

## NOTICE CONCERNING COVERAGE UNDER

### THE TENNESSEE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

---

Residents of Tennessee 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 Tennessee 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 the 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.

The state law that provides for this safety-net coverage is called the Tennessee Life and Health Insurance Guaranty Association Act. The following is a brief summary of this law's coverages, exclusions and limits. **This summary does not cover all provisions of the law or describe all of the conditions and limitations relating to coverage. This summary does not in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.**

#### COVERAGE

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, an annuity, or if they are insured under a group insurance contract issued by an insurer authorized to conduct business in Tennessee. Health insurance includes disability and long term care policies. 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 Guaranty Association if:

- (1) 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 insured who live outside live outside that state);
- (2) the insurer was not authorized to do business in this state;
- (3) their policy was issued by an HMO, fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does not provide coverage for:

- (1) 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;
- (2) any policy of reinsurance (unless an assumption certificate was issued);
- (3) interest rate yields that exceed an average rate;

- (4) dividends;
- (5) credits given in connection with the administration of a policy by a group contractholder;
- (6) employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- (7) unallocated annuity contracts (which give rights to group contractholders, not individuals).

#### LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Guaranty Association is obligated to pay out. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. For any one insured life, the Guaranty Association guarantees payments up to a stated maximum no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. There aggregate limits per life are as follows:

\$300,000 for policies and contracts of all types, except as described in the next point

\$500,000 for basic hospital, medical and surgical insurance and major medical insurance issued by companies that become insolvent after January 1, 2010

Within these overall limits, the Guaranty Association cannot guarantee payment of benefit greater than the following:

life insurance death benefits - \$300,000

life insurance cash surrender value - \$100,000

present value of annuity benefits for companies insolvent before July 1, 2009 - \$100,000

present value of annuity benefits for companies insolvent after June 30, 2009 - \$250,000

health insurance benefits for companies declared insolvent before January 1, 2010 - \$100,000

health insurance benefits for companies declared insolvent on or after January 1, 2010:

\$100,000 for limited benefits and supplemental health coverages

\$300,000 for disability and long term insurance

\$500,000 for basic hospital, medical and surgical insurance or major medical insurance

---

The Tennessee 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 Tennessee. You should not rely on coverage by the Tennessee 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 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.

Tennessee Life and Health Guaranty Association  
1200 One Nashville Place  
150 4th Avenue North  
Nashville, TN 37219

Tennessee Department of Commerce and Insurance  
500 James Robertson Parkway  
Nashville, TN 37243

---

## NOTICE

---

Residents of this state 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 Tennessee 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 by these insurers through the Guaranty Association is not unlimited, however and is not available at all for some policies.

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 not prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

Tennessee Life and Health Guaranty Association  
1200 One Nashville Place  
150 4th Avenue North  
Nashville, TN 37219

Tennessee Department of Commerce and Insurance  
500 James Robertson Parkway  
Nashville, TN 37243

**Life Insurance Company of North America**  
**1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235**  
**A Stock Insurance Company**

---

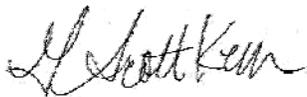
**BLANKET ACCIDENT POLICY**

**POLICYHOLDER:** Ryman Hospitality Properties, Inc.  
**POLICY NUMBER:** ABL 962757  
**POLICY EFFECTIVE DATE:** December 31, 2012  
**POLICY TERM:** December 31, 2012 to December 30, 2013  
**STATE OF ISSUE:** Tennessee

This Policy describes the terms and conditions of insurance. This Policy goes into effect subject to its applicable terms and conditions at 12:01 A.M. on the Policy Effective Date shown above at the Policyholder's address. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 12:00 A.M., on the day following the last day of the Policy Term unless the Policyholder and We agreed to continue coverage under this Policy for an additional Policy Term. The laws of the State of Issue shown above govern this Policy.

We and the Policyholder agree to all of the terms of this Policy.

**THIS IS A LIMITED POLICY**  
**IT PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENT ONLY**  
**IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS**  
**PLEASE READ IT CAREFULLY.**



Scott Kern, Corporate Secretary



Matthew G. Manders, President

Countersigned \_\_\_\_\_  
Where Required By Law

## TABLE OF CONTENTS

<b>SECTION</b>	<b>PAGE NUMBER</b>
SCHEDULE OF AFFILIATES.....	1
SCHEDULE OF BENEFITS .....	2
GENERAL DEFINITIONS .....	11
ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS .....	13
COMMON EXCLUSIONS.....	14
CLAIM PROVISIONS.....	15
ADMINISTRATIVE PROVISIONS .....	17
GENERAL PROVISIONS.....	19
BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION COVERAGE .....	21
BUSINESS TRAVEL COVERAGE.....	21
BUSINESS TRAVEL - Non-Employee Coverage.....	22
EXPOSURE AND DISAPPEARANCE COVERAGE.....	22
OWNED AIRCRAFT COVERAGE.....	23
PILOT COVERAGE.....	23
RELOCATION COVERAGE.....	23
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS .....	25
HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT .....	26
REHABILITATION BENEFIT .....	26
SEATBELT AND AIRBAG BENEFIT.....	27
DEPENDENT COVERAGE RIDER.....	28

## **SCHEDULE OF AFFILIATES**

---

The following affiliates are covered under this Policy on the effective dates listed below. A newly-acquired affiliate may be covered under this Policy on the date it is acquired as long as the Policyholder notifies Us within 30 days of its acquisition and pays the required premium. If We are not notified within the required time period, the affiliate will be covered on the date We agree in writing to provide coverage and receive the required premium. Individuals who are employed by the affiliate on its effective date of coverage are eligible for coverage on that date.

<b><u>AFFILIATE NAME</u></b>	<b><u>LOCATION</u></b>	<b><u>EFFECTIVE DATE</u></b>
None		
BA-01-1000.43		

# SCHEDULE OF BENEFITS

---

*This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the policy provisions carefully.*

**The Schedule of Benefits provides a brief outline of the coverage and benefits provided by this Policy. Please read the Conditions of Coverage and Description of Indemnity Benefits sections for full details.**

**Policy Aggregate Maximum**      \$10,000,000  
**Applies To**                      All benefits provided by this Policy

Not more than the Policy Aggregate Maximum specified above will be paid for all Covered Losses for all Covered Persons as the result of any one Covered Accident. If this amount does not allow all Covered Persons to be paid the amounts this policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Policy Aggregate Maximum.

**Eligible Persons:**              An Eligible Person is an individual who meets all of the requirements of one of the Covered Classes shown below:

- Class 1              All active, full-time Employees of the Policyholder with a pay grade of 17 or higher and who regularly work a minimum of 24 hours per week.
- Class 2              All active, full-time Exempt Employees of the Policyholder who regularly work a minimum of 24 hours per week , excluding those with a pay grade of 17 or higher.
- Class 3              All active, full-time Non-Exempt Employees of the Policyholder who regularly work a minimum of 24hours per week , excluding those with a pay grade of 17 or higher.
- Class 4              All authorized Guests of the Policyholder.

