

Business Travel Accident Insurance Plan

Summary Plan Description (SPD)
for active employees

Effective Jan. 1, 2024

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Introduction

Lumen Technologies, Inc. (hereinafter “Lumen”) is pleased to provide you with this Summary Plan Description (“SPD”) of the Lumen Business Travel Accident Insurance Plan (the “BTA Plan” or “Plan”), as in effect on January 1, 2024. The Plan provides a wide range of coverages in the event of death or certain other serious accidental physical losses for eligible employees of Lumen and its affiliates and subsidiaries in the United States and Canada (with such affiliates and subsidiaries together with Lumen referred to as the “Company”), while traveling on Company business. This SPD is a supplement to your Blanket Accident Insurance Policy (“Policy”), which is a part of the Plan and attached at the end of this SPD. The Plan is a component benefit program under the Lumen Welfare Benefits Plan and is intended to be an employee welfare benefits plan subject to ERISA.

Reservation of rights

Lumen reserves the right to amend, change or terminate the Plan and any of the Benefits provided under the Plan – with respect to all classes of a “Covered Person” (a defined term), without prior notice to or consultation with any “Covered Person”, subject only to applicable law and if applicable, collective bargaining agreements.

Plan changes and Plan Administrator discretion

The Plan Administrator has the right and discretion to determine all matters of fact or interpretation relative to the administration of the benefit, including questions of eligibility, interpretations of the Plan’s provisions and any other matter. The decisions of the Plan Administrator and any other person or group to whom such discretion has been delegated, including the Claims Administrator (the Insurer), shall be conclusive and binding on all persons.

This Plan is maintained in part with respect to those employees of Lumen and its subsidiaries who are covered under collective bargaining agreements, if applicable. For a copy of the current collective bargaining agreement that is applicable to you, please contact your Union directly.

How to use this document

This SPD is designed to provide you with a summary and general description, in non-technical language, of the Business Travel Accident (“BTA”) insurance benefits and coverages available under the Plan, without describing all of the details set forth in the Plan. It describes your Benefits and rights as well as your obligations under the Plan. All of the specific rules governing the Plan are contained in the Plan Document and underlying group insurance Policy. You, your dependents and beneficiaries and your lawyer (or other legal representative) may examine the Plan document and other documents relating to the Plan during regular business hours or by appointment at a mutually convenient time in the office of the Plan Administrator. For additional information, refer to the Statement of ERISA Rights section.

We encourage you to read this SPD. With respect to the Plan benefits you may be eligible for, you will need to read this SPD and the Policy (and any riders or amendments), which is provided below in this SPD and is incorporated as a part of the Plan. The insurer of the Policy is National Union Fire Insurance Company of Pittsburgh, PA, also referred to as “AIG” and AIG is the Plan’s claims administrator.

This SPD and the Policy must be read together to fully understand your rights and benefits under the Plan.

Note: In the event of any conflict or discrepancy between this SPD and the official group insurance Policy, the group insurance Policy shall govern.

You are encouraged to read and keep all SPDs and any subsequent attachments and summaries of material modifications (“SMMs”), amendments, and addendums for future reference.

Overview of the Plan

The Plan provides a wide range of coverage in the event of death or certain other serious accidental physical losses while traveling on Company business. The Plan automatically covers you while traveling on Company business. You do not need to enroll in this Plan.

This section of the SPD provides an overview and common features of the BTA Plan. Specific and distinct features to the BTA Plan are listed below in separate sections.

Eligibility

You are eligible for BTA coverage described in this SPD on your 1st day of active employment with the Company if you are:

- All full-time Company employees working in the United States and Canada a minimum of thirty (30) hours per week.
- An active Company employee in the United States or Canada elected or appointed to the Board of Directors of Lumen.
- A non-employee, active member of the Lumen Board of Directors who is in Active Service and not in any other class.

All Eligible Spouses and Domestic Partners and Dependent Children of Insured Persons at the invitation or expense of the Policyholder.

You are not eligible for the BTA insurance benefits described in this summary if you are: a temporary employee, part-time or Seasonal employee, incidental employee, or full-time member of the armed forces of any country (unless the state in which you reside or a predecessor company indicates otherwise), a leased employee, an independent contractor, or an individual who is not classified by the Company as an employee, or an individual who is carried on the payroll of another company including but not limited to, a temporary employment service, or whom the Company has classified and/or treated as a vendor or consultant.

Dependent eligibility

Your eligible dependents are covered if traveling with you on a Company business trip. The Claims Administrator reserves the right to require supporting financial and/or legal documentation to confirm eligibility at any time. Your eligible dependents include:

- Eligible Spouse means the Insured's legal spouse or Domestic Partner.
- Domestic Partner means an opposite or a same sex partner who has met all of the following requirements for at least 12 months:
 - Shares the Insured's primary residence;
 - Has resided with the Insured for at least 12 months prior to the effective date of this coverage and is expected to reside with the Insured indefinitely;
 - Is financially interdependent with the Insured proven by providing proof of joint ownership such as by holding one or more credit or bank accounts, including a checking account, as joint owners or by owning or leasing their permanent residence as joint tenants;
 - Has signed a Domestic Partner declaration with the Insured, if recognized by the laws of the state in which he or she resides with the Insured;
 - Has not signed a Domestic Partner declaration with any other person within the last 12 months;
 - Is 18 years of age or older;
 - Is not currently married to another person;
 - Is not in a position as blood relative that would prohibit marriage.

- Your unmarried child(ren), up to the end of the month in which they attain age 26. Child(ren) include:
 - Your natural child(ren);
 - Your adopted child, beginning with any waiting period pending finalization of the child's adoption;
 - Foster child(ren);
 - Stepchildren who reside with the Insured or depends on the Insured for financial support;
 - Child(ren) of your spouse or your domestic partner (natural, legally adopted or placed for adoption or foster child(ren));
 - Child(ren) for whom you are the legal guardian or are the legal ward for grandchild(ren), nieces or nephews.
- You may cover any or all of your eligible dependents according to the rules of each plan; however, no one may be a dependent of more than one employee under the benefit plans.
- A child dependent on the other parent is considered an eligible Dependent. The proportion of the Child's support that the "Insured" provides does not affect the child's eligibility for coverage.
- A Dependent may also include any person related to the "Insured" by blood or marriage and for whom the "Insured" is allowed a deduction under the Internal Revenue Code.
- Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions:
 - the child is handicapped;
 - the child is not capable of self-support; or
 - the child depends mainly on the "Insured" for support and maintenance.

(The "Insured" must give the insurer proof that the child meets these conditions, when requested. The insurer will not ask for proof more than once a year.)

The insurer may request satisfactory proof of the Dependent child's incapacity and dependency within 60 days before the Dependent child reaches the age limit specified above. If the insured fails to furnish the requested proof within 31 days of the request, coverage for that Dependent child will terminate at the end of that 31-day period.

