

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Hartford Plaza
Hartford, Connecticut
(A stock insurance company)

Will pay benefits according to the conditions of this policy.



Policyholder Name: The Johns Hopkins University

Policyholder Address: 1101 E. 33rd Street, Suite D-100
Office Of Benefits Services
Johns Hopkins at Eastern
Baltimore, MD 21218

Policy Number: ETB-200122*

Place of Delivery: Baltimore, MD

Policy Effective Date: July 1, 2010

Policy Expiration Date: July 1, 2011

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***This policy replaces the prior policy bearing the above number as of the effective date of this policy.**

Signed for the Company

Ricardo A. Anzaldua, Secretary

John C. Walters, President

SCHEDULE

ELIGIBLE PERSONS

<u>Class</u>	<u>Description</u>
1	<p>All active, full-time Professional and Faculty employees and Staff Members of the Policyholder working in the United States.</p> <p>Full-time mean actively working an average of at least 28 hours per week for the Policyholder. All part-time, temporary, seasonal or retired employees of the Policyholder are not eligible.</p>
2	<p>All active, visiting faculty and staff of the Policyholder working in the United States.</p> <p>All part-time, temporary, seasonal or retired employees are not eligible.</p>
3	<p>All active full-time and part-time Bargaining Unit employees of the Policyholder working in the United States.</p> <p>Full-time mean actively working an average of at least 30 hours per week for the Policyholder. All temporary, seasonal or retired employees of the Policyholder are not eligible.</p> <p>Part-time mean actively working for the Policyholder. All temporary, seasonal or retired employees of the Policyholder are not eligible.</p>
4	<p>All active Trustees and Members of the Board of Directors of the Policyholder working in the United States.</p>
5	<p>All guests and students of the Policyholder traveling at the direction of the Policyholder.</p>
6	<p>All persons designated by the Policyholder, who participate in scuba diving activities sponsored by the Policyholder.</p>

BENEFIT DESCRIPTION:

ADD means Accidental Death and Dismemberment Benefit

Loss Period: 365 days

For residents of Pennsylvania, the 365 days loss period is not applicable for loss of life only.

AME means Accident Medical Expense Benefit.

Deductible Amount: \$0

REHAB means Rehabilitation Benefit.

Loss Period: 365 days

SBLT means Seat Belt Benefit.

COMA means Coma Benefit.

Waiting Period: 30 days

THERP means Therapeutic Counseling Benefit.

HAZARDS, BENEFITS, AND AMOUNTS

Class	Hazard	Benefit	Amount
1	C-12	ADD	\$200,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
	C-41	ADD	\$200,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
	C-57	ADD	\$200,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
2	C-12	ADD	\$200,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
	C-41	ADD	\$200,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
	C-57	ADD	\$200,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.

3	C-12	ADD	\$50,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
	C-41	ADD	\$50,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
	C-57	ADD	\$50,000
		COMA	See ADD amount
REHAB		10% of Principal Sum to a Maximum of \$25,000.	
SBLT		10% of Principal Sum to a Maximum of \$25,000.	
THERP		10% of Principal Sum to a Maximum of \$25,000.	
4	C-12	ADD	\$200,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
	C-41	ADD	\$200,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
	C-57	ADD	\$200,000
		COMA	See ADD amount
REHAB		10% of Principal Sum to a Maximum of \$25,000.	
SBLT		10% of Principal Sum to a Maximum of \$25,000.	
THERP		10% of Principal Sum to a Maximum of \$25,000.	
5	C-12	ADD	\$200,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
	C-41	ADD	\$200,000
		COMA	See ADD amount
		REHAB	10% of Principal Sum to a Maximum of \$25,000.
		SBLT	10% of Principal Sum to a Maximum of \$25,000.
		THERP	10% of Principal Sum to a Maximum of \$25,000.
	C-57	ADD	\$200,000
		COMA	See ADD amount
REHAB		10% of Principal Sum to a Maximum of \$25,000.	
SBLT		10% of Principal Sum to a Maximum of \$25,000.	
THERP		10% of Principal Sum to a Maximum of \$25,000.	
6	C-31	ADD	\$25,000
		AME	\$10,000

If an Insured Person is covered under more than one Hazard (other than Hazard C-31) or Class (other than Class 6) on the date of accident, he or she will be considered to be covered under the one Hazard or Class with the largest Benefit Amount. Injury resulting from an accident which occurs while the Insured Person is participating in scuba diving activities sponsored by the Policyholder is payable under Hazard C-31 Scuba Diving Activity Coverage only.