## **RATE TABLE**

Premium:                              \$4,747.00

Mode of Premium Payment:      Annual (1 year term)

Premium Due Date(s):              Policy Effective Date

Contributions:                        The cost of the coverage is paid by the Policyholder

BA-01-1100.43

## SCHEDULE OF BENEFITS FOR CLASS 1

---

### CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.

#### **Bomb Scare, Search or Explosion Coverage**

#### **Business Travel Coverage**

Personal Deviations covered	Yes
Personal Deviation takes place	during, or within 72 hours before or after, covered Business Travel
Maximum Length of Personal Deviation	72 hours

#### **Exposure and Disappearance Coverage**

#### **Owned Aircraft Coverage**

#### **Pilot Coverage**

#### **Relocation Coverage**

Personal Deviations covered	Yes
Personal Deviation takes place	within 72 hours during, before or after a Relocation Trip
Maximum Length of Personal Deviation	72 hours

BA-01-1100.43

### **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Principal Sum:	Principal Sum for Business Travel: \$500,000 or Principal Sum for Owned Air: 7 times Annual Compensation rounded to the next highest \$1,000, if not already a multiple thereof, subject to a maximum of \$2,000,000
Loss must occur within:	365 days of the Covered Accident

**Annual Compensation** means an Employee's annual earnings for normal work established by the Policyholder for his job classification, excluding commissions, bonuses, overtime or other extra compensation.

### **SCHEDULE OF COVERED LOSSES**

<b>Covered Loss</b>	<b>Benefit</b>
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or One Foot and Sight in One Eye	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Coma	
Monthly Benefit	1% of the Principal Sum
Number of Monthly Benefits	11
When Payable	At the end of each month during which the Covered Person remains comatose

<b>Covered Loss</b>	<b>Benefit</b>
Lump Sum Benefit When Payable	100% of the Principal Sum Beginning of the 12 <sup>th</sup> month
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

**Age Reductions**

The Covered Person's Accidental Death and Dismemberment Benefit will be reduced to the percentage of his Benefit in effect on the date preceding the first reduction, as shown below.

<b>Age</b>	<b>Percentage of Benefit Amount</b>
70 but less than 75	65%
75 or over	50%

**Aggregate Limit of Indemnity**

Applies to:	Amount
Bomb Scare, Search or Explosion	\$10,000,000

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

**ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

**Any benefits payable under these Additional Accident Benefits shown below are in addition to any other Accidental Death and Dismemberment benefits payable.**

**HOME ALTERATION AND VEHICLE  
MODIFICATION BENEFIT**

Benefit 10% of the Principal Sum subject to a maximum of \$25,000

**REHABILITATION BENEFIT**

Benefit per Covered Accident 6% of the Principal Sum, subject to a maximum of \$6,000

**SEATBELT AND AIRBAG BENEFIT**

Seatbelt Benefit 10% of the Principal Sum subject to a maximum of \$25,000  
 Airbag Benefit 5% of the Principal Sum subject to a maximum of \$25,000  
 Default Benefit \$1,000

## SCHEDULE OF BENEFITS FOR CLASS 2

---

### CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.

#### **Bomb Scare, Search or Explosion Coverage**

#### **Business Travel Coverage**

Personal Deviations covered	Yes
Personal Deviation takes place	during, or within 72 hours before or after, covered Business Travel
Maximum Length of Personal Deviation	72 hours

#### **Exposure and Disappearance Coverage**

#### **Owned Aircraft Coverage**

#### **Pilot Coverage**

#### **Relocation Coverage**

Personal Deviations covered	Yes
Personal Deviation takes place	within 72 hours during, before or after a Relocation Trip
Maximum Length of Personal Deviation	72 hours

BA-01-1100.43

### **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Principal Sum:	Principal Sum for Business Travel: \$250,000 or Principal Sum for Owned Air: 7 times Annual Compensation rounded to the next highest \$1,000, if not already a multiple thereof, subject to a maximum of \$2,000,000
Loss must occur within:	365 days of the Covered Accident

**Annual Compensation** means an Employee's annual earnings for normal work established by the Policyholder for his job classification, excluding commissions, bonuses, overtime or other extra compensation.

### **SCHEDULE OF COVERED LOSSES**

<b>Covered Loss</b>	<b>Benefit</b>
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or One Foot and Sight in One Eye	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Coma	
Monthly Benefit	1% of the Principal Sum
Number of Monthly Benefits	11
When Payable	At the end of each month during which the Covered Person remains comatose

<b>Covered Loss</b>	<b>Benefit</b>
Lump Sum Benefit When Payable	100% of the Principal Sum Beginning of the 12 <sup>th</sup> month
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

**Age Reductions**

The Covered Person's Accidental Death and Dismemberment Benefit will be reduced to the percentage of his Benefit in effect on the date preceding the first reduction, as shown below.

<b>Age</b>	<b>Percentage of Benefit Amount</b>
70 but less than 75	65%
75 or over	50%

**Aggregate Limit of Indemnity**

Applies to:	Amount
Bomb Scare, Search or Explosion	\$10,000,000

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

**ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

**Any benefits payable under these Additional Accident Benefits shown below are in addition to any other Accidental Death and Dismemberment benefits payable.**

**HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT**

Benefit 10% of the Principal Sum subject to a maximum of \$25,000

**REHABILITATION BENEFIT**

Benefit per Covered Accident 6% of the Principal Sum, subject to a maximum of \$6,000

**SEATBELT AND AIRBAG BENEFIT**

Seatbelt Benefit 10% of the Principal Sum subject to a maximum of \$25,000  
 Airbag Benefit 5% of the Principal Sum subject to a maximum of \$12,500  
 Default Benefit \$1,000

**SCHEDULE OF BENEFITS FOR CLASS 3**

---

**CONDITIONS OF COVERAGE**

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.

**Bomb Scare, Search or Explosion Coverage**

**Business Travel Coverage**

Personal Deviations covered	Yes
Personal Deviation takes place	during, or within 72 hours before or after, covered Business Travel
Maximum Length of Personal Deviation	72 hours

**Exposure and Disappearance Coverage**

**Owned Aircraft Coverage**

**Pilot Coverage**

**Relocation Coverage**

Personal Deviations covered	Yes
Personal Deviation takes place	within 72 hours during, before or after a Relocation Trip
Maximum Length of Personal Deviation	72 hours

BA-01-1100.43

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Principal Sum:	Principal Sum for Business Travel: \$50,000 or Principal Sum for Owned Air: 7 times Annual Compensation rounded to the next highest \$1,000, if not already a multiple thereof, subject to a maximum of \$2,000,000
Loss must occur within:	365 days of the Covered Accident

**Annual Compensation** means an Employee's annual earnings for normal work established by the Policyholder for his job classification, excluding commissions, bonuses, overtime or other extra compensation.