Your Beneficiary

Your beneficiary is the person you choose to receive survivor benefits in the event of your death. You may name any person(s), your estate, almost any organization or a trust as the beneficiary(ies) under your Lumen Life and AD&D Insurance Plans (the "Life Plan"). This named beneficiary(ies) will apply to the Lumen Business Travel Accident Insurance Plan (the "BTA Plan"). You may name one beneficiary or divide the benefit among multiple beneficiaries. If you name multiple beneficiaries, you must specify the percentage each beneficiary will receive.

It is important to specify your beneficiary(ies) designation clearly when you enroll in your Life and AD&D. Enrollment in the BTA plan is automatic. In the event that a beneficiary is named for one coverage but not the others, the named beneficiary **will apply to all coverages**.

If no beneficiary is alive on the date of your death or you have not elected a beneficiary, the benefit will be paid as follows:

- to your spouse or domestic partner, if living; or
- if there is no surviving spouse or domestic partner, to your surviving child(ren) in equal shares; or
- if there is no surviving spouse or domestic partner or child(ren), to your surviving parents in equal shares; or
- if there is no surviving spouse or domestic partner, child(ren) or parents, to your surviving brothers and sisters in equal shares; or

- if none of the above, to your estate.

Lumen Health and Life Service Center is the recordkeeper of beneficiary designations. If there is no beneficiary designation on file upon your death, any eligible amount will be payable according to the Plan rules and may not be whom you intended to receive the benefit. In addition, naming a beneficiary and having all the information on file may expedite the claim processing.

Please confirm that you have designated beneficiaries for all of your Life Insurance Plans by:

- Going to: lumen.com/healthandlife
- Calling: Lumen Health and Life Service Center at 833-925-0487

Important Note About Naming Minor Children

If you name your minor child(ren) as beneficiary(ies), please be advised that the Plan will be unable to pay benefits to them until the earlier of:

- The date your child(ren) reach the age of majority (usually age 18 or 21), depending on applicable state; or
- The date a legal guardian of the minors' estate has been appointed by a court. This can be a costly process, and state laws may limit who may be named as guardian of an estate.

When Coverage Begins

If you are a Full-time employee, you are automatically enrolled in your Business Travel Accident (BTA) coverage effective your date of hire.

If you change from part-time to full-time employment with Lumen, you are automatically enrolled in your Business Travel Accident (BTA) coverage effective the date you become full-time.

When Coverage Ends

Your insurance will end on the earliest of:

- The Covered Person is no longer eligible; or
- The period ends for which premium is paid.
- For Your Dependents, their insurance will end on the earliest of:
 - He or she is no longer a Dependent;
 - The Covered Person's coverage ends; or
 - The period ends for which premium is paid.

What Coverage Costs

The Lumen BTA is an "Insured" plan and the cost of coverage is based on the premium charged by the insurance company, which is paid by the Company.

Amount of Coverage

The Business Travel Accident coverage equals three (3) times your annual salary, as described below, rounded up to the next higher \$1,000. The maximum benefit payable by the BTA Plan is \$500,000.

Note: The coverage amounts for Spouse and each Dependent Child is \$25,000.

Annual Salary

The BTA Plan uses your annual wage or salary including your target incentive (short-term incentive pay, if eligible) as reported by the Policy holder for work performed for the Policyholder as in effect just prior to the date of the Covered Loss. For sales employees, Annual Salary also includes annualized commissions. Annual Salary does not include amounts received as bonus, commissions, overtime pay, lump-sum merit awards, shift differentials, or other extra compensation.

For Hourly Employees, your monthly rate of earnings is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month, but not more than 173 hours. If you do not have regular work hours, your monthly rate of earnings is based on the average number of hours you worked per month during the preceding 12 calendar months (or during your period of employment if less than 12 months), but not more than 173 hours.

When Benefits Are Payable

BTA benefits are payable for a covered loss which is the result of, and occurs within 365 days of, the covered injury which happens while you are on a business trip made on assignment by or with the consent of the Company or to further Company business.

A business trip begins when you leave the place where you normally work or live, whichever occurs last, and ends when you return to the place where you normally work or live, whichever occurs first. This coverage does not include commuting between home and the place of work. A business trip includes limited personal deviation up to 14 days. Personal deviation (or Sojourn) means an activity that is not reasonably related to Lumen's business and not incidental to the purpose of the trip but undertaken while on business for Lumen.

How Benefits Are Paid

If you die accidentally, the BTA benefit will be paid to your beneficiary(ies). For any other covered loss, the benefit will be paid to you. If you sustain more than one loss due to a single accident, the Plan will pay only one benefit, the largest, for the loss.

How To File a Claim

Please refer to the AIG "Out-of-Country Medical Coverage and Claims Guide" located in Appendix C of this SPD.

If a claim is denied, you or your beneficiary has certain rights of appeal, which are described in the "Important Information About the Plans" section.

Recovery of Payments

If your benefit is overpaid for any reason, the Plan has the right to recover the excess amount from the person or organization receiving benefits. The Plan reserves the right to recover any amounts due under these provisions by any means and your participation in the Plan means that you understand this right of recovery.

Benefits Assignment

At the request of the "Insured" or his or her parent or guardian, if the "Insured" is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end the insurer's liability to the extent of the payment.

Release of Medical or Confidential Information

By accepting benefits from the Plan, you authorize the Plan Administrator or insurance carrier to examine any medical records needed to process claims or appeals.

Information will be kept confidential whenever possible. Under certain circumstances, this information may be disclosed

to other parties with your or your beneficiary’s authorization or as required by state or federal law. Please keep in mind that it is very important for you to follow the Plan’s procedures, as summarized in this SPD, in order to obtain Plan Benefits and to help keep your personal confidential information private and protected.

For example, contacting someone at the Company other than the Claims Administrator or Plan Administrator (or their duly authorized delegates) in order to try to get a Benefit claim issue resolved is not following the Plan’s procedures. If you or your beneficiary do not follow the Plan’s procedures for claiming a Benefit or resolving an issue involving Plan Benefits, there is no guarantee that the Plan Benefits for which you may be eligible will be paid to you on a timely basis, or paid at all, and there can be no guarantee that your personal confidential information will remain private and protected.

To Contact the Plan

Throughout this SPD you will find statements that encourage you to contact the Claims Administrator (the insurer, AIG) for the Plan. Whenever you have a question or concern regarding BTA benefits or a claim, please call AIG.

Business Travel Accident “BTA” Insurance Company AIG
National Union Fire Insurance Company of Pittsburgh
175 Water Street, 18th floor
New York, NY 10038
(212) 458-5000

Inform the Plan of Changes

Active Lumen employees must notify Lumen of any changes in address, telephone number and/or marital status. To do this, log into SuccessFactors and make any necessary changes in the Personal Information section.

