

SCHEDULE RIDER #1

POLICY MODIFICATIONS: This policy as issued is amended as follows:

In consideration of the policy premium, it is hereby understood and agreed that the section <u>ELIGIBLE PERSONS</u> is amended to read as follows:

Class	<u>Description</u>
1	All Full-time and Part-time Sworn Law Enforcement Officers of the City of Jacksonville.
2	All Full-time and Part-time Bailiffs of the City of Jacksonville.
3	All Reserve, Volunteer or Auxiliary Officers of the City of Jacksonville.
4	All Correctional Officers of the City of Jacksonville.
5	All Judicial Officers of the City of Jacksonville.
6	All Certified Full-time Firefighters of the City of Jacksonville.
7	All Certified Volunteer Firefighters of the City of Jacksonville.
8	All Full-time Sworn Law Enforcement Officers of the Jacksonville Airport Authority.
9	All EMT's and paramedics of the City of Jacksonville.

It is further understood and agreed that the section <u>HAZARDS</u>, <u>BENEFITS</u>, <u>AND AMOUNTS</u> is amended to read as follows:

Class	<u>Hazard</u>	<u>Benefit</u>	<u>Amount</u>
1	C-31 VL118 C-62 C-64	AD DCARE ED SPOED ADD AD	\$225,000 \$2,000 \$2,000 \$2,000 \$75,000 \$75,000
2	C-31 VL118 C-62 C-64	AD DCARE ED SPOED ADD AD	\$225,000 \$2,000 \$2,000 \$2,000 \$75,000 \$75,000

3	C-62 C-64	AD DCARE ED SPOED ADD AD	\$225,000 \$2,000 \$2,000 \$2,000 \$75,000 \$75,000
4	C-31 VL118 C-62 C-64	AD DCARE ED SPOED ADD AD	\$225,000 \$2,000 \$2,000 \$2,000 \$75,000 \$75,000
5	C-31 VL118 C-62 C-64	AD DCARE ED SPOED ADD AD	\$225,000 \$2,000 \$2,000 \$2,000 \$75,000 \$75,000
6	C-31 VL118 C-62 C-64	AD DCARE ED SPOED ADD AD	\$225,000 \$2,000 \$2,000 \$2,000 \$75,000 \$75,000
7	C-31 VL118 C-62 C-64	AD DCARE ED SPOED ADD AD	\$225,000 \$2,000 \$2,000 \$2,000 \$75,000 \$75,000
8	C-31 VL118 C-62 C-64	AD DCARE ED SPOED ADD AD	\$225,000 \$2,000 \$2,000 \$2,000 \$75,000 \$75,000
9	C-31 VL118 C-62 C-64	AD DCARE ED SPOED ADD AD	\$225,000 \$2,000 \$2,000 \$2,000 \$75,000 \$75,000

This page is a policy page issued and effective on the <u>Policy Effective Date</u> unless dates are shown below making this page a rider.

RIDER: This rider, issued <u>June 27, 2019</u>, forms a part of Policy No. <u>ETB-112911</u> issued to <u>City Of Jacksonville Florida</u>. It is effective <u>July 1, 2019</u>. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the policy, except as stated herein. Signed for the <u>Hartford Life and Accident Insurance Company</u>.

Terence Shields, Secretary

Michael Concannon, Executive Vice President

Form 7679 B10 Rev.-1

HAZARD C-31 V.L. 118 Unlawful and Intentional Death While on the Business of the Policyholder

<u>Coverage</u>: This Hazard covers death resulting from the unlawful and intentional killing of the Insured Person which occurs anywhere in the world;

- a) in the performance of actual duties; and
- b) while on the business of the Policyholder.

The term "while on the business of the Policyholder" as used herein means while on assignment by or at the direction of the Policyholder whether on or off the premises of the Policyholder, for the purpose of furthering the business of the Policyholder.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-31 V.L. 118

HAZARD C-62 24-Hour Coverage While on the Business of the Policyholder

Coverage: This Hazard covers Injury resulting from:

- a) an accident; and
- b) an accident while the Insured Person is a passenger (but not as a pilot, operator or member of the crew) on, boarding or alighting from a Civil Aircraft or Military Transport Aircraft; or
- c) being struck by an aircraft;

which occurs anywhere in the world while On the Business of the Policyholder.