**SCHEDULE OF COVERED LOSSES**

<b>Covered Loss</b>	<b>Benefit</b>
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or One Foot and Sight in One Eye	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Coma	
Monthly Benefit	1% of the Principal Sum
Number of Monthly Benefits	11
When Payable	At the end of each month during which the Covered Person remains comatose

<b>Covered Loss</b>	<b>Benefit</b>
Lump Sum Benefit When Payable	100% of the Principal Sum Beginning of the 12 <sup>th</sup> month
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

**Age Reductions**

The Covered Person's Accidental Death and Dismemberment Benefit will be reduced to the percentage of his Benefit in effect on the date preceding the first reduction, as shown below.

<b>Age</b>	<b>Percentage of Benefit Amount</b>
70 but less than 75	65%
75 or over	50%

**Aggregate Limit of Indemnity**

Applies to:	Amount
Bomb Scare, Search or Explosion	\$10,000,000

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

**ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

**Any benefits payable under these Additional Accident Benefits shown below are in addition to any other Accidental Death and Dismemberment benefits payable.**

**HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT**

Benefit 10% of the Principal Sum subject to a maximum of \$5,000

**REHABILITATION BENEFIT**

Benefit per Covered Accident 6% of the Principal Sum, subject to a maximum of \$3,000

**SEATBELT AND AIRBAG BENEFIT**

Seatbelt Benefit 10% of the Principal Sum subject to a maximum of \$5,000  
 Airbag Benefit 5% of the Principal Sum subject to a maximum of \$2,500  
 Default Benefit \$1,000

**SCHEDULE OF BENEFITS FOR CLASS 4**

---

**CONDITIONS OF COVERAGE**

The benefits provided by this Policy will be paid, subject to applicable conditions, limitations and exclusions, under the following coverages.

**Bomb Scare, Search or Explosion Coverage**

**Business Travel Coverage**

*Non-Employee Coverage*

Personal Deviations covered	Yes
Personal Deviation takes place	during, or within 72 hours before or after, covered Business Travel
Maximum Length of Personal Deviation	72 hours

**Exposure and Disappearance Coverage**

**Owned Aircraft Coverage**

**Pilot Coverage**

**Relocation Coverage**

Personal Deviations covered	Yes
Personal Deviation takes place	within 72 hours during, before or after a Relocation Trip
Maximum Length of Personal Deviation	72 hours

BA-01-1100.43

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Principal Sum:	\$100,000
Loss must occur within:	365 days of the Covered Accident

**Annual Compensation** means an Employee's annual earnings for normal work established by the Policyholder for his job classification, excluding commissions, bonuses, overtime or other extra compensation.

**SCHEDULE OF COVERED LOSSES**

<b>Covered Loss</b>	<b>Benefit</b>
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or One Foot and Sight in One Eye	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Coma	
Monthly Benefit	1% of the Principal Sum
Number of Monthly Benefits	11
When Payable	At the end of each month during which the Covered Person remains comatose
Lump Sum Benefit	100% of the Principal Sum
When Payable	Beginning of the 12 <sup>th</sup> month

<b>Covered Loss</b>	<b>Benefit</b>
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

**Age Reductions**

The Covered Person's Accidental Death and Dismemberment Benefit will be reduced to the percentage of his Benefit in effect on the date preceding the first reduction, as shown below.

<b>Age</b>	<b>Percentage of Benefit Amount</b>
70 but less than 75	65%
75 or over	50%

**Aggregate Limit of Indemnity**

<b>Applies to:</b>	<b>Amount</b>
Bomb Scare, Search or Explosion	\$10,000,000

Not more than the Aggregate Limit of Indemnity specified above will be paid for all Covered Losses suffered by all Covered Persons insured under this Accidental Death Benefit as the result of any one Covered Accident that occurs under one of the Conditions of Coverage, as specified above. If this amount does not allow all Covered Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Covered Person's loss to the total of all losses, multiplied by the Aggregate Limit of Indemnity.

**ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

Any benefits payable under these Additional Accident Benefits shown below are in addition to any other Accidental Death and Dismemberment benefits payable.

**HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT**

Benefit 10% of the Principal Sum subject to a maximum of \$10,000

**REHABILITATION BENEFIT**

Benefit per Covered Accident 6% of the Principal Sum, subject to a maximum of \$6,000

**SEATBELT AND AIRBAG BENEFIT**

Seatbelt Benefit 10% of the Principal Sum subject to a maximum of \$10,000  
 Airbag Benefit 5% of the Principal Sum subject to a maximum of \$5,000  
 Default Benefit \$1,000

## GENERAL DEFINITIONS

---

Please note that certain words used in this Policy have specific meanings. The words defined below and capitalized within the text of this Policy have the meanings set forth below.

<b>Aircraft</b>	A vehicle which: <ol style="list-style-type: none"><li>1. has a valid certificate of airworthiness; and</li><li>2. is being flown by a pilot with a valid license to operate the Aircraft.</li></ol>
<b>Covered Accident</b>	An unintended and unforeseen event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions: <ol style="list-style-type: none"><li>1. occurs while the Covered Person is insured under this Policy;</li><li>2. occurs under one of the Conditions of Coverage specified in the <i>Schedule of Benefits</i>;</li><li>3. is not contributed to by disease, Sickness, or mental or bodily infirmity;</li><li>4. is not otherwise excluded under the terms of this Policy.</li></ol>
<b>Covered Injury</b>	Any bodily harm that results, directly and independently of all other causes, from a Covered Accident.
<b>Covered Person</b>	An Eligible Person, as defined in the <i>Schedule of Benefits</i> , for whom required premium has been paid when due and for whom coverage under this Policy remains in force.
<b>Employee</b>	An Employee of the Employer who is in one of the Covered Classes.
<b>Employer</b>	The Policyholder and any affiliates, subsidiaries or divisions shown in the <i>Schedule of Affiliates</i> covered under this Policy on its effective date or a later date agreed to by Us.
<b>He, His, Him</b>	Refers to any individual, male or female.
<b>Hospital</b>	An institution that meets all of the following: <ol style="list-style-type: none"><li>1. it is licensed as a Hospital pursuant to applicable law;</li><li>2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;</li><li>3. it is managed under the supervision of a staff of medical doctors;</li><li>4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);</li><li>5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;</li><li>6. it charges for its services.</li></ol> <p>The term Hospital does not include a clinic, facility, or unit of a Hospital for:</p> <ol style="list-style-type: none"><li>1. rehabilitation, convalescent, custodial, educational or nursing care;</li><li>2. the aged, drug addicts or alcoholics;</li><li>3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense.</li></ol>
<b>Nurse</b>	A licensed graduate registered nurse (R.N.) or a licensed practical nurse (L.P.N.) who is not: <ol style="list-style-type: none"><li>1. the Covered Person;</li><li>2. a parent, sibling, spouse or child of either the Covered Person or the Covered Person's spouse;</li><li>3. a person living in the Covered Person's household; or</li><li>4. a person employed or retained by the Policyholder.</li></ol>
<b>Personal Deviation</b>	An activity which: <ol style="list-style-type: none"><li>1. is neither reasonably related to or incidental to the purpose of travel for which coverage is provided by this Policy; and</li><li>2. the Covered Person performs before, during or after covered travel.</li></ol>

When coverage is provided during a Personal Deviation, the time period covered is shown in the *Conditions of Coverage* section of the *Schedule of Benefits*.