General Administrative Information

Plan Name:	Lumen Disability Plan, which is a component program under the Lumen Welfare Benefit Plan
Plan Sponsor:	Lumen 214 East 24th Street Vancouver, WA 98663
Employer Identification Number:	72-0651161
Plan Number:	513
Plan Year:	January 1 through December 31
Plan Administrator:	Lumen Employee Benefits Committee 214 East 24th Street Vancouver, WA 98663
Agent for Service of Legal Process:	Associate General Counsel/ERISA Lumen Technologies, Inc 931 N. 14th Street Denver, CO 80202

Legal process may also be served on: Lumen Employee Benefits Committee
214 East 24th Street
Vancouver, WA 98663

Important information about the Plan

The BTA Plan is subject to the Employee Retirement Income Security Act, as amended.

Statement of ERISA Rights

The Employee Retirement Income Security Act of 1974 (ERISA) affords United States employees with certain legal protection under the plans the Company provides.

As a participant in the Business Travel Accident Insurance Plan component of the Lumen Welfare Benefits Plan No. 513, certain rights and protections under the Employee Retirement Income Security Act (ERISA) provide that all plan participants shall be entitled to:

- Examine, without charge, at the Plan Administrator office and other specified locations, such as work sites, and union halls, all documents governing the plan including insurance contracts, collective bargaining agreements and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for copies.
- Receive a summary of the Plan's annual financial reports. The plan administrator is required by law to furnish each participant with a copy of this annual summary report.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of employee benefit plans. The people who operate your plans, called "fiduciaries," have a duty to do so prudently and in the sole interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If your claim for benefits is denied or ignored, in whole or in part, you may file suit in a state or Federal court.

If it should happen that plan fiduciaries misuse the plans' money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about the Plan(s), you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, 20220. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publication hotline of the Employee Benefits Security Administration.

Plan Amendments

Lumen reserves the right at any time, to terminate, modify or amend, in whole or in part, any or all of the provisions of the Plan.

Interpretation of the Plan

The Plan Administrator has authority to control and manage the operation and administration of the plans. However, the plan administrator has delegated to the group sponsored BTA insurance carrier its entire discretionary authority to make all final determinations regarding claims for benefits under the benefit plan "Insured" by this "Policy". This discretionary authority includes, but is not limited to, the determination of eligibility for benefits, based upon enrollment information provided by the policyholder, the amount of any benefits due, and to construe the terms of these policies.

Any decision made by the group sponsored BTA insurance carrier in the exercise of this authority, including review of denials of benefit, is conclusive and binding on all parties. Any court reviewing the group sponsored BTA insurance carrier's determinations shall uphold such determination unless the claimant proves the determinations are arbitrary and capricious.

Time Limitation on Civil Actions

You cannot bring any legal proceedings or action against the Plan, the Plan Administrator, claims administrators or the Company unless you first complete all the steps in the claims and appeal process described in this SPD.

After completing that process, you can bring any legal proceedings or action against the Plan or us or the Claims Administrator within 12 months or 1 year of the date the Claims Administrator notified you of the final decision on your appeal. No person has the right to file a civil action, proceeding or lawsuit against the Plan or any person acting with respect to the Plan, including, but not limited to, the Company, any Participating Company, the Lumen Employee Benefits Committee or any other fiduciary, or any third party service provider, after the expiration of three years from the time proof of loss is required.

Clerical Error

If a clerical error or other mistake occurs, however occurring, that error does not create a right to Benefits. Clerical errors include, but are not limited to, providing misinformation on eligibility or benefit coverages or entitlements or relating to information transmittal and/or communications, perfunctory or ministerial in nature, involving claims processing, and recordkeeping. Although every effort is and will be made to administer the Plan in a fully accurate manner, any inadvertent error, misstatement or omission will be disregarded and the actual Plan provisions will be controlling. A clerical error will not void coverage to which a Participant is entitled under the terms of the Plan, nor will it continue coverage that should have ended under the terms of the Plan. When an error is found, it will be corrected or adjusted appropriately as soon as practicable. Interest shall not be payable with respect to a Benefit corrected or adjusted. It is your responsibility to confirm the accuracy of statements made by the Plans or our designees, including the Claims Administrator(s), in accordance with the terms of this SPD and other Plan documents.

Records and Information and Your Obligation to Furnish Information

At times, the Plan or the Claims Administrator may need information from you. You agree to furnish the Plan and/or the Claims Administrator with all information and proofs that are reasonably required regarding any matters pertaining to the Plan. If you do not provide this information when requested, it may delay or result in the denial of your claim.

By accepting Benefits under the Plan, you authorize and direct any person or institution that has provided services to you, to furnish the Plan or the Claims Administrator with all information or copies of records relating to the services provided to you. The Plan or the Claims Administrator has the right to request this information at any reasonable time. This applies to all "Covered Person's", including Enrolled Dependents whether or not they have signed the enrollment form. The Plan agrees that such information and records will be considered confidential. We and the Claims Administrator have the right to release any and all records which are necessary to implement and administer the terms of the Plans, for appropriate medical review or quality assessment, or as we are required by law or regulation.

Circumstances That May Affect Your Plan Benefits

Under certain circumstances all or a portion of your Benefits under the Plans may be denied, reduced, suspended, terminated or otherwise affected. Many of these circumstances have been addressed elsewhere in this SPD. Such circumstances, in general, include but are not limited to:

- You are no longer in an eligible class of participants.
- The Plan is amended, changed or terminated.
- You attain the maximum benefit available under the Plans, such as may apply to certain BTA Benefits.
- You misrepresent or falsify any information required under the Plan; you or your beneficiaries will not be permitted to benefit under the Plan from your own misrepresentation.
- You have been overpaid a benefit and the Plan seeks restitution.
- Your coverage under the Plan is terminated for one of a variety of reasons, for example, failure to pay a supplemental benefit premium or to pay it on a timely basis.
- Your coverage is rescinded as permitted by law.

Consequences of Falsification or Misrepresentation

Coverage for you or your dependent(s) will be terminated if you or your dependent(s) falsify or intentionally omit medical history on the application for coverage, submit fraudulent, altered or duplicate billings for personal gain, allow another party not eligible for coverage to be covered under the Plan or obtain Plan Benefits, or allow improper use of your or your dependent's coverage. You and your Dependent(s) will not be permitted to benefit under the Plan from your own misrepresentation. If a person is found to have falsified any document in support of a claim for Benefits or coverage under the Plan, the Plan Administrator may, without anyone's consent, terminate coverage, possibly retroactively if permitted by law (called "rescission"), and may seek reimbursement for Benefits that should not have been paid out. Additionally, the Claims Administrator may refuse to honor any claim under the Plan. You are also advised that suspected incidents of this nature are turned over to Corporate Security to investigate and to address the possible consequences of such actions. You may be periodically asked to submit proof of eligibility to verify claims. All participants are required to cooperate with requests to validate eligibility.