AGGREGATE LIMITATION:

Hazard:	Aggregate Amount:
All	\$2,000,000

\$2,000,000 shall be the total limit of the Company's liability for all benefits payable under this policy because of injury sustained due to any one accident.

Form 7679 B7

POLICY PREMIUMS:

Premium Not Subject To Audit:	\$0
Premium Subject To Audit:	\$127,688
Total Premium For Policy Period:	\$127,688

Total Premium Payable on Effective Date

Form 7679 B8

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

Prior Policy means Policy No. 83148179 issued by CONTINENTAL ASSURANCE COMPANY (CNA).

This Policy means Policy No. ETB-200122 issued by HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY on policy form 7679 A2.

Under CLAIMS, the following paragraph is added to the provision Naming a Beneficiary:

A designation of beneficiary or Absolute Assignment, if any, in effect on for the Prior Policy is considered to be a designation of beneficiary or an Absolute Assignment under This Policy which shall take effect on the effective date of This Policy. However, any designation of beneficiary or Absolute Assignment made on or before the effective date of This Policy in connection with the insurance provided by This Policy, in lieu of the designation of beneficiary or Absolute Assignment made under the Prior Policy shall take effect on the effective date of This Policy.

Form 7679 B10

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

1) Under CONTRACT PROVISIONS, the first sentence of Cancellation is deleted and replaced by the following:

This policy may be canceled at any time after the first year by written notice mailed or delivered by us to the Policyholder. This policy may be canceled at any time by written notice mailed or delivered by the Policyholder to us.

2) Under ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT, the second paragraph is deleted and replaced by the following:

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

Form 7679 B10 (MD)

CONTRACT PROVISIONS

Entire Contract: The entire contract between the Policyholder and us consists of this policy, and any papers made a part of this policy at issue.

Changes: No agent has authority to change or waive any part of this policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of this policy.

Time Periods: All periods begin and end at 12:01 A.M., Standard Time at the place where this policy is delivered.

Certificates: If required by the laws of the state where this policy is delivered, we will give certificates to:

- a) the Policyholder; or
- b) any other person according to a mutual agreement among the other person, the Policyholder and us; for delivery to Insured Persons. The certificates will state the features of this policy which are important to Insured Persons.

Data Furnished by Policyholder: The Policyholder:

- a) with our approval, may keep the records which affect this policy;
- b) will give us information from those records, when and in the manner we ask.

These records will be open for our inspection at any reasonable time.

Not in Lieu of Worker's Compensation: This policy does not satisfy any requirement for worker's compensation insurance.

Conformity with State Statutes: On the Policy Effective Date, any part of the policy which is in conflict with a statute of the state in which the policy is:

- a) delivered; or
- b) issued for delivery;

is hereby amended to agree with the statute's minimum requirements.

Cancellation: This policy may be cancelled at any time by written notice mailed or delivered by us to the Policyholder or by the Policyholder to us. If we cancel, we will mail or deliver the notice to the Policyholder at its last address shown in our records.

If we cancel, it becomes effective on the later of:

- a) the date stated in the notice; or
- b) the 31st day after we mail or deliver the notice.

If the Policyholder cancels, it becomes effective on the later of:

- a) the date we receive the notice; or
- b) the date stated in the notice.

In either event:

- a) we will promptly return any unearned premium paid; or
- b) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis.

Cancellation will not affect any claim for loss due to an accident which occurs before the effective date of the cancellation.

CONTRACT PROVISIONS (Continued)

Policy Period: This Policy becomes effective on the Policy Effective Date and continues in force to the end of the period for which premium was paid unless cancelled at an earlier date. This Policy terminates on the earlier of:

- a) the Policy Expiration Date unless continued in force in accordance with the Renewal Provision; or
- b) the last day of the period for which premium has been paid subject to the Grace Period.