On the Business of the Policyholder means business while on assignment by or at the direction of the Policyholder whether on or off the premises of the Policyholder for the purpose of furthering the business of the Policyholder.

<u>Exclusions</u>: This Hazard does not cover injury resulting from accident which occurs while the Insured Person is on, boarding, or alighting from:

- a) an aircraft engaged in an Extra-Hazardous Aviation Activity; or
- b) a Policyholder Aircraft, unless agreed to in writing by the Company.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-62

HAZARD C-64 Fresh Pursuit Coverage for Police Officers and Firefighters While on the Business of the Policyholder

Coverage: This Hazard covers Injury resulting from:

- a) for law enforcement, correctional, or correctional probation officers results in Accidental Death that occurs:
 - 1) as a result of the officer's response to fresh pursuit;
 - 2) as a result of the officer's response to what is reasonably believed to be an emergency;
 - 3) at the scene of a traffic accident to which the officer has responded; or
 - 4) while the officer is enforcing what is reasonably believed to be a traffic law or ordinance.

b) for firefighters, results in Accidental Death as a result of the firefighter's response to what is reasonably believed to be an emergency involving the protection of life or property.

<u>Fresh Pursuit</u> means the pursuit of a person who has committed or is reasonably suspected of having committed a felony, misdemeanor, traffic infraction or violation of a county or municipal ordinance. Fresh Pursuit shall not necessarily imply instant pursuit, but pursuit without reasonable delay.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 H-64

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If an Insured Person's injury results in any of the following losses within the Loss Period after the date of accident, we will pay the sum shown opposite the loss.

We will not pay more than the Principal Sum for all losses due to the same accident.

The Principal Sum and the Loss Period are shown in the Schedule.

For Loss of:

Life	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
Speech and Hearing	The Principal Sum
Either Hand or Foot and Sight of One Eye	
Either Hand or Foot	One Half The Principal Sum
Sight of One Eye	One Half The Principal Sum
Speech or Hearing	•
Thumb and Index Finger of Either Hand	

Loss means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) sight, speech or hearing, entire and irrecoverable loss thereof:
- c) thumb and index finger, actual severance through or above the metacarpophalangeal joints.

EXPOSURE

Exposure to the elements will be presumed to be injury if:

- a) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which an Insured Person was an occupant at the time of the accident; and
- b) this policy would have covered injury resulting from the accident.

DISAPPEARANCE

An Insured Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) this policy would have covered injury resulting from the accident.

ACCIDENTAL DEATH BENEFIT

If an Insured Person's injury results in loss of life within the Loss Period after the date of the accident, we will pay the Principal Sum.

The Principal Sum and the Loss Period are shown in the Schedule.

DISAPPEARANCE

An Insured Person will be presumed to have suffered loss of life if:

- a) his or her body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- b) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- c) this policy would have covered injury resulting from the accident.

Form 7679 L1

EDUCATION BENEFIT

If a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of the Insured Person's death, We will pay an Education Benefit to each Student as follows:

A Student is a person for whom we receive proof that he or she:

- a) is your Dependent on the date of your death; and
- b) is a full-time post-high school Student in a school for higher learning on the date of the Insured Person's death; or
- c) became a full-time post-high school Student in a school for higher learning within 365 days after the Insured Person's death and was a Student in the 12th grade on the date of the Insured Person's death.

He or she is not considered to be a Student after the first to occur of:

- a) our payment of the 4th Education Benefit to or on behalf of that person; or
- b) the end of the 12th consecutive month during which We have not received proof that he or she is a Student.

The Education Benefit is an amount equal to the lesser of:

- a) the Maximum Amount; or
- b) the amount determined by applying the Percent to the amount of the Insured Person's Principal Sum.

We will not pay more than one Educational Benefit to any one Student during any one school year.

The Education Benefit is payable to each Dependent Child:

- a) on the date; and
- b) for whom;

We receive proof that he or she is a Student.

If he or she is a minor, We will pay the benefit to the Student's legal representative.

lf:

- a) a Principal Sum is payable because of the Insured Person's death; and
- b) no Dependent Child qualifies as a Student;

we will pay the Minimum Amount due in accordance with the claim provision for payment of benefits for loss of life.