Appendix A: Business Travel Accident Policies and Amendments

Master BTA Policy: MTA 0009157182

Amendments:

- Policy Amendment No. 6 to MTA 0009157182
- Policy Amendment No. 7 to MTA 0009157182

Blanket Accident Insurance Policy: GTP 0009157183

Amendments:

- Policy Amendment No. 7 to GTP 0009157183
- Policy Amendment No. 8 to GTP 0009157183

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)
Participating Organization: Lumen Technologies Service Group, LLC
Policy Number: MTA 0009157182

BENEFIT B-24
PERMANENT TOTAL DISABILITY (SINGLE PAYMENT) BENEFIT RIDER

This Rider is attached to and made part of the Policy effective April 30, 2024. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Permanent Total Disability Benefit. If, as a result of an Injury, the Insured Person is rendered Permanently Totally Disabled within 365 days of the accident that caused the Injury, the Company will pay 100% of the Principal Sum at the end of 12 consecutive months of such Permanent Total Disability.

The Company reserves the right, at the end of the 12 consecutive months of Permanent Total Disability to determine, on the basis of all the facts and circumstances, that the Insured Person is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Permanently Totally Disabled/Permanent Total Disability - as used in this Rider, means that the Insured Person is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training. However, with respect to an Insured Person for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Rider, that the Insured Person is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

PARTICIPATING ORGANIZATION APPLICATION FOR INLAND MARINE INSURANCE POLICY

Application is hereby made for a plan of insurance based on the following statements and representations:

1. Identification of Policyholder:

Name of Policyholder: Group Insurance Trust (Delaware)
Address of Policyholder: BNY Mellon Trust of Delaware, as Trustee
301 Bellevue Parkway, 3rd Floor
Wilmington, DE 19809
Attn: Corporate Trust Administration
Policy Number: MTA 0009157182

2. Identification of Participating Organization:

Name of Participating Organization: CenturyLink, Inc.
Address of Participating Organization: 931 14th Street, 9th Floor, Denver, CO 80202
Type of Business or Purpose of Organization: Telephone Commutations
Covered Affiliates(s) or Subsidiary(ies): As on file with the Participating Organization

Newly Acquired Corporations, Partnerships, or Sole Proprietorships. The premium for the Participating Organization's coverage under this Policy applies only to the Participating Organization as constituted on the Participating Organization Effective Date (or any renewal date of such coverage). However, any corporation, partnership, or sole proprietorship acquired by the Participating Organization after the Participating Organization Effective Date (or the renewal date) will be considered a part of the Participating Organization, or a Covered Affiliate or Subsidiary, as of the date of the acquisition, but only if the following conditions are both met by the Participating Organization within a reasonable time after the acquisition date: (1) it must report to the Company, in writing, the name of the newly acquired entity and all underwriting information the Company deems necessary to determine any additional premium required; and (2) it must agree to, and must pay, any required additional premium (or an appropriate portion thereof as agreed upon with the Company). If both conditions are not met within a reasonable time after the acquisition date, the newly acquired entity will not be considered a part of the Participating Organization, or a Covered Affiliate or Subsidiary, and the employees from the newly acquired entity will not be considered as employees of the Participating Organization or a Covered Affiliate or Subsidiary for Policy purposes, until the date both conditions are met. In any event, the Participating Organization is liable for payment of premium for any period of time that coverage under this Policy is in effect for any employees from the newly acquired entity.

3. Eligible Class

Description of Class

- | | |
|-----|---|
| I | All full-time employees (including pilots) working a minimum of thirty (30) hours per week, of the Participating Organization residing outside of the United States and Canada, who are in Active Service and not in any other class. |
| II | All Employees elected or appointed to the Board of Directors of the Participating Organization residing outside of the United States and Canada, who are in Active |
| III | Service and not in any other class.
All non-employee members to the Board of Directors of the Participating Organization residing outside of the United States and Canada, who are in Active Service and not in any other class. |

- IV All employees of the Participating Organization or employees of an affiliated or subsidiary company of the Participating Organization residing outside of the United States and Canada who are in Active Service and not in any other class.
- V All Eligible Spouse/Domestic Partners and Dependent Children of an Insured Persons, at the invitation or expense of the Participating Organization.

Eligible Spouse - as used above, means the Insured's legal spouse.

Eligible Dependent Children - as used above, means the Insured's unmarried children, including natural children from the moment of birth, step or foster children, or adopted children from the moment of placement in the home of the Insured, under age 26 and primarily dependent on the Insured for support and maintenance.

Any unmarried Eligible Dependent Children of the Insured covered under the Participating Organization's coverage under this Policy before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under this Policy beyond that age limit for as long as the Participating Organization's coverage under this Policy is in force, but only if they remain continuously covered under this Policy. The Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s incapacity and dependency to the Company within 60 days before the Eligible Dependent Child(ren) reach the age limit specified above. If the Insured fails to furnish the requested proof before the Eligible Dependent Child(ren) reach the age limit, coverage for the Eligible Dependent Child(ren) will not be extended past the age limit. If coverage is extended, the Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s continued incapacity and dependency to the Company on an annual basis. If the Insured fails to furnish the requested proof within 31 days of the request, coverage for the Eligible Dependent Child(ren) will terminate at the end of that 31-day period.

Continuation of Eligibility. If premium payments are continued on a basis that precludes individual selection, an Insured who ceases to be a member of an eligible class as described above may still be regarded as in an eligible class as follows: (1) if the Insured is on temporary lay-off or leave of absence (other than an authorized family or medical leave), for the full period of the lay-off or leave, but not for more than three months in a row; or (2) if the Insured is absent from work due to an authorized family or medical leave, for the full period of the leave, but not for more than three months in a row unless a longer period is agreed to by the Company and the Participating Organization.

4. **Principal Sums, Hazards and Benefits for Eligible Persons:**

Any Benefit shown in any row of the chart below applies only to an eligible person in a Class shown in that row, only with respect to an accident that occurs under the circumstances described in a Hazard shown in that row as to such person. Any other Rider or Endorsement shown in any row of the chart below applies only with respect to the Classes, Hazards, and Benefits shown in that row.

Section 4A.

Class	Principal Sum
I	Three (3) times Annual Salary rounded to the next higher \$1,000 subject to a maximum of \$500,000.
II	Three (3) times Annual Salary rounded to the next higher \$1,000 subject to a maximum of \$500,000.
III	\$500,000

- IV Three (3) times Annual Salary rounded to the next higher \$1,000 subject to a maximum of \$500,000.
- V Spouse: \$25,000
Each Dependent Child: \$25,000

“Annual Salary” means an employee’s annual wage or salary and target incentive pay as reported by the Participating Organization for work performed for the Participating Organization as in effect just prior to the date of the Covered Loss. For sales employees, Annual Salary also includes annualized commissions. Annual Salary does not include amounts received as bonus, commissions, overtime pay, lump-sum merit awards, shift differentials, or other extra compensation.

Section 4B.