The Policy Effective Date and Policy Expiration Date are shown:

- a) on page 1 for the original Policy Period; and
- b) in a Renewal Rider for any Renewal Policy Period.

Renewal: We will send the Policyholder a notice of policy renewal. The Policy will be renewed if the Policyholder signs and returns the notice prior to the current Expiration Date. If the Policyholder does not receive the notice, the policy may be renewed if we receive a written request from the Policyholder and a deposit renewal premium of \$350 on or before the current Expiration Date. Once we have received the deposit renewal premium, we will request information from the Policyholder necessary to calculate the actual renewal premium and either return any excess premium or bill the Policyholder for the remaining unpaid renewal premium.

However, in no event will this policy be renewed if:

- a) we have refused to renew this policy on or before the current Expiration Date;
- b) this policy has been cancelled on or before the current Expiration Date; and
- c) the Policyholder does not give us, in advance of the current Expiration Date, the information we request.

Premium Due Dates: Each Premium is due in advance of the date the Schedule states that it is payable. If the Schedule shows an amount for Premium Subject To Audit, the earned premium will be calculated for each date on which the Policyholder is required to furnish data for determining Units of Exposure. If the earned Premium:

- a) is greater than the premium paid, the additional premium is payable on the date we notify the Policyholder of the amount;
- b) is less than the premium paid, we will promptly return the unearned portion of the premium paid.

Grace Period: A Grace Period of 31 days is allowed for payment of each premium due after the initial premium, unless this policy is cancelled on or before the due date. If the Policyholder has returned the notice of renewal prior to the Policy Expiration Date, a Grace Period of 31 days from the Policy Expiration Date is allowed for payment of the renewal premium. This policy will continue in force during the Grace Period. The Policyholder is liable to us for the payment of Premium accruing for the period this policy continues in force.

Payment: Premiums are to be paid to us by the Policyholder. However, they may be paid to us by any other person according to a mutual agreement among the other person, the Policyholder and us.

Change of Premiums: We have the right to change the rate at which Premiums will be calculated for each Policy Period.

DEFINITIONS

Each term listed, when used in this policy, has the following meaning:

We, us, or our means the insurance company named on page 1.

You, Your, or Insured Person means an Eligible Person while he or she is covered under this policy.

Injury means, and an Insured Person is covered for, bodily injury resulting directly and independently of all other causes from accident which occurs:

- a) while he or she is covered under; and
 - b) in the manner specified in;
- a Hazard applicable to his or her class.

Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
 - b) medical or surgical treatment of a sickness or disease.
- is not considered as resulting from injury.

Business Trip means a bona fide trip:

- a) while on assignment or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder;
- b) which begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip;
- c) which ends when he or she returns to his or her residence or place of regular employment, whichever first occurs; and
- d) excluding travel to and from work, bona fide leaves of absence and vacations.

Trip means a trip which:

- a) begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip; and
- b) ends when he or she returns to his or her residence or place of regular employment, whichever first occurs.

Passenger means a person who is not:

- a) the operator or driver; or
 - b) the pilot, student pilot, or a crewmember;
- of a conveyance at the time of accident.

Common Carrier means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by an employee of that concern.

DEFINITIONS

Civil Aircraft means a civil or public aircraft which:

- a) has an Airworthiness Certificate;
- b) is piloted by a person who has:
 - 1) a current pilot certificate with the appropriate aircraft category rating for that aircraft; and
 - 2) a current medical certificate which is appropriate for the operation of that aircraft; and
- c) is not operated by the militia, or armed forces of any state, national government or international authority.

Scheduled Aircraft means a Civil Aircraft operated by a scheduled airline which:

- a) is licensed by the FAA for the transportation of passengers for hire; and
- b) publishes its flight schedules and fares for regular passenger service.

Military Transport Aircraft means a transport aircraft operated by:

- a) the United States Air Mobility Command (AMC); or
- b) a national military air transport service of any country.

Policyholder Aircraft means an aircraft which is owned, leased, or operated by or on behalf of the Policyholder.

Airworthiness Certificate means a valid and current "Standard Airworthiness Certificate" issued by the FAA.