**Physician**

A United States-licensed health care provider practicing in the United States within the scope of his license and rendering care and treatment to the Covered Person that is appropriate for the condition and locality, and who is not:

1. the Covered Person;
2. a parent, sibling, spouse or child of either the Covered Person or the Covered Person's spouse;
3. a person living in the Covered Person's household;
4. a person employed or retained by the Policyholder; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

**Policyholder**

The entity, named on this Policy's face page, to which We issue this Policy.

**Private Passenger  
Automobile**

A validly registered, four wheel private passenger car, including Policyholder-owned cars, campers, motor homes, station wagons, sport utility vehicles, pick-up trucks and van-type cars that are not licensed commercially or being used for commercial purposes. Any vehicle being used as a taxicab, bus, or other public conveyance will not be considered a Private Passenger Automobile.

**Sickness**

A physical or mental illness, including pregnancy.

**We, Us, Our**

Life Insurance Company of North America

BA-01-1200.43

## **ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS**

---

<b>Policy Effective Date</b>	The Insurance Company agrees to provide Accident Insurance Benefits described in this Policy in consideration of the Policyholder's application and payment of the Initial Premium when due. Insurance begins on the Policy Effective Date shown on this Policy's first page.
<b>Effective Date for Newly-Acquired Affiliates</b>	Insurance becomes effective for any newly-acquired affiliate of the Policyholder on the date it is acquired, if: We have been notified in writing within the time period specified in the <i>Schedule of Affiliates</i> and have agreed to provide insurance, and additional premium has been paid when due. If We are not notified within the required time period, insurance for the affiliate will become effective on the date we agree in writing to insure it and receive any additional premium due. Individuals who are employees of an affiliate on its effective date of insurance under this Policy will be eligible for insurance on that date.
<b>Eligibility</b>	A person is eligible for insurance under this Policy when he meets the definition of Eligible Person shown in the <i>Schedule of Benefits</i> . An Eligible Person may be insured under only one Covered Class, even though he may be eligible under more than one Covered Class.
<b>Effective Date for Individuals</b>	Insurance becomes effective for the Eligible Person on the later of the following dates: <ol style="list-style-type: none"><li>1. the Policy Effective Date;</li><li>2. the date the person becomes eligible.</li></ol> <p>In no event will insurance for the Eligible Person become effective before the Policy Effective Date.</p>
<b>Effective Date of Changes</b>	Any increase or decrease in the amount of insurance for the Covered Person resulting from: <ol style="list-style-type: none"><li>1. a change in benefits provided by this Policy; or</li><li>2. a change in the Employee's Covered Class will take effect on the date of such change.</li></ol>
<b>Termination of Insurance</b>	Insurance for the Covered Person will end on the earliest of: <ol style="list-style-type: none"><li>1. the date the person is no longer in an Eligible Class; and</li><li>2. the date the person enters full time active duty in any Armed Forces. We will refund any premium paid for any period of active duty when We receive proof of active duty. Active duty does not include Reserve or National Guard duty for training; and</li><li>3. the end of the period for which the last premium is paid; and</li><li>4. the date this Policy ends.</li></ol> <p>Termination does not affect a claim for a Covered Loss due to a Covered Accident that occurs before the termination date. However, in no instance will benefits extend beyond the earliest of:</p> <ol style="list-style-type: none"><li>1. the end of the Benefit Period; and</li><li>2. the date benefits equal to any applicable Benefit Limit, as shown in the <i>Schedule of Benefits</i>, have been paid; and</li><li>3. the date benefits equal to any applicable Policy Aggregate Maximum, as shown in the <i>Schedule of Benefits</i>, have been paid.</li></ol>

BA-01-1300.00

## COMMON EXCLUSIONS

---

In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Conditions of Coverages* and *Description of Indemnity Benefits* sections.

1. Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war;
5. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
  - a. except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
  - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
  - c. being used for:
    - i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
    - ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
  - d. an ultra-light or glider;
  - e. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
  - f. being used for the purpose of parachuting or skydiving;
  - g. designed for flight above or beyond the earth's atmosphere;
6. Sickness, disease, bodily or mental infirmity, or viral infection or medical or surgical treatment thereof, intentional exposure to viral or chemical agents except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
7. travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be 'controlled' by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
8. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days;
10. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. living in the Covered Person's household;
3. a parent, sibling, spouse or child of either the Covered Person or the Covered Person's spouse;
4. the Covered Person.

BA-01-1403.00

## CLAIM PROVISIONS

---

<b>Beneficiary</b>	<p>The beneficiary is the person or persons the Covered Person names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Policyholder. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy.</p> <p>A beneficiary designation or change will become effective on the date the Covered Person executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.</p> <p>If more than one person is named as beneficiary, the interests of each will be equal unless the Covered Person has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.</p> <p>If there is no named beneficiary or surviving beneficiary, or if the Covered Person dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:</p> <ol style="list-style-type: none"><li>1. spouse;</li><li>2. child or children;</li><li>3. parents;</li><li>4. siblings;</li><li>5. estate of the Covered Person.</li></ol>
<b>Claim Forms</b>	<p>We send forms for filing proof of loss when We receive the notice of claim. If claim forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which claim is made.</p>
<b>Legal Actions</b>	<p>No action at law or in equity will be brought to recover benefits under this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action will be brought after the expiration of three years after the time written proof of loss is required to be furnished.</p>
<b>Notice of Claim</b>	<p>Written or authorized electronic/telephonic notice must be given to Us or Our agent within 31 days after a Covered Accident occurs or the loss begins or as soon as reasonably possible, but in no case any longer than 15 months after the date of loss. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given at Our home office in Philadelphia, Pennsylvania, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Policyholder's name and policy number and the Covered Person's name and address.</p>
<b>Manner of Payment of Claims</b>	<p>The Policyholder authorizes that any benefit payment due as a lump sum of \$5,000 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.</p>
<b>Payment of Claims</b>	<p>All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. If no such designation or provision is in effect, benefits will be paid to the estate of the Covered Person. Any other accrued proceeds unpaid at the Covered Person's death may, at the option of the insurer, be paid</p>

either to the beneficiary or to the estate. All other proceeds, will be payable to the Covered Person.

If We are to pay benefits to the estate or to a person or beneficiary who is a minor or otherwise not legally competent to give a valid release, We will pay benefits and the dollar amount may range from \$1,000 to \$5,000 to a relative who is related by blood or marriage of the Covered Person or beneficiary whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

**Payment of Claims to Foreign Employees**

The Policyholder may, in a fiduciary capacity, receive and hold any benefits payable to Covered Persons whose place of employment is other than:

1. the United States of America;
2. Puerto Rico; or
3. the Dominion of Canada.

We will not be responsible for the application or disposition by the Policyholder of any such benefits paid. Our payments to the Policyholder will constitute a full discharge of Our liability for those payments under this Policy.