Class	Hazard(s)	Benefit(s) and Benefit Riders	Other Rider(s) and Endorsement(s)
I	H-12, H-19, H-21, H-32, H-37, H-39 H-46	B-1, B-2, B-3, B-4, B-7, B-10, B-13, B-16, B-24, B-25, B-26, B-28, B-30, B-45, B-46 B-42, B-44	
II	H-12, H-19, H-21, H-32, H-37, H-39 H-46	B-1, B-2, B-3, B-4, B-7, B-10, B-13, B-16, B-24, B-25, B-26, B-28, B-30, B-45, B-46 B-42, B-44	
III	H-15, H-19, H-37, H-39 H-46	B-1, B-2, B-3, B-4, B-7, B-10, B-13, B-16, B-24, B-25, B-26, B-28, B-30, B-45, B-46 B-42, B-44	
IV	H-12, H-19, H-21, H-32, H-37, H-39 H-46	B-1, B-2, B-3, B-4, B-7, B-10, B-13, B-16, B-24, B-25, B-26, B-28, B-30, B-45, B-46 B-42, B-44	
V	H-19, H-37, H-39, H-43, H-44 H-46	B-1, B-2, B-3, B-4, B-7, B-10, B-13, B-16, B-24, B-25, B-26, B-28, B-30, B-45, B-46 B-42, B-44	

- 5. **Aggregate Limit:** \$10,000,000 per aircraft accident
\$10,000,000 per War Risk accident, & per On-Premises Violent Crime
\$1,000,000 per occurrence – Hazard H-46 – Security Evacuation Benefit
- 6. **Hazards, Benefits and Benefit Riders, Other Riders and Endorsements, and Attachments Made Part of the Participating Organization’s Coverage Under this Policy:**

- a. The following Hazards are made part of the Participating Organization's coverage under the Policy as of the Participating Organization's Effective Date:

FORM NUMBER	HAZARD NUMBER	DESCRIPTION
C11875(Rev 3/13)IM	H-12	24-Hour Accident Protection While On A Trip (Business Only)
C11876IM	H-15	24-Hour Accident Protection While on a Specified Trip or Specified Type of Trip
C11878IM(Rev 9/14)	H-19	Participating Organization Aircraft (Passenger, Pilot or Crew)
C11880IM	H-21	On-Premises Violent Crime
C11891IM	H-32	Extraordinary Commuting
C11896(Rev 8/16)IM	H-37	Hijacking (Business Only)
C11898(Rev 3/13)IM	H-39	War Risk (Business Only)
C11902IM	H-43	24-Hour on a Family Relocation Trip (Insured Dependents Only)
C11903IM	H-44	Family Accompanying the Insured (Insured Dependents Only)
C36354IM(Rev 2/18)	H-46	24 Hour Protection While on an International Trip

- b. The following Benefits and Benefit Riders/Endorsements are attached to and made part of the Participating Organization's coverage under Policy as of the Participating Organization Effective Date. Each Benefit Rider/Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by that Benefit Rider/Endorsement.

FORM NUMBER	BENEFIT NUMBER	DESCRIPTION
C11910(Rev 3/13)IM	B-3	Accident Medical Expense Benefit
C11911(Rev 3/13)IM	B-4	Bereavement and Trauma Counseling Benefit
C11914IM(Rev 7/12)	B-7	Coma Benefit
C11917(Rev 3/13)IM	B-10	Day Care Benefit
C11920(Rev 8/16)IM	B-13	Emergency Evacuation with Family Travel Benefit
C11923(Rev 3/13)IM	B-16	Home Alteration and Vehicle Modification Benefit
C11931IM	B-24	Permanent Total Disability (Single Payment) Benefit
C11932(Rev 3/13)IM	B-25	Rehabilitation Benefit
C11933(Rev 8/16)IM	B-26	Repatriation of Remains Benefit
C11935IM	B-28	Seat Belt and Air Bag (Percentage of Principal Sum Amount) Benefit
C11937(Rev 3/13)IM	B-30	Tuition Benefit
C36048IM	B-42	Security Evacuation Benefit
C36159(Rev 9/17)IM	B-44	Medical Expense Benefit
C36161(Rev 8/16)IM	B-45	Attendor Benefit
C36182(Rev 3/13)IM	B-46	Bedside Visit Benefit

- c. The following attachments are made part of the Policy as of the Policy Effective Date:

FORM NUMBER	BENEFIT NUMBER	DESCRIPTION
C40015(Rev 8/13)IM		Domestic Partnerships Endorsement
89644 6-13		Economic Sanctions Endorsement

7. **Premiums:**

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

\$20,414.00 per year, due and payable in annual installments with the first installment due as of the Participating Organization's Effective Date and subsequent installments due as each anniversary date.

8. **Data Furnished by Participating Organization:** Participating Organization agrees to submit all requested exposure as a condition of any renewal.

9. **Coverage Effective Date:**

Subject to the Policy provisions regarding the effective date of coverage for individuals, insurance will become effective as to each eligible person in consideration of the required premium payment on the following date: the Participating Organization Effective Date, or the first day of active employment with the Participating Organization, whichever occurs later.

A change in coverage will become effective on the latest of the following dates: (1) if the change requires a change in premium, the date the first changed premium is paid when due; or (2) the effective date of the change. However, a changed Principal Sum applies only with respect to accidents that occur on or after the effective date of the change.

10. **Participating Organization Term:**

Participating Organization Effective Date:	January 1, 2020
Participating Organization Anniversary Date:	January 1, 2021
Participating Organization Termination Date:	January 1, 2023

Signed for the Participating Organization

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

INLAND MARINE INSURANCE POLICY

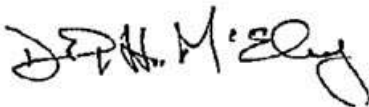
This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of each Participating Organization of the Policyholder (herein called Insured Persons) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Participating Organization Applications.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the Applications.

This Policy begins on the Effective Date shown in the Master Application and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates in effect at the time of renewal.

This Policy is governed by the laws of the state where it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy:



President



Secretary

PLEASE READ THIS POLICY CAREFULLY

Non-Participating Policy

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DEFINITIONS

Airworthiness Certificate - means the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.

Civilian Aircraft - means a civil or public aircraft having a current and valid Airworthiness Certificate and piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft. A Civilian Aircraft does not include a Participating Organization Aircraft.

Country of Permanent Assignment - means a country, other than an Insured's Home Country, in which the Participating Organization requires an Insured to work for a period of time that exceeds 365 continuous days.

Home Country - means a country from which the Insured holds a passport. If the Insured holds passports from more than one country, his or her Home Country will be the country that he or she has declared to the Company in writing to be his or her Home Country.

Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs under the circumstances described in a Hazard applicable to that person; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss under a Benefit applicable to such Hazard.

Insured means a person: (1) who is a member of an Eligible Class of persons as described in the Participating Organization Application; (2) for whom premium has been paid; and (3) while covered under this Policy. However, an Insured does not include any person covered under the Policy solely as an Insured Dependent.

Insured Dependent means an Insured Spouse or an Insured Dependent Child.

Insured Dependent Child means the Insured's Eligible Dependent Child who is a member of an Eligible Class of persons as described in the Participating Organization Application: (1) for whom premium has been paid; and (2) while covered under the Policy.

Insured Person means an Insured or an Insured Dependent.

Insured Spouse means the Insured's Eligible Spouse who is a member of an Eligible Class of persons as described in the Participating Organization Application: (1) for whom premium has been paid; and (2) while covered under the Policy.