FAA means:

- a) the Federal Aviation Administration of the United States; or
- b) the similar aviation authority for the country of the aircraft's registry, if the country is recognized by the United States.

Extra-Hazardous Aviation Activity means an aircraft while it is being used for one or more of the following activities:

- | | |
|-------------------------------|-------------------------------------|
| Acrobatics or Stunt Flying | Aerial Photography or Banner Towing |
| Racing or any Endurance Test | Any Test or Experiment |
| Crop Dusting or Seeding | Firefighting |
| Spraying | Any flight which requires: |
| Exploration | a) a special permit; or |
| Pipe or Power Line Inspection | b) waiver; |
| Any Form of Hunting | from the FAA, even though granted. |
| Bird or Fowl Herding | |

DETERMINATION OF INDIVIDUAL COVERAGE

Effective Date: Each Eligible Person becomes an Insured Person on the later of:

- a) the Policy Effective Date; or
- b) the date he or she enters a Class of Eligible Persons.

Termination: Coverage of each Insured Person terminates on the earlier of:

- a) the date this policy terminates; or
- b) the date he or she does not qualify in any Class of Eligible Person.

Termination will not affect any claim for loss due to an accident which occurs before the effective date of the termination.

The Policyholder's failure to report that a person ceased to qualify in a Class of Eligible Persons will not continue coverage in that Class beyond the date he or she ceased to qualify.

Hazards and Benefits Determined By Class: Each Insured Person is covered under the Hazard and for the Benefits applicable to the Class in which he or she qualifies:

- a) beginning on the date he or she enters the Class; and
- b) ending on the date he or she leaves the Class.

If an Insured Person qualifies in more than one Class on the date of accident, he or she will be considered to qualify in the one Class with the largest Benefit Amount.

Form 7679 F1

EXCLUSIONS AND AGGREGATE LIMITATION

Exclusions: This policy does not cover any loss resulting from:

- 1) intentionally self-inflicted Injury, suicide or attempted suicide;
- 2) war or act of war, whether declared or undeclared;
- 3) Injury sustained while in the armed forces of any country or international authority;
- 4) Injury sustained while on any aircraft, unless, and only to the extent, a Hazard specifically describes such coverage;
- 5) Injury sustained by the Insured Person as a result of the Insured Person being under the influence of drugs, sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless prescribed for or administered by a licensed physician;
- 6) Injury sustained while committing or attempting to commit a felony;
- 7) Injury sustained by the Insured Person as a result of the Insured Person being intoxicated from the use of alcohol.

Aggregate Limitation: If:

- a) two or more persons, in the same or different classes, are injured as the result of any one accident which occurs in the manner specified in the Hazard(s) identified in the Schedule; and
- b) the total of all amounts payable for all persons, in the absence of this provision, exceeds the Aggregate Amount shown opposite the Hazard;

the amount for each person will be proportionately reduced so that the total will equal the Aggregate Amount.

Form 7679 G6 (MD)

HAZARD C-12
24-Hour Coverage
Business Trip

Coverage: This Hazard covers injury resulting from an accident which occurs anywhere in the world during a Business Trip, including:

- a) an injury resulting from an accident which occurs while the Insured Person is a passenger on, boarding or alighting from a Civil Aircraft or Military Transport Aircraft; or
- b) injury resulting from being struck by an aircraft.

Exclusions: This Hazard does not cover injury resulting from an 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.

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

Form 7679 H-12 (Rev.-1)

HAZARD C-31
Scuba Diving Activity Coverage

Coverage: This Hazard covers injury resulting from accident which occurs while the Insured Person is participating in scuba diving activities sponsored by the Policyholder.

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

Form 7679 H-15

HAZARD C-41
Commutation Coverage

Coverage: This Hazard covers injury resulting from accident which occurs while the Insured Person is commuting directly between his or her residence and place of regular employment:

- a) by automobile or other conveyance not normally used by the Insured Person for commuting; and
- b) during a strike, power failure, major breakdown or similar event which results in the discontinuance or interruption of one or more public transportation systems regularly used by the Insured Person; on a regularly scheduled workday.