**Physical Examination and Autopsy**

We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

**Proof of Loss**

Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If: (a) benefits are payable as periodic payments; and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

**Recovery of Overpayment**

If benefits are overpaid, We have the right to recover the amount overpaid up to 18 months from the date the claim is paid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

**Time of Payment**

We will pay benefits due under this Policy for any loss, other than a loss for which this Policy provides any periodic payment, immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us, unless otherwise shown in the *Benefits* sections of this Policy.

BA-01-1500.43 as modified by RA-GA-1000.00

## ADMINISTRATIVE PROVISIONS

---

### **Cancellation**

We or the Policyholder may cancel this Policy, after the first year or Policy Term, as of any Premium Due Date by giving the other party 31 days advance written or authorized electronic notice. Any premium rate guarantee will not affect Our or the Policyholder's right to cancel this Policy.

If a premium is not paid when due, We will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*.

Cancellation does not affect a claim for a Covered Loss when the Covered Accident occurs before the cancellation date.

### **Grace Period**

A Policy Grace Period of 31 days will be granted for payment of required premiums due after the first premium, unless:

1. We do not intend to renew this Policy beyond the period for which premium has been accepted; and
2. written notice of Our intention not to renew is delivered to the Policyholder at least 31 days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Policyholder is liable to Us for any unpaid premium for the time this Policy was in force.

### **Premiums**

Premium rates are expressed in, and premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Rate Table*, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. If Covered Persons' coverage amounts are reduced due to age, premium will be based on the amounts of coverage in force on the day after the reduction took place. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the Policyholder.

### **Draft Accounts**

The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

### **Premium Payment**

The total premium paid by the Policyholder is the sum of premiums for all Covered Persons. The initial premium is due on the Policy Effective Date and each succeeding premium is due on the next succeeding Premium Due Date, as shown in the *Schedule of Benefits*, unless the Policyholder and We agree to another mode of premium payment. Premiums are paid at Our home office or to Our authorized agent.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premium, except as provided in any applicable Policy Grace Period section.

### **Premium Rate Changes**

We may change premium rates at the end of any Policy Term or any Premium Rate Guarantee Period, not to exceed a 3 year period, with at least 31 days advance notice mailed to the last known address of the Policyholder. We will not increase premium rates more frequently than annually, unless one of the events described below occurs.

We may change the premium rate during a Policy Term or during any applicable Premium Rate Guarantee Period if any one of the following occurs:

1. the terms of this Policy change;
2. the number of Covered Persons or persons eligible for coverage increases or decreases by more than 10% since the later of the Policy Effective Date and the date of the last renewal of this Policy;
3. coverage is reinstated following failure to pay premium during the Grace Period;
4. a change in Covered Persons or persons eligible to be covered which would, on a manual rate basis, require a change of 10% or more in the premium rate;
5. a change in any federal or state law or regulation is enacted, adopted or amended to the extent it affects Our benefit obligations under this Policy;
6. the Policyholder fails to provide sufficient information, as required by Us, to confirm adequacy of premiums and rates currently being paid; or
7. any facultative reinsurance obtained by Us in connection with underwriting or renewal of the Policy is terminated for any reason, or if its cost increases by 10% or more, or Our retention increases by 10% or more.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

**Reinstatement**

This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Policyholder satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid, but not to any period more than 60 days prior to the date of reinstatement.

BA-01-1601.43 as modified by RA-GA-1000.00

## GENERAL PROVISIONS

---

<b>Addition of New Employees</b>	All Employees added to the Classes of Covered Classes in the <i>Schedule of Benefits</i> are eligible for insurance under this Blanket Policy.
<b>Assignment</b>	<p>We will be bound by an assignment of the Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy for the Covered Person remains in force.</p> <p>This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts unless contrary to law.</p>
<b>Certificates</b>	Where required by law, We will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.
<b>Clerical Error</b>	A person's coverage will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.
<b>Conformity with Statutes</b>	Any provision in this Policy that is in conflict with the requirements of any state or federal law that apply to this Policy are automatically changed to satisfy the minimum requirements of such laws.
<b>Entire Contract</b>	<p>This Policy, including the endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of Our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.</p> <p>If an enrollment form of any Covered Person is required, it may also be made a part of this Policy at Our option.</p>
<b>Examination of the Policy</b>	This Policy will be available for inspection at the Policyholder's office during regular business hours.
<b>Incontestability Of This Policy or Participation Under this Policy</b>	<p>All statements made by the Policyholder to obtain this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy or of participation under this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Policyholder.</p> <p>After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.</p>
<b>Misstatement of Fact</b>	If the Policyholder has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.
<b>Noncompliance with Policy Requirements</b>	Any express or implied waiver by Us of any requirements of this Policy is not a continuing waiver of such requirements. Any failure by Us to enforce any policy provision will not be a waiver or amendment of that provision.

**Policy Changes**

No change in this Policy will be valid until approved by one of Our executive officers and endorsed on or attached to this Policy. We may agree with the Policyholder to modify a plan of benefits without the Covered Person's consent.

**Records**

The Policyholder or its authorized Administrator will maintain the records of the Covered Person's insurance under this Policy. We will be permitted to examine the Policyholder's records relating to the insurance under this Policy at any reasonable time. The Policyholder is acting as an agent of the Covered Person for transactions relating to this insurance. The actions of the Policyholder will not be considered the actions of the Insurance Company.

**Ownership of Records**

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

**Workers Compensation Insurance**

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation Insurance.

BA-01-1700.00

## CONDITIONS OF COVERAGE

---

This Section describes the Conditions of Coverage under which benefits provided by this Policy become payable. Any benefits are payable only once, even though more than one Condition of Coverage may apply. Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations of coverage.

BA-01-2000.00

### BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss resulting, directly and independently of all other causes, from a Covered Accident and all of the following conditions are met:

1. the Covered Person is an authorized participant of a team or squad engaged in a Bomb Search or related activity;
2. the Policyholder authorizes the Covered Person's participation and sanctions the search.

#### Definitions

For purposes of this benefit:

**Bomb** means any real or dummy explosive device placed with intent to damage, scare, or cause injury.

**Scare** means any real or false report of a Bomb on the premises of the Policyholder.

**Search** means any organized search for a reported Bomb.

**Explosion** means any detonation of a Bomb on the Policyholder's premises which appears to have been intended to cause injury or unlawful property damage, whether or not the presence of the Bomb was reported before detonation. It does not include any act of declared or undeclared war in the United States of America or Canada, or acceptance of known explosives as cargo.

#### Exclusions

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

BA-01-2002.00

### BUSINESS TRAVEL COVERAGE

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss caused, directly and independently of all other causes, by a Covered Accident which occurs while the Covered Person is:

1. travelling:
  - a. on business of the Policyholder; and
  - b. in the course of the business of the Policyholder; and
  - c. on a trip authorized in advance by the Policyholder; and
  - d. away from the premises of the Policyholder; or
2. making a Short Stay away from the Policyholder's premises in his City of Permanent Assignment.

#### Definitions

For purposes of this coverage:

**Short Stay** means a trip on business for the Employer and authorized in advance by the Employer and lasting less than 60 days.