Military Air Transport Aircraft - means an aircraft having a current and valid Airworthiness Certificate; piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft; and operated by the United States of America, or by the similar air transport service of any duly constituted governmental authority of any other recognized country.

Participating Organization - means an organization: 1) which elects to offer coverage under this Policy by completing a Participation Organization Application that has been accepted by the

Company; 2) which remits the required premium when due; if applicable, and 3) while coverage through the Participating Organization is available under this Policy.

Passenger - means a person not performing as a pilot, operator or crew member of a conveyance.

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Participating Organization.

Participating Organization Aircraft - means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the Participating Organization.

Sojourn and Personal Deviation, Sojourn or Personal Deviation means non-business travel or activities undertaken While on the Business of the Participating Organization but unrelated to furthering the business of the Participating Organization.

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

- acrobatic or stunt flying
- racing
- any endurance tests
- any flight on a rocket-propelled or rocket-launched aircraft
- crop dusting
- crop seeding
- crop spraying
- fire fighting
- any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted
- exploration
- pipe line inspect
- power line inspection
- any form of hunting
- bird or fowl herding
- aerial photography
- banner towing
- any test or experimental purpose

Trip means a trip taken by an Insured which begins when the Insured leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last), and is deemed to end when the Insured returns from the trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the Insured is on an authorized leave of absence or vacation or travel to and from the Insured's place of regular employment. "Trip" does not include the Insured's trip to a location that extends for more than 365 days. Such a trip will be deemed to change the Insured's residence or place of regular employment to the new location.

While on the Business of the Participating Organization means while on assignment by or at the direction of the Participating Organization for the purpose of furthering the business of the Participating Organization, but does not include any period of time: (1) while the Insured is working at his or her regular place of employment; (2) during the course of everyday travel to and from work; or (3) during an authorized leave of absence or vacation. If an Insured's assignment to a location exceeds 365 days, such assignment will be deemed to change the Insured's residence and regular place of employment to the new location.

While On-Premises of the Participating Organization - means while and in consequence of performing any assigned occupational duties for which compensation is received at the Insured Person's regular place of employment with the Participating Organization or elsewhere directly in or on the premises of the Participating Organization, but does not include during the course of everyday travel to and from work.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. Either the Company or the Policyholder may terminate this Policy on any Policy Anniversary Date by giving 30 days advance written notice to the other party. This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the earlier of: (1) the Policy Termination Date shown in the Master Application; or (2) the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

Termination of the Policy will not affect a claim for loss which occurs while the Policy is in force.

PARTICIPATING ORGANIZATION EFFECTIVE AND TERMINATION DATES

Effective Date. A Participating Organization's coverage under this Policy begins on the later of: 1) Participating Organization Effective Date shown in the Participating Organization Application at 12:01 AM Standard Time at the address of the Participating Organization shown in the Participating Organization Application; or 2) the Policy Effective Date shown in the Master Application.

Termination Date Either the Company or the Participating Organization may terminate the Participating Organization's coverage under this Policy on any date by giving 31 days advance written notice to the other party. The Participating Organization's coverage under this Policy may also, at any time, be terminated by the mutual written consent of the Company and the Participating Organization. A Participating Organization's coverage terminates automatically on the earliest of: 1) the Participating Organization Termination Date shown on the Participating Organization Application; 2) the premium due date if premiums are not paid when due; if applicable, or 3) the date this Policy terminates. Termination of the Participating Organization's coverage takes effect at 12:01 AM Standard Time at the Participating Organization's address on the date of termination.

Termination of the coverage under the Policy will not affect a claim for loss which occurs while coverage under the Policy is in force.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage begins on the latest of: (1) the Policy Effective Date; (2) the date the person becomes a member of an Eligible Class of persons as described in the Participating Organization Application; or (3) the Coverage Effective Date.

Termination Date. An Insured's coverage ends on the earliest of: (1) the date the Policy is terminated; (2) the premium due date if premiums are not paid when due; or (3) the date the Insured ceases to be a member of an Eligible Class of persons as described in the Participating Organization Application.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under the Policy.

INSURED DEPENDENT(S)' EFFECTIVE AND TERMINATION DATES

An Insured Dependent's coverage begins on the latest of: (1) the date the Insured's coverage begins; or (2) the date the person becomes a member of an Eligible Class of persons as described in the Participating Organization Application; or (3) the Coverage Effective Date.

An Insured Dependent's coverage ends on the earliest of: (1) the date the Insured's coverage ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; (3) the date the Insured Dependent ceases to be a member of an Eligible Class of persons as described in the Participating Organization Application.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Participating Organization Application. The Company may change the required premiums due on any premium due date by giving the Participating Organization at least 31 days advance written notice. The Company may also change the required premiums at any time when any change in coverage affecting premiums is made in this Policy. Any such change in this Policy will not take effect until any required additional premium is received by the Company, except as otherwise agreed to in writing by the Company and the Participating Organization.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. Coverage under this Policy will not be terminated for nonpayment of premium during the Grace Period if the Participating Organization pays all premiums due by the last day of the Grace Period. Coverage under this Policy will terminate on the last day of the period for which all premiums have been paid if the Participating Organization fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating coverage under this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section. In such case, the Participating Organization will be liable to the Company for any unpaid premiums for the time coverage under this Policy is in force, plus all costs and expenses (including, but not limited to, reasonable attorney fees, collection fees and court costs) incurred by the Company in the collection of all overdue amounts.

No grace period will be provided if the Company receives notice to terminate coverage under this Policy prior to a premium due date.

BENEFITS

Principal Sum. Some of the Benefits under this Policy are subject to a Principal Sum, or a percentage of a Principal Sum. As applicable to each Hazard and Benefit for each Insured Person, Principal Sum is the amount of insurance in force under this Policy on that person for that Hazard and Benefit, if applicable, and as described for the Insured Person's eligible class in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application.

B-1. Accidental Death Benefit.

See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Benefit with respect to each class of Insured Persons and each Hazard. If Injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

B-2. Accidental Dismemberment and Paralysis Benefit.

See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application of the Policy for the applicability of this Benefit with respect to each class of Insured Persons and each hazard. If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot.....	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear.....	25%
Thumb and Index Finger of Same Hand	25%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	75%
Uniplegia	25%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

“Quadriplegia” means the complete and irreversible paralysis of both upper and both lower limbs. “Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. “Uniplegia” means the complete and irreversible paralysis of one limb. “Limb” means entire arm or entire leg.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.

LIMITATIONS

Limitation on Multiple Benefits. If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit, and Permanent Total Disability Benefit.

Limitation on Multiple Hazards. If an Insured Person's Injury is caused by an accident that occurs under the circumstances described in more than one Hazard applicable to that person as shown in the Principal Sums, Hazards and Benefits section of the Participating Organization Application of this Policy, for Policy purposes the Principal Sum for that Insured Person for that accident will be determined as though the accident occurred under the circumstances described in only one such Hazard, the Hazard with the largest Principal Sum: H-12, H-15, H-19, H-21, H-32, H-37, H-39, H-43, H-44, H-46.