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

Form 7679 H-41

HAZARD C-57
Sojourn or Personal Deviation
Business Trip

Coverage: This Hazard covers injury resulting from an accident which occurs anywhere in the world during a Sojourn or Personal Deviation from a covered Business Trip.

Sojourn or Personal Deviation from a Business Trip means personal trips taken by the Insured Person:

- a) during a Business Trip; and
- b) which are not assignments from or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder; and
- c) which do not exceed a total of 7 days.

Exclusions: This Hazard does not cover injury resulting from an accident which occurs while the Insured Person is on, boarding, or alighting from an aircraft engaged in an Extra-Hazardous Aviation Activity.

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

Form 7679 H-57

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 amount of the Principal Sum and the Loss Period are determined 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.....	The Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia).....	The Principal Sum
Movement of Both Lower Limbs (Paraplegia).....	Three Quarters The Principal Sum
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	One Half The Principal Sum
Either Hand or Foot.....	One Half The Principal Sum
Sight of One Eye.....	One Half The Principal Sum
Speech or Hearing.....	One Half The Principal Sum
Thumb and Index Finger of Either Hand.....	One Quarter The Principal Sum

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.
- d) movement of limbs, complete and irreversible paralysis of such limbs.

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.

SEAT BELT BENEFIT

Coverage: This Benefit covers Injury resulting from Accident which occurs while the Insured Person is:

- a) a passenger riding in; or
- b) the licensed operator of;

a duly registered Automobile, and while wearing a Seat Belt at the time of the Accident as verified on the police report of the Accident.

Accident, as used in this Benefit, means the unintentional collision of an Automobile during which the Insured Person is wearing a Seat Belt.

Automobile means a four-wheeled, private passenger car, station wagon, van or jeep-type vehicle which is not being used as a Common Carrier.

Seat Belt means a belt, lap restraint or shoulder restraint installed by the manufacturer of the Automobile.

Exclusions: This Benefit does not cover Injury resulting from Accident which:

- a) occurs while the Insured Person is under the influence of any intoxicant, excitant, hallucinogen, or any narcotic and is operating the Automobile; or
- b) is not a payable Loss under the Accidental Death and Dismemberment Benefit or the Accidental Death Benefit.

For residents of Minnesota, the above Exclusions are deleted and are replaced by the following:

Exclusions: This Benefit does not cover Injury to an Insured Person who is the operator of an Automobile if such Injury results from Accident which:

- a) was sustained or contracted in consequence of the Insured Person's being under the influence of any narcotic unless administered by a physician; or
- b) was the result of the Insured Person's operating the Automobile while under the influence of alcohol as evidenced by a blood alcohol level in excess of the jurisdiction's legal intoxication limit; or
- c) occurs while the Insured Person is voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician.

The Seat Belt Benefit Amount is shown in the Schedule. Refer to the Policy Modifications, Definitions and Exclusions sections for further modifications, limitations and exclusions affecting this coverage.

Form 7679 H-45 (MD)

ACCIDENT MEDICAL EXPENSE BENEFIT

We will pay the Reasonable Expenses incurred for Medical Care, in excess of the Deductible Amount and any benefits provided by Workers' Compensation

The first expense must be incurred within 26 weeks after the accident. The Deductible Amount will be applied separately to each accident.

We will not pay:

for expenses which are not incurred by the Insured Person;
more than the Maximum Benefit for all expenses incurred as the result of any one accident; or
for expenses incurred more than 5 years after the accident.

An expense is considered to be incurred on the date the Medical Care is rendered.

The Deductible Amount and Maximum Benefit are shown in the Schedule.

Medical Care means necessary:

- a) medical or surgical treatment, services and supplies;
- b) hospital, nursing and ambulance services.

Each item of Medical Care must be:

- a) prescribed by a legally qualified physician;
- b) for the sole purpose of treating the injury.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Medical Care in the local area where received by the Insured Person.

Form 7679 N2

REHABILITATION BENEFIT

If an Insured Person's injury results in any loss payable under this policy, other than loss of life, within the Loss Period after the date of accident, we will pay a benefit equal to the lesser of:

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

for Rehabilitative Training.

The expense must be incurred within 2 years of the date of accident.

The Loss Period, the Percentage of Principal Sum and the Maximum Amount are shown in the Schedule.