The Insured Person's amount of the Principal Sum is determined in the Schedule.

The Maximum Amount, Percent of Principal Sum, and Minimum Amount are shown in the Schedule.

Form 7679 T1 (FL)

SPOUSE EDUCATION BENEFIT

If a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of the Insured Person's death, We will pay a Spouse Education Benefit to the Spouse as follows:

The Insured Person's Spouse, to qualify for the Education Benefit, must enroll in an Occupational Training program:

- a) for the purpose of obtaining an independent source of income;
- b) within 1 year of the date of the Insured Person's death.

The Education Benefit is an amount equal to the lesser of:

- a) the Expense Incurred for Occupational Training;
- b) a Percentage of the Insured Person's Principal Sum; or
- c) the Maximum Amount.

The expense must be incurred within 2 years of the date of the Insured Person's death.

We will pay the Education Benefit due immediately after we receive proof that the Insured Person's Spouse has enrolled in an Occupational Training program.

Occupational Training means any:

- a) education;
- b) professional;
- c) trade training;

program which prepares the Insured Person's Spouse for an occupation for which he or she otherwise would not have been qualified.

Expense Incurred means any:

- a) the actual tuition charged, exclusive of room and board; and
- b) the actual cost of the materials needed:

for the Occupational Training program.

If a Principal Sum is payable because of the Insured Person's death and there is no Spouse, We will pay the Minimum Amount in accordance with the **Payment of Claims** provision.

The Insured Person's amount of the Principal Sum is determined in the Schedule. The Maximum Amount, Minimum Amount, and the Percentage of Principal Sum are shown in the Schedule.

Spouse means the Insured Person's wife or husband who is not legally separated or divorced from the Insured Person when he or she died.

Refer to the Policy Modifications, Definitions and Exclusions sections for modifications, limitations and exclusions affecting this coverage.

Form 7679 T2

DAY CARE BENEFIT

We will pay a Day Care Benefit for each Dependent Child if:

- a) a Principal Sum is payable under the Accidental Death and Dismemberment Benefit because of the Insured Person's death; and
- b) such Dependent Child is under age 7 at the time of the Insured Person's death; and
- c) proof of enrollment in a Day Care Program is provided as described below.

Payment will be made to the person who has legal physical custody of the Dependent Child and who has primary responsibility for the Dependent Child's Expenses. Payment will be made in accordance with the Claims provision of the Policy.

Proof of enrollment for each child in a Day Care Program may be in the form of, but will not be limited to, the following:

- a) a copy of the child's approved enrollment application in a Day Care Program; or
- b) canceled check(s) evidencing payment to a Day Care facility or Day Care Provider; or
- c) a letter from the Day Care facility or Day Care Provider stating that the child:
 - 1) is attending a Day Care Program; or
 - 2) has been enrolled in a Day Care Program and will be attending within 365 days of the date of the Insured Person's death.

Proof of enrollment must be sent to us prior to the last day of the 12th month on or next following the date of the Insured Person's death. One Day Care Benefit payment will be made each year, for a maximum of 4 Day Care Benefit payments, for each Dependent Child.

The Day Care Benefit is the lesser amount of:

- a) the Maximum Amount; or
- b) an amount determined by applying the Day Care Percent to the amount of the Insured Person's Principal Sum.

We will pay the Minimum Amount stated in the Schedule in accordance with the Claims Provision for payment of benefits for loss of life if:

- a) a Principal Sum is payable because of the Insured Person's death; and
- b) no person qualifies as an Dependent Child for a Day Care Benefit.

Day Care Program means a program of child care which:

- a) is operated in a private home, school or other facility; and
- b) provides, and makes a charge for, the care of children; and
- c) is licensed as a Day Care center or is operated by a licensed Day Care provider, if such licensing is required by the state or jurisdiction in which it is located; or
- d) if licensing is not required, provides child care on a daily basis for 12 months a year.

<u>Dependent Child</u> means the Insured Person's unmarried child, stepchild, legally adopted child, child in the process of adoption or foster child who is:

- a) less than age 7; and
- b) primarily dependent on the Insured Person for support and maintenance.

The Maximum Amount, Minimum Amount, Percent and Principal Sum are shown in the Schedule.

Form 7679 W1