Aggregate Limit. The maximum amount payable under this Policy may be reduced if more than one Insured Person suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following Benefits provided by this Policy: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit, Permanent Total Disability Benefit, and Security Evacuation Benefit. The maximum amount payable for all such losses for all Insured Persons under all those Benefits combined will not exceed the amount shown as the Aggregate Limit in the Participating Organization Application. If the combined maximum amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured Person for all such losses under all those Benefits combined. NOTE: If the Participating Organization Application states that an Aggregate Limit is restricted in its applicability to certain eligible classes or certain Hazards or losses, this Aggregate Limit provision applies only to Insured Persons in those eligible classes or to whom that Hazard or those losses apply.

GENERAL EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member, unless specifically provided by this Policy.
3. declared or undeclared war, or any act of declared or undeclared war unless specifically provided by this Policy.
4. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these, unless specifically provided by this Policy.
5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes, unless specifically provided by this Policy.
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. the Insured Person's commission of or attempt to commit a felony.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder, a Participating Organization or any Insured will be considered representations and not warranties. No written statement made by an Insured will be used in any contest unless a copy of the statement is furnished to the Insured or his or her beneficiary or personal representative.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested except as to nonpayment of premiums.

Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Participating Organization's group life insurance policy as shown on the Participating Organization's records kept on that policy, unless the Insured has named a beneficiary specifically for this Policy as shown on the Participating Organization's records kept on this Policy. The Insured Dependent's beneficiary is the Insured unless the Insured has named a different beneficiary(ies) for the Insured Dependent's coverage as shown on the Participating Organization's records kept on this Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation or the beneficiary designation for an Insured Dependent's coverage at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies) or the Insured Dependent, by providing the Participating Organization with a written request for change. When the request is received, whether the Insured or the Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary for an Insured's coverage or no designated beneficiary for the Insured's coverage is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If no beneficiary for an Insured Dependent's coverage is living on the date of the Insured Dependent's death, the beneficiary is the Insured's estate.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on 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 may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder, a Participating Organization or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder or a Participating Organization that may have a bearing on this insurance.

Assignment. This Policy is non-assignable.

Misstatement of Age. If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Incorporation Provision. The provisions of the attached Rider(s), and any Rider or Endorsement added after the Policy Effective Date, are made a part of this Policy.

Difference in Conditions/Difference in Limits. If this Policy provides coverage, limits or conditions that are broader in meaning or scope than those of a Locally Admitted Policy providing insurance to an Insured Person, then this Policy will pay benefits for a loss on an excess basis to the extent of the difference in any coverage, conditions or limits between this Policy and any Locally Admitted Policy. Any payment made under this Policy will be governed by the limitations, exclusions and other terms and conditions of this Policy. In no event will the coverage afforded under this Policy, in combination with any additional Locally Admitted Policy, exceed the benefits payable under this Policy.

This Policy shall not provide coverage or pay benefits for or in addition to any coverage or benefits provided under a Nonprogram policy, as defined herein.

Any payment made under this provision will at the sole discretion of the Company be either in the currency of the Country where a Locally Admitted Policy is issued, or in US Dollars. All payments under this provision will be made in accordance with the Modified Payment of Claims provision.

"Insured Person", for the purposes of this provision only, shall include any Insured Person as defined in this Policy, and who is included in Eligible Persons under the terms of this Policy, but who resides in a Country outside of the United States, (excluding its territories and possessions) or Canada (including its territories and possessions).

"Country" means any political jurisdiction that independently regulates the licensing of insurance companies.

"Locally Admitted Policy" means an insurance policy that is issued by an American International Group, Inc. (AIG) affiliated insurance company or network partner (as defined by the Company) or requested by the Company or the American International Group, Inc. (AIG) affiliated insurance company to be issued to the Participating Organization or one of the Participating Organization's subsidiary or affiliated entities in a Country other than the United States, its territories and possessions or Canada, its territories and possessions.

"Nonprogram policy" means any policies in effect before, on or after inception of this Policy which have not been arranged at the Company's or an AIG affiliate insurance company's direction or for coordination specifically with this Policy.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at Personal Accident Claims Department, P.O. Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Participating Organization's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured will be made to the Insured's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured suffering the loss. If an Insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Modified Payment of Claims. With respect to losses suffered by Insureds whose current place of primary residence is outside the United States of America or Canada, the Company may pay any benefits that may become payable under the Policy to the Participating Organization, who:

1. will hold such payment in trust for the sole use and benefit of the Insured or his or her beneficiary or other person to whom such benefits are payable (the Payee), as described in this Payment of Claims provision;
2. will transmit such payment to such Payee in accordance with the Payment of Claims, Time of Payment of Claims, and Beneficiary Designation and Change provisions of the Claims Provisions and General Provisions sections;
3. agrees that any such payment made by the Company to the Participating Organization constitutes a full discharge of the Company's liability with respect to the claim for which payment is made;

4. will alone assume full responsibility for the proper application or distribution of such payment ; including the payment of any additional taxes or other additional sums due as a result of the distribution of such payment;
5. will indemnify, defend and hold the Company harmless for any claims, demands, judgments, losses, costs, expenses, liabilities and damages whatsoever, including interest, penalties and legal fees, arising from or relating in any way to such payment or to the amount, application or distribution thereof;
6. with respect to any application or disbursement of such payment in foreign currency, will use the foreign exchange rate in effect at the Participating Organization's payor bank on the date the benefits become payable to convert United States of America dollar-denominated currency into foreign currency.

Any payment the Company makes in good faith fully discharges its liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

HAZARD H-12 24-HOUR ACCIDENT PROTECTION WHILE ON A TRIP (Business Only)

Hazard H-12 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application, and only with respect to Injury sustained by such person:

1. While on the Business of the Participating Organization; and
2. during the course of any Trip, including a Sojourn or Personal Deviation taken during the course of the Trip, made by such person.

With respect to a Sojourn or Personal Deviation, Hazard H-12 applies only where the Sojourns or Personal Deviations if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than a total of 14 day(s).

With respect to any period of time such Insured Person is traveling on a conveyance during the course of any such trip, Hazard H-12 applies only with respect to Injury sustained by the person:

1. while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - a. any such conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member and while the Insured Person is performing as an operator or crew member on any such conveyance; or
 - b. any such conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including getting in or out of, or on or off of) for the transportation of passengers or property for hire, profit or gain; or
2. while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - a. any Civilian Aircraft; or
 - b. any Military Air Transport Aircraft; or
3. by being struck or run down by any aircraft.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person

traveling or flying in or on (including getting in or out of, or on or off of) any aircraft other than as expressly described in this Hazard, unless otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any Participating Organization Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for Specialized Aviation Activity(ies).