**City of Permanent Assignment** means the city where the Covered Person normally works.

#### Exclusions

Coverage for business travel is not provided during any of the following:

1. normal commuting between the Covered Person's home and place of work;
2. travel to another location where the Covered Person is expected to be assigned for more than 60 days;
3. any activity not authorized or organized, or not reimbursable, by the Policyholder;
4. the Covered Person's Personal Deviation, unless shown in the *Schedule of Benefits*;

5. the Covered Person's driving any vehicle or Private Passenger Automobile for pay or hire;
6. Business Travel Coverage is not in effect while the Covered Person is performing job duties: (a) during work hours; and (b) in a residence work area, which are specified in a written telecommuting agreement between him and his employer.

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

BA-01-2003.00

2229a

## **BUSINESS TRAVEL COVERAGE**

### *Non-Employee Coverage*

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss caused, directly and independently of all other causes, by a Covered Accident which occurs while the Covered Person is:

1. travelling on business of the Policyholder; and
2. on a trip authorized in advance by the Policyholder.

### **Exclusions**

Coverage for business travel is not provided during any of the following:

1. normal commuting between the Covered Person's home and place of work;
2. any activity not authorized or organized, or not reimbursable, by the Policyholder;
3. the Covered Person's Personal Deviation, unless shown in the *Schedule of Benefits*;
4. the Covered Person's participation in any race or speed contest;
5. the Covered Person's driving any vehicle or Private Passenger Automobile for pay or hire;
6. Business Travel Coverage is not in effect while the Covered Person is performing job duties: (a) during work hours; and (b) in a residence work area which are specified in a written telecommuting agreement between him and his employer.

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

BA-01-2003.00

2299

## **EXPOSURE AND DISAPPEARANCE COVERAGE**

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss which results, directly and independently of all other causes, from a Covered Accident that causes the Covered Person's unavoidable exposure to the elements following the forced landing, sinking, stranding or wrecking of a vehicle.

If the Covered Person disappears and is not found within one year from the date of wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Covered Person's death resulted directly and independently of all other causes from a Covered Accident.

Travel or trip must have been authorized in advance by the Policyholder.

### **Exclusions**

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

BA-01-2006.00

## **OWNED AIRCRAFT COVERAGE**

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss that results, directly and independently of all other causes, from a Covered Accident that occurs during travel or flight in, including getting in or out of, any Aircraft that is owned, leased, operated or controlled by the Policyholder or any of its subsidiaries or affiliates.

A record of eligible Aircraft will be maintained by the Policyholder and provided to Us at Our request.

An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction. An Aircraft controlled by the Policyholder is one available for its use for 10 or more consecutive days or 15 days during any calendar year.

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

BA-01-2012.00

## **PILOT COVERAGE**

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss resulting, directly and independently of all other causes, from a Covered Accident that occurs while the Covered Person is flying as a licensed pilot or member of the crew of an Aircraft and meets all of the following requirements:

1. has submitted a completed Pilot Data History form and been accepted for Pilot Coverage by Us;
2. maintains the same level of qualification stated on the Pilot Data History form submitted to and approved by Us;
3. is flying as a pilot or member of the crew of an Aircraft travelling on or transacting business for the Policyholder. All trips must have been authorized in advance by the Policyholder;
4. is flying as a pilot or member of the crew of an Aircraft on a list of eligible Aircraft maintained by the Policyholder;
5. is flying as a pilot or member of the crew of an Aircraft that is owned, leased, operated or controlled by the Policyholder;
6. is not giving or receiving flight instruction.

### **Description of Aircraft Covered**

A record of eligible Aircraft will be maintained by the Policyholder and provided to Us at Our request.

An Aircraft substituted for an eligible Aircraft will also be eligible if it is as similar to the original Aircraft in design and seating capacity as is available, and the original Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction. An Aircraft controlled by the Policyholder is one available for its use for 10 or more consecutive days or 15 days during any calendar year.

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

BA-01-2013.00

## **RELOCATION COVERAGE**

We will pay benefits provided by this Policy, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss that results, directly and independently of all other causes, from a Covered Accident that occurs during Relocation. This Benefit will be equal to the percentage of the Covered Person's Accidental Death and Dismemberment Benefit, as specified in the *Schedule of Benefits*.

Relocation coverage begins when the Covered Person departs from his prior place of residence, or if later, his prior place of employment and begins travel to his new place of residence or employment. Relocation coverage ends when the Covered Person begins his first full day of employment at his new location or 10 days from the date this coverage began.

**Definition** For purposes of this coverage:  
**Relocation** means a change in the Covered Person's assigned place of employment for the Policyholder which necessitates a change of residence, and for which the Policyholder pays travel expenses.

**Exclusions** This coverage will be in effect during the Covered Person's Personal Deviation only if indicated in the *Schedule of Benefits*.

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

BA-01-2016.00

## DESCRIPTION OF INDEMNITY BENEFITS

---

This *Description of Indemnity Benefits* section describes the Accident Indemnity Benefits provided by this Policy. Benefit amounts, benefit periods and any applicable aggregate and benefit-specific maximums are shown in the *Schedule of Benefits*. Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations applicable to these Benefits.

BA-01-2200.00

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

**Covered Losses** We will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, if the Covered Person suffers a Covered Loss resulting, directly and independently of all other causes, from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, We will pay the Benefit for the Covered Loss for which the largest benefit is payable. If a Covered Accident causes the Covered Person's death, the total of all Benefits We will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum.

### Definitions

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

**Loss of Sight** means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means.

**Loss of Speech** means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

**Loss of Hearing** means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

**Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand** means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

**Loss of Toes** means complete Severance through the metatarsalphalangeal joint.

**Paralysis or Paralyzed** means total loss of use. A Physician must determine the loss of use to be complete and not reversible at the time the claim is submitted.

**Quadriplegia** means total Paralysis of both upper and lower limbs.

**Hemiplegia** means total Paralysis of the upper and lower limbs on one side of the body.

**Paraplegia** means total Paralysis of both lower limbs or both upper limbs.

**Uniplegia** means total Paralysis of one upper or one lower limb.

**Coma** means a profound state of unconsciousness from which the Covered Person is not likely to be aroused through powerful stimulation. The Coma must begin within 30 days of the Covered Accident, continue for 60 consecutive days and 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 Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of injuries sustained in that Covered Accident.

**Severance** means complete separation and dismemberment of the part from the body.

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

BA-01-2202.00

### **HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT**

We will pay the benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the Covered Person suffers a Covered Loss other than a Loss of Life, resulting, directly and independently of all other causes, from a Covered Accident.

This benefit will be payable if all of the following conditions are met:

1. before the date of the Covered Accident causing such Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. as a direct result of such Covered Loss, the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. the Covered Person requires home alteration or vehicle modification within one year of the date of the Covered Accident.

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

BA-01-2224.00

### **REHABILITATION BENEFIT**

We will pay the benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the Covered Person requires Rehabilitation after sustaining a Covered Loss resulting, directly and independently of all other causes, from a Covered Accident.

The Covered Person must require Rehabilitation within two years after the date of the Covered Loss.