Rehabilitative Training means any training which:

- a) is required due to the Insured Person's injury;
- b) prepares the Insured Person for an occupation in which he or she would not have engaged except for the injury.

Expense Incurred means the actual cost:

- a) of the training; and
- b) of the materials needed for the training.

Form 7679 R1

COMA BENEFIT

If, as the result of an Injury, an Insured Person:

- a) becomes Comatose within 31 days from the accident; and
- b) remains continuously Comatose for at least the number of days shown as the Waiting Period;

we will pay 1% of the Comatose Maximum Benefit Amount for each month after the Waiting Period that he or she remains in a Coma.

Payment will cease on the earliest to occur of:

- 1) the end of the month in which the Insured Person dies;
- 2) the end of the month in which the Insured Person recovers from the Coma; or
- 3) when the total payment equals the Comatose Maximum Benefit Amount.

The Comatose Maximum Benefit Amount equals the Principal Sum less all other payments under the Accidental Death and Dismemberment Benefit for the Injury.

Coma means complete and continuous:

- a) unconsciousness; and
- b) inability to respond to external or internal stimuli.

The amount of the Principal Sum and the Waiting Period are shown in the Schedule.

Form 7679 U1

THERAPEUTIC COUNSELING BENEFIT

If an Insured Person:

- a) incurs a loss, other than loss of Life, under the Accidental Death and Dismemberment Benefit; and
- b) within 90 days requires Therapeutic Counseling due to the loss;

we will pay the lesser of:

- a) the Reasonable Expenses incurred for Therapeutic Counseling;
- b) a Percentage of the Insured Person's Principal Sum; or
- c) the Maximum Amount.

The Therapeutic Counseling services must be incurred within one year from the date of the loss.

Therapeutic Counseling means treatment or counseling provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Therapeutic Counseling in the local area where received by the Insured Person.

For purposes of this benefit, we reserve the right to determine Reasonable Expenses. An Expense is considered to be incurred on the date the Therapeutic Counseling is rendered.

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

Form 7679 X1 (MD)

CLAIMS

Notice of Claim: The person who has the right to claim benefits (the claimant or beneficiary, or his or her representative) must give us written notice of a claim within 30 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible.

The notice should include the Insured Person's name and the policy number. Send it to our office in Hartford, Connecticut, or give it to our agent.

Claim Forms: When we receive the notice of claim, we will send forms to the claimant for giving us proof of loss. The forms will be sent within 15 days after we receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if a written notice of the occurrence, character and nature of the loss is sent to us.

Proof of Loss: Proof of loss must be sent to us in writing within 90 days after:

- a) the end of a period of our liability for periodic payment claims; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year from the date proof of loss is due, unless the claimant is legally incapacitated.

Time of Claim Payment: We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after we receive the proof of loss, while the loss and our liability continue; or
- b) immediately after we receive the proof of loss following the end of our liability.

We will pay any other benefit due immediately, but not more than 60 days, after we receive the proof of loss.

Payment of Claims: We will pay any benefit due for loss of the Insured Person's life:

- a) according to the beneficiary designation in effect at the time of his or her death; otherwise
- b) if no beneficiary is designated, according to the beneficiary designation under the Group Life Insurance Policy issued to the Policyholder and in effect at the time of the Insured Person's death; or
- c) to the survivors, in equal shares, in the first of the following classes to have a survivor at the Insured Person's death:
 - 1) spouse,
 - 2) children,
 - 3) parents,
 - 4) brothers and sisters.

If there is no survivor in these classes, payment will be made to the Insured Person's estate.

All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding paragraph.

Form 7679 Z2a

Benefits will be paid into a checking account which will be owned by:

- a) the Insured Person; or
- b) the beneficiary or beneficiaries named in writing by the Insured Person.

The checking account owner may elect a lump sum payment by writing a check for the full amount in the checking account. However, a checking account will not be established for a benefit payable to the Insured Person's estate or for a Principal Sum that is less than \$10,000 or for any claim that the claim department determines is more appropriately adjudicated through the issuance of a lump sum payment.

If a benefit due is payable to:

- a) the Insured Person's estate; or
- b) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment;

we may pay up to \$1,000 (\$3,000 for residents of Florida) of the benefit due to some other person.

