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect. This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

**WHAT OTHER BENEFITS ARE INCLUDED?**

The following benefits pay the full principal sum amount:

- **24-Hour Hijacking Skyjacking Business and Pleasure:** A benefit is paid if an insured person suffers a covered loss at any time due to a hijacking or sky-jacking and while covered under the policy.
- **Extraordinary Commutation:** A benefit is paid if an employee is injured as a result of a covered accident that occurs while commuting between his or her home and place of employment by any means of transportation not normally used, as in during a transportation strike, a power failure, major civic breakdown or similar event.



## HAS MY EMPLOYER CHOSEN ANY SUPPLEMENTAL OR “ADD ON” BENEFITS?

Yes. The following are the Supplemental Benefits that your employer has chosen as part of your Business Travel Accident Insurance coverage:

SUPPLEMENTAL BENEFIT	BENEFIT AMOUNT
Adaptive Home & Vehicle	\$25,000
Bereavement Counseling	\$150 per visit/ max 10 sessions
Coma	See AD&D amount
Medical Emergency Evacuation	Actual cost up to a max of \$1,000,000
Out of Country Medical	\$50,000
Paralysis	See AD&D amount
Rehabilitation	\$50,000
Repatriation	Actual cost up to a max of \$1,000,000
Seat Belt	10% to \$25,000
Airbag	10% to \$25,000
Therapeutic Counseling	\$150 per visit/ max 10 sessions

### BENEFIT DESCRIPTIONS:

- **Adaptive Home & Vehicle:** It pays a benefit for home or vehicle modifications when needed due to the insured's accidental dismemberment, paralysis or loss of use of a limb or limbs
- **Bereavement Counseling:** It pays a benefit if the insured's spouse or children need counseling following the insured's death or severe injury.
- **Coma:** It pays a benefit if the insured sustains a coma due to a covered accident.
- **Medical Emergency Evacuation:** It pays a benefit for covered medical emergency evacuation expenses that occur during a covered activity of the policyholder.
- **Out of Country Medical:** It pays a benefit for medical expenses if the insured incurs a loss while participating in a covered activity or hazard while outside the United States or its territories, outside his or her home country, and/or outside his or her country of permanent residence.
- **Paralysis:** It pays a benefit if an injury to the insured results in a covered loss due to paralysis.
- **Repatriation:** It pays a benefit for covered expenses to repatriate the remains of an insured who, as the result of a covered injury or emergency sickness, loses his or her life.
- **Rehabilitation:** It pays an expense reimbursement for rehabilitation benefit if the insured suffers a covered loss which results in an accidental dismemberment, paralysis, and/or loss of use benefit being payable while participating in a covered activity or hazard.
- **Seat Belt and Airbag:** It pays a benefit to the insured who suffers a loss of life which results in an accidental death benefit being payable, if the insured is wearing a properly fastened seat belt while operating or riding as a passenger in an automobile.
- **Therapeutic Counseling:** It pays a benefit for expenses incurred by an insured for therapeutic counseling due to a covered loss for which an accidental dismemberment, paralysis or total loss of use benefit is payable.



## STANDARD BENEFITS INCLUDE

The policy pays:

- 100% of the Accidental Dismemberment Benefit Amount for accidental loss of Life, Both Hands or Both Feet or Sight of Both Eyes, One Hand and One Foot, One Hand and Sight of One Eye, One Foot and Sight of One Eye, Speech and Hearing in Both Ears or Quadriplegia.
- 75% of the Accidental Dismemberment Benefit Amount for accidental loss of Speech and Hearing in One Ear, One Arm or One Leg, Triplegia or Paraplegia.
- 50% of the Accidental Dismemberment Benefit Amount for accidental loss of One Hand or One Foot, Sight of One Eye, Speech or Hearing in Both Ears or Hemiplegia.
- 25% of the Accidental Dismemberment Benefit Amount for accidental loss of Thumb and Index Finger on the Same Hand, Hearing in One Ear or Uniplegia.
- 10% of the Accidental Dismemberment Benefit Amount for accidental loss of One Thumb.

## EXCLUSIONS AND LIMITATIONS

Unless otherwise specified in the Policy, including any attached Riders, the Policy does not cover loss resulting from or for:

- 1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted Injury;
- 2) war or act of war, whether declared or undeclared;
- 3) Injury sustained 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 Service is not excluded, unless it extends beyond 31 days;
- 4) Injury sustained while on any Aircraft except a Civil Aircraft, or Military Transport Aircraft, unless specifically covered by a Hazard Rider;
- 5) except when specifically covered by a Hazard Rider, Injury sustained while on any Aircraft:
  - a) as a pilot, crewmember or student pilot;
  - b) as a flight instructor or examiner;
  - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization covering any Eligible Class under the Policy; or
  - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 6) Injury sustained while the Insured Person is under the influence of any narcotics, drug or controlled substance, unless administered by or taken according to the instruction of a licensed Physician;
- 7) Injury sustained as a result of the Insured Person's voluntary intoxication through the use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
- 8) Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
- 9) Injury sustained while the Insured Person is under the influence of intoxicants (as defined by the law of the jurisdiction in which the Injury occurred) while operating any vehicle or means of Transportation or Conveyance;
- 10) Injury sustained by an Insured Person during or as a result of his or her participation in activities not sponsored or supervised by the Policyholder or any Extreme Sport or Extra-Hazardous Activities;
- 11) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- 12) Sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered by Rider, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- 13) Mental and Nervous Disorders;
- 14) services for which no charge is normally made.



For more information, please contact your human resources benefits representative.

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