**Definition** For purposes of this benefit:

**Rehabilitation** means medical services, supplies, or treatment, or Hospital confinement (or part of a Hospital confinement) that satisfies all of the following conditions:

1. are essential for physical rehabilitation required due to the Covered Person's Covered Loss; and
2. meet generally accepted standards of medical practice; and
3. are performed under the care, supervision or order of a Physician; and
4. prepare the Covered Person to return to his or any other occupation.

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

BA-01-2231.00

## SEATBELT AND AIRBAG BENEFIT

We will pay the benefit shown in the *Schedule of Benefits*, subject to all applicable conditions and exclusions, when the Covered Person's death results, directly and independently of all other causes, from a Covered Accident while wearing a seatbelt and operating or riding as a passenger in a Private Passenger Automobile. An additional benefit is provided if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit shown in the *Schedule of Benefits* to the Covered Person's beneficiary.

**Definitions** For purposes of this benefit **Supplemental Restraint System** means an airbag that inflates upon impact for added protection to the head and chest areas.

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

BA-01-2233.00

**Life Insurance Company of North America**  
**1601 Chestnut Street**  
**Philadelphia, Pennsylvania 19192-2235**

---

### **DEPENDENT COVERAGE RIDER**

This Rider is attached to and made part of this Policy. It is subject to all of this Policy's provisions that do not conflict with its provisions.

Policyholder: Ryman Hospitality Properties, Inc.  
Policy Number: ABL 962757

We will pay an Accidental Death and Dismemberment Benefit specified in this Rider's *Schedule of Benefits* if a Spouse or Domestic Partner or Dependent Child of the Covered Person suffers a Covered Loss which results, directly and independently of all other causes, from a Covered Accident that occurs:

1. within the time period specified in this Policy's *Schedule of Benefits*; and
2. during a Relocation trip or Business Travel for which the Policyholder pays part or all of the cost; and
3. under circumstances described in one of the Conditions of Coverage specified in this Rider's *Schedule of Benefits*.

Benefits payable for a Dependent's Covered Loss will equal the applicable Principal Sum shown in this Rider's *Schedule of Benefits* multiplied by the percentage applicable to the Covered Loss, as shown in this Policy's *Schedule of Benefits*.

#### **RIDER SCHEDULE OF BENEFITS CLASS 1**

The *Rider Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Rider. Please read all of the provisions of this rider in addition to the provisions of this Policy for full details.

##### **Conditions of Coverage**

- Business Travel for Dependents
- Relocation Coverage for Dependents

##### **Benefits**

<u>Covered Class</u>	<u>Principal Sum</u>
1. Spouses or Domestic Partners of Class 1 Covered Persons	\$100,000
2. Dependent Children of Class 1 Covered Persons	\$100,000

A Spouse's or Domestic Partner's Principal Sum will reduce as specified in the *Age Reductions* section of the *Accidental Death and Dismemberment* section of this Policy's *Schedule of Benefits*.

#### **RIDER SCHEDULE OF BENEFITS CLASS 2**

The *Rider Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Rider. Please read all of the provisions of this rider in addition to the provisions of this Policy for full details.

##### **Conditions of Coverage**

- Business Travel for Dependents
- Relocation Coverage for Dependents

##### **Benefits**

<u>Covered Class</u>	<u>Principal Sum</u>
1. Spouses or Domestic Partners of Class 2 Covered Persons	\$100,000
2. Dependent Children of Class 2 Covered Persons	\$100,000

A Spouse's or Domestic Partner's Principal Sum will reduce as specified in the *Age Reductions* section of the *Accidental Death and Dismemberment* section of this Policy's *Schedule of Benefits*.

### RIDER SCHEDULE OF BENEFITS CLASS 3

The *Rider Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Rider. Please read all of the provisions of this rider in addition to the provisions of this Policy for full details.

#### Conditions of Coverage

- Business Travel for Dependents
- Relocation Coverage for Dependents

#### Benefits

<u>Covered Class</u>	<u>Principal Sum</u>
1. Spouses of Class 3 Covered Persons	\$100,000
2. Dependent Children of Class 3 Covered Persons	\$100,000

A Spouse's Principal Sum will reduce as specified in the *Age Reductions* section of the *Accidental Death and Dismemberment* section of this Policy's *Schedule of Benefits*.

### RIDER SCHEDULE OF BENEFITS CLASS 4

The *Rider Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Rider. Please read all of the provisions of this rider in addition to the provisions of this Policy for full details.

#### Conditions of Coverage

- Business Travel for Dependents - *Non-Employee Coverage*
- Relocation Coverage for Dependents

#### Benefits

<u>Covered Class</u>	<u>Principal Sum</u>
1. Spouses of Class 4 Covered Persons	\$100,000
2. Dependent Children of Class 4 Covered Persons	\$100,000

A Spouse's Principal Sum will reduce as specified in the *Age Reductions* section of the *Accidental Death and Dismemberment* section of this Policy's *Schedule of Benefits*.

### RIDER DESCRIPTION OF CONDITIONS OF COVERAGE

**Relocation Coverage for Dependents** We will pay the Benefit shown in the *Rider Schedule of Benefits* above, subject to all of the conditions and exclusions applicable to Relocation Coverage provided by this Policy, if a Dependent's Covered Loss results, directly and independently of all other causes, from a Covered Accident that occurs during Relocation.

Relocation Coverage for a Dependent begins when coverage for the Covered Person begins, or, if later, when a Dependent departs from his prior place of residence to join the Covered Person on the Relocation trip. Relocation Coverage for a Dependent ends when coverage for the Covered Person ends, or, if earlier, when a Dependent arrives at his new place of residence.

**Business Travel Coverage for Dependents** We will pay the Benefit shown in the *Rider Schedule of Benefits*, subject to all of the conditions and exclusions applicable to Business Travel Coverage provided by this Policy, if a Dependent's Covered Loss results, directly and independently of all other causes, from a Covered Accident.

Business Travel Coverage for a Dependent begins when coverage for the Covered Person begins, or, if later, when a Dependent departs from his place of residence to join the Covered Person on the Covered Trip. Business Travel Coverage for a Dependent ends when coverage for the Covered Person ends, or, if earlier, when a Dependent arrives at his place of residence.

**Definitions** **Dependent** means, for purposes of this Rider, a Covered Person's Spouse or Domestic Partner and Dependent Child, as each of those terms is defined below.

**Dependent Child** means a Covered Person's unmarried child who is one of the following.

1. A child from live birth to 26 years old.

2. A child who is 26 or more years old, primarily supported by the Covered Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 days after the date the child ceases to qualify as a Dependent Child for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year.

A child, for purposes of this provision, includes the Covered Person's:

1. natural child;
2. adopted child, beginning with any waiting period pending finalization of the child's adoption;
3. stepchild who resides with the Covered Person, including a Domestic Partner's child who resides with and is financially dependent upon the Covered Person;
4. child for whom the Covered Person is legal guardian, as long as the child resides with the Covered Person and depends on him for financial support. Financial support means that the Covered Person is eligible to claim the dependent for purposes of Federal and State income tax returns.