The other person will be someone related to the Insured Person or the beneficiary by blood or marriage who we believe is entitled to the payment. We will be relieved of further responsibility to the extent of any payment made in good faith.

Physical Examinations and Autopsy: While a claim is pending we have the right at our expense:

- a) to have the Insured Person who has a loss examined by a physician when and as often as is reasonably necessary; and
- b) in case of death to make an autopsy, where it is not forbidden by law.

Legal Actions: You cannot take legal action against us:

- a) before 60 days following the date proof of loss is sent to us;
- b) after 3 years (6 years for residents of South Carolina) following the date proof of loss is due (for Florida residents, after the expiration of the applicable statute of limitations following the date proof of loss is due).

Naming a Beneficiary: The Insured Person may name a beneficiary or change a revocably named beneficiary by giving your written request to the Policyholder. His or her request takes effect on the date you execute it, regardless of whether he or she is living when the Policyholder receives it. We will be relieved of further responsibility to the extent of any payment we made in good faith before the Policyholder received his or her request.

Assignment: We will recognize any assignment the Insured Person makes under this policy, provided:

- a) it is duly executed; and
- b) a copy is on file with us.

We and the Policyholder assume no responsibility for the validity or effect of an assignment.

Form 7679 Z3



WAR RISK RIDER #1

This rider forms a part of Policy Number ETB-200122 issued to The Johns Hopkins University and all certificates of insurance furnished in connection with the Policy.

This rider is effective from July 1, 2010 to July 1, 2011.

The Policy and all certificates are hereby amended in the following manner:

1. This rider applies to all hazard(s).
2. In consideration of a Minimum Deposit Premium of \$91,860 per year, which is included in the Policy Premium, War Risk Coverage is added to the Policy.
3. The EXCLUSION for loss resulting from "war or act of war, whether declared or undeclared" is deleted in its entirety and is replaced with the following:

The Policy does cover loss resulting from war or act of war, whether declared or undeclared, occurring within the geographical limits, the territorial waters, or the airspace above:

- a) Worldwide
4. If warlike conditions develop or increase in any country worldwide, we reserve the right to exclude any country from war risk coverage or charge additional premium subject to the Policyholder providing us with the requested exposure data. Any change will not be effective until the 11th day following the date we send notice to the Policyholder.
 5. Cancellation: The Policyholder may cancel this war risk coverage at any time by sending us written notice to our Home Office. Cancellation will become effective on the later of the date of receipt or the date requested.

We may cancel this coverage at any time by sending written notice to the Policyholder at least 10 days prior to the effective date of cancellation.

In all other respects, the policy and certificates remain the same.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
Hartford, Connecticut

Ricardo A. Anzaldua, Secretary

John C. Walters, President

**NOTICE CONCERNING COVERAGE LIMITATIONS
AND EXCLUSIONS UNDER THE LIFE AND HEALTH
INSURANCE GUARANTY CORPORATION
SUBTITLE**

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 Maryland Life and Health Insurance Guaranty Corporation. The purpose of this 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 corporation will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state, and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty corporation is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

The Maryland Life and Health Insurance Guaranty Corporation 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 Maryland. You should not rely on coverage by the Maryland Life and Health Insurance Guaranty Corporation in selecting an insurance company or in selecting an insurance policy.

Coverage is **NOT** provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their insurance producers are required by law to give or send you this notice. However, insurance companies and their insurance producers are prohibited by law from using the existence of the guaranty corporation to induce you to purchase any kind of insurance policy.

The Maryland Life and Health Insurance
Guaranty Corporation
9199 Reisterstown Road
P.O. Box 671 Suite 216C
Owings Mills, MD 21117
(410)998 3907

The state law that provides for this safety net coverage is called the Life and Health Insurance Guaranty Corporation.

The Corporation is not a department or unit of the State of Maryland and the liabilities or debts of the Life and Health Insurance Guaranty Corporation are not liabilities or debts of the State of Maryland.

(continued on next page)

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

COVERAGE

Generally, individuals will be protected by the Life and Health Insurance Guaranty Corporation if they live in this state and hold a life or health insurance contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

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

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by a Health Maintenance Organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessment, or by an insurance exchange.

The corporation also does **not** provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance unless assumption certificates have been issued;
- interest rate yields that exceed an average rate;
- any portion of a policy or contract to the extent that it provides dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employers' plans to the extent they are self funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals).

LIMITS ON AMOUNTS OF COVERAGE

The statute also limits the amount that the corporation is obligated to pay. The corporation cannot pay more than the amount the insurance company would owe under a policy or contract. Also, with respect to any one life, regardless of the number of policies or contracts with the member insurer, the corporation will pay a maximum of:

- \$300,000 in life insurance death benefits, but will not pay more than \$100,000 in life insurance cash surrender values;
- \$300,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values; and
- \$100,000 in the present value of annuity benefits, including any net cash surrender and net cash withdrawal values.

These amounts are the maximum, no matter how many policies and contracts the insured has with the member company.



Privacy Policy and Practices of The Hartford Financial Services Group, Inc. and its Affiliates
(herein called "we, our, and us")

This Privacy Policy applies to our United States Operations

We value your trust. We are committed to the responsible:
a) management;
b) use; and
c) protection;
of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:
a) service your **Transactions** with us; and
b) support our business functions.

We may obtain **Personal Information** from:
a) **You**;
b) your **Transactions** with us; and
c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:
a) your name;
b) your address;
c) your income;
d) your payment; or
e) your credit history;
may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:
a) our insurance companies;
b) our employee agents;
c) our brokerage firms; and
d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:
a) market our products; or
b) market our services;
to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:
a) independent agents;
b) brokerage firms;
c) insurance companies;
d) administrators; and
e) service providers;
who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:
a) taking surveys;
b) marketing our products or services; or
c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:
a) "opt-out;" or
b) "opt-in;"
as required by law.

We only disclose **Personal Health Information** with:
a) your proper written authorization; or
b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:
a) underwriting policies;
b) paying claims;
c) developing new products; or
d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:
a) the confidentiality; and
b) the integrity of;
Personal Information that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
- b) provide an adequate level of protection for that data;
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our Privacy Policy will be subject to discipline, which may include ending their employment with us.

At the start of our business relationship, we will give **You** a copy of our current Privacy Policy.

We will also give **You** a copy of our current Privacy Policy once a year if **You** maintain a continuing business relationship with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

Application means your request for our product or service.

Personal Financial Information means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

Personal Health Information means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

Personal Information means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

Transaction means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

You means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
 - b) applying for; or
 - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

This Privacy Policy is being provided on behalf of the following affiliates of The Hartford Financial Services Group, Inc.:

American Maturity Life Insurance Company; First State Insurance Company; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford Casualty Insurance Company; Hartford Equity Sales Company, Inc.; Hartford Fire Insurance Company; Hartford Fire, General Agency, Inc.; Hartford HLS Series Fund II, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford International Life Reassurance Corporation; Hartford Investment Advisory Company, LLC; Hartford Investment Financial Services, LLC; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Life and Annuity Insurance Company; Hartford Life Insurance Company; Hartford Lloyd's Insurance Company; Hartford Mezzanine Investors I, LLC; Hartford Retirement Services, LLC; Hartford Securities Distribution Company, Inc.; Hartford Series Fund, Inc.; Hartford Specialty Company; Hartford Specialty Insurance Services of Texas, LLC; Hartford Underwriters Insurance Company; Hartford-Comprehensive Employee Benefit Service Company; HL Investment Advisors, LLC; Hartford Life Private Placement, LLC; M-CAP Insurance Agency, LLC; New England Insurance Company; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Planco, LLC; Planco Financial Services, LLC; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; Specialty Risk Services, LLC.; The Hartford Income Shares Fund, Inc.; The Hartford Mutual Funds II, Inc.; The Hartford Mutual Funds, Inc.; Trumbull Insurance Company; Trumbull Services, L.L.C.; Twin City Fire Insurance Company; Woodbury Financial Services, Inc.

Questions about this Privacy Policy may be directed to the following address: GBD Compliance, The Hartford, P.O. Box 2999, Hartford, CT 06104-2999.