**Domestic Partner** means a person who:

1. shares the covered Employee's permanent residence;
2. has resided with the covered Employee continuously for at least twelve months and is expected to reside with the covered Employee indefinitely;
3. is financially interdependent with the covered Employee in each of the following ways:
  - a. by holding one or more credit or bank accounts, including a checking account, as joint owners;
  - b. by owning or leasing their permanent residence as joint tenants;
4. has signed a Domestic Partner declaration with the covered Employee if the covered Employee resides in a jurisdiction which provides for a Domestic Partner declaration;
5. has not signed a Domestic Partner declaration with any other person within the last 12 months;
6. is no less than 18 years of age;
7. is not legally married to any other person;
8. is not a blood relative any closer than would prohibit legal marriage.

In addition to the above requirements, consent of either party due to the Domestic Partner relationship must not have been obtained by force, duress or fraud.

An employee may insure a Domestic Partner if all of the following conditions are met:

1. the Covered Person has not been married to any person within the past 12 months;
2. the Domestic Partner is the only person meeting this Policy's definition of Domestic Partner with respect to the Covered Person;
3. the Covered Person and the Domestic Partner furnish a notarized affidavit reflecting these requirements, and an agreement to notify Us if the requirements cease to be met, on a form acceptable to Us.

**Spouse** means the Covered Person's lawful spouse.

**To Whom Payable** Benefits payable under this Rider will be paid to the Covered Person. If the Covered Person does not survive the Dependent upon whose Covered Loss the Benefit is payable, We will pay the Covered Person's beneficiary, in accordance with the *Beneficiary* provision of this policy.

**Exclusions** This coverage will be in effect while a Dependent is accompanying the Covered Person during the Covered Person's Personal Deviation only if indicated in the *Schedule of Benefits*.

Other exclusions that apply to this Coverage are in the *Common Exclusions* section.

BA-01-2700.00

**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**(herein called the Insurance Company)**

**AMENDATORY RIDER**

**CLAIM PROCEDURES APPLICABLE TO PLANS SUBJECT TO THE  
EMPLOYEE RETIREMENT INCOME SECURITY ACT (“ERISA”)**

The provisions below amend the Policy to which they are attached. They apply to all claims for benefits under the Policy. They supplement other provisions of the Policy relating to claims for benefits.

This Policy has been issued in conjunction with an employee welfare benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”). This Policy is a Plan document within the meaning of ERISA. As respects the Insurance Company, it is the sole contract under which benefits are payable by the Insurance Company. Except for this, it shall not be deemed to affect or supersede other Plan documents.

The Plan Administrator has appointed the Insurance Company as the named fiduciary for deciding claims for benefits under the Plan, and for deciding any appeals of denied claims.

**Review of Claims for Benefits**

The Insurance Company has 45 days from the date it receives a claim for disability benefits, or 90 days from the date it receives a claim for any other benefit, to determine whether or not benefits are payable in accordance with the terms of the Policy. The Insurance Company may require more time to review the claim if necessary due to matters beyond its control. If this should happen, the Insurance Company must provide notice in writing that its review period has been extended for:

- (i) up to two more 30 day periods (in the case of a claim for disability benefits); or
- (ii) 90 days more (in the case of any other benefit).

If this extension is made because additional information must be furnished, these extension periods will begin when the additional information is received. The requested information must be furnished within 45 days.

During the review period, the Insurance Company may require:

- (i) a medical examination of the Insured, at its own expense; or
- (ii) additional information regarding the claim.

If a medical examination is required, the Insurance Company will notify the Insured of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company must notify the claimant, in writing, stating what information is needed and why it is needed.

If the claim is approved, the Insurance Company will pay the appropriate benefit.

If the claim is denied, in whole or in part, the Insurance Company will provide written notice within the review period. The Insurance Company's written notice will include the following information:

1. The specific reason(s) the claim was denied.
2. Specific reference to the Policy provision(s) on which the denial was based.
3. Any additional information required for the claim to be reconsidered, and the reason this information is necessary.
4. In the case of any claim for a disability benefit: identification of any internal rule, guideline or protocol relied on in making the claim decision, and an explanation of any medically-related exclusion or limitation involved in the decision.
5. A statement regarding the right to appeal the decision, and an explanation of the appeal procedure, including a statement of the right to bring a civil action under Section 502(a) of ERISA if the appeal is denied.

## Appeal Procedure for Denied Claims

Whenever a claim is denied, there is the right to appeal the decision. A written request for appeal must be made to the Insurance Company within 60 days (180 days in the case of any claim for disability benefits) from the date the denial was received. If a request is not made within that time, the right to appeal will have been waived.

Once a request has been received by the Insurance Company, a prompt and complete review of the claim will take place. This review will give no deference to the original claim decision. It will not be made by the person who made the initial claim decision, or a subordinate of that person. During the review, the claimant (or the claimant's duly authorized representative) has the right to review any documents that have a bearing on the claim, including the documents which establish and control the Plan. Any medical or vocational experts consulted by the Insurance Company will be identified. Issues and comments that might affect the outcome of the review may also be submitted.

The Insurance Company has 60 days (45 days, in the case of any disability benefit) from the date it receives a request to review the claim and provide its decision. Under special circumstances, the Insurance Company may require more time to review the claim. If this should happen, the Insurance Company must provide notice, in writing, that its review period has been extended for an additional 60 days (45 days in the case of any disability benefit). Once its review is complete, the Insurance Company must state, in writing, the results of the review and indicate the Plan provisions upon which it based its decision.

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive style with a large initial "M".

Matthew G. Manders, President

TL-009000

**LIFE INSURANCE COMPANY OF NORTH AMERICA  
Philadelphia, PA 19192-2235**

We, Ryman Hospitality Properties, Inc., whose main office address is Nashville, TN, hereby approve and accept the terms of Group Policy Number ABL 962757 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA. We acknowledge that benefits will be provided in accordance with the terms and provisions of the policy, which will be the sole contract under which benefits are paid.

This form is to be signed in duplicate. One part is to be retained by Ryman Hospitality Properties, Inc.; the other part is to be returned to the LIFE INSURANCE COMPANY OF NORTH AMERICA.

Ryman Hospitality Properties, Inc.

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This Copy Is To Be Returned To Life Insurance Company of North America)

-----  
**LIFE INSURANCE COMPANY OF NORTH AMERICA  
Philadelphia, PA 19192-2235**

We, Ryman Hospitality Properties, Inc., whose main office address is Nashville, TN, hereby approve and accept the terms of Group Policy Number ABL 962757 issued by the LIFE INSURANCE COMPANY OF NORTH AMERICA. We acknowledge that benefits will be provided in accordance with the terms and provisions of the policy, which will be the sole contract under which benefits are paid.

This form is to be signed in duplicate. One part is to be retained by Ryman Hospitality Properties, Inc.; the other part is to be returned to the LIFE INSURANCE COMPANY OF NORTH AMERICA.

Ryman Hospitality Properties, Inc.

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

(This Copy Is To Be Retained By Ryman Hospitality Properties, Inc.)