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HAZARD H-15

24-HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIED TRIP OR SPECIFIED TYPE OF TRIP

Hazard H-15 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application, and only with respect to Injury sustained by such person during the course of any Trip made by such person as specifically described below:

Traveling to, from, and while attending any Board meeting

With respect to any period of time such Insured Person is traveling on a conveyance during the course of any such Trip, Hazard H-15 applies only with respect to Injury sustained by the person:

1. while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - a. any such conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member; or
 - b. any such conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including getting in or out of, or on or off of) for the transportation of passengers or property for hire, profit or gain; or
2. while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - a. any Civilian Aircraft; or
 - b. any Military Air Transport Aircraft; or
3. by being struck or run down by any aircraft.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person traveling or flying in or on (including getting in or out of, or on or off of) any aircraft other than as expressly described in this Hazard, unless otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any aircraft while it is being used for any Specialized Aviation Activity(ies).

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Participating Organization: CenturyLink, Inc.

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HAZARD H-19 PARTICIPATING ORGANIZATION AIRCRAFT (Passenger, Pilot or Crew)

Hazard H-19 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application, and only with respect to Injury sustained by such person while riding as a Passenger, pilot, operator or crew member in or on (including getting in or out of, or on or off of), or by being struck or run down by a designated aircraft described below:

As on file with the Participating Organization

which, at the time the Injury is sustained: (1) is a Participating Organization Aircraft; (2) is being operated with the consent of the Participating Organization; and (3) is being piloted by:

As on file with the Participating Organization

but only if such pilot, at the time the Injury is sustained: (1) has a current and valid medical certificate and pilot certificate with appropriate ratings for the designated aircraft; and (2) has a minimum of 500 military, private or professional pilot hours logged for like aircraft, separately or combined.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person traveling or flying in or on (including getting in or out of, or on or off of), or being struck or run down by, any aircraft other than as expressly described in this Hazard, unless otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any aircraft described above while it is carrying Passengers for hire and any aircraft while it is being used for any Specialized Aviation Activity(ies).

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HAZARD H-21 ON-PREMISES VIOLENT CRIME

Hazard H-21 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application, and only with respect to Injury sustained by such person as a result of a Criminal Act of Violence:

1. that is not an act of the Insured Person, an Immediate Family Member, or an individual who resides with the Insured Person on a permanent basis; and
2. While On-Premises of the Participating Organization; and
3. that is not a moving violation as defined under the applicable state motor vehicle laws, unless purposely directed at the Insured Person.

Exclusions. All exclusions in the General Exclusions section of this Policy apply with respect to this Hazard.

Criminal Act of Violence - as used in this Hazard, means any willful or unlawful use of force in connection with the commission of or the attempt to commit a crime (including, but not limited to, robbery, theft, kidnapping, hostage-taking, assault, battery, sniping, murder, manslaughter, riot, or insurrection) that: (1) results in Injury to the Insured Person; and (2) is a felony or a misdemeanor in the jurisdiction in which it occurs.

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HAZARD H-32 EXTRAORDINARY COMMUTING

Hazard H-32 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application, and only with respect to Injury sustained by such person during the course of Extraordinary Commuting. This Hazard does not apply with respect to Commuting other than Extraordinary Commuting.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However that Exclusion is not waived with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.

All other exclusions in the General Exclusions section of this Policy apply.

Commuting - as used in this Hazard, means everyday travel between the Insured Person's residence and place of regular employment with the Participating Organization, where his or her purpose in being at such place of employment is to perform assigned duties relating to such employment for which compensation is received. As used in this Hazard, Commuting does not include Sojourn or Personal Deviation.

Extraordinary Commuting - as used in this Hazard, means Commuting by automobile or other means of transportation, but only when it is necessary for the Insured Person to use such means of transportation because of the discontinuance of service, due to strike or major breakdown, of one or more public transportation systems he or she regularly uses.

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HAZARD H-37 HIJACKING (Business Only)

Hazard H-37 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application, and only with respect to Injury sustained by such person as a result of a Hijacking of any land, water or air conveyance, except a private automobile, where the Hijacking:

1. occurs while the Insured Person is riding as a Passenger in or on (including getting in or out of, or on or off of) such conveyance While on the Business of the Participating Organization; and
2. While on the Business of the Participating Organization and during the course of any Trip, including a Sojourn or Personal Deviation taken during the course of the Trip, made by such person; and
3. is not an act of the Insured Person, an Immediate Family Member, or an individual who resides with the Insured Person on a permanent basis.

With respect to a Sojourn or Personal Deviation, Hazard H-37 applies only where the Sojourns or Personal Deviations if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than a total of 14 day(s).

This Hazard will not duplicate coverages under any other Hazards provided by this Policy.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard.

Exclusion 3 in the General Exclusions section of this Policy is also waived but only with respect to Injury sustained by such person (a) under the circumstances described in this Hazard and (b) outside the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of the United States of America.

All other exclusions in the General Exclusions section of this Policy apply.

Hijacking - as used in this Hazard, means taking unlawful possession of a conveyance by means of force or threats against the person(s) then rightfully occupying such conveyance.

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HAZARD H-39 WAR RISK (Business Only)

Hazard H-39 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application, and only with respect to Injury sustained by such person While on the Business of the Participating Organization and as a result of an act of declared or undeclared war within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory (but not such an act in which the Insured Person is an active participant).

Changes in Premium. The Company may change the premium rate for the inclusion of Hazard H-39 under this Policy at any time if (1) war risk conditions change in the Designated War Risk Territory(ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory(ies); or (3) the Participating Organization's exposure to war risk in the Designated War Risk Territory(ies) changes in any way. The Company will give the Participating Organization written notice of any change in the premium rate for the inclusion of Hazard H-39 at least 30 days in advance of the effective date of the change.

Termination Date. Hazard H-39 ceases to apply with respect to this Policy on the earliest of: (1) the date the Policy terminates; (2) the date the Company receives written notice from the Participating Organization of the Participating Organization's intent to terminate the applicability of Hazard H-39 (or on the date specified in the written notice, if later); or (3) the date specified in the Company's written notice to the Participating Organization of the Company's intent to terminate the applicability of Hazard H-39 (or 30 days after the date the written notice is received by the Participating Organization, if later).

If the applicability of Hazard H-39 terminates prior to the end of a period for which premium has been paid, any unearned premium attributable to Hazard H-39 will be returned.

Termination of the applicability of Hazard H-39 will not affect a claim for a covered loss that occurred while Hazard H-39 was still applicable.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However, unless previously consented to in writing by the Company, that Exclusion is not waived, and this Hazard does not apply, with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.

Exclusion 3 in the Exclusions section of the Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard, and only where the accident occurs within the geographic limits or territorial

waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory.

All other exclusions in the General Exclusions section of this Policy apply.

Changes in Terms and Conditions. The terms and conditions of Hazard H-39, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in the opinion of the Company, constitute a change in the Participating Organization's war risk exposure.

Designated War Risk Territory(ies) means worldwide except Afghanistan and Iraq. A Designated War Risk Territory does not include the United States of America or the Insured Person's country of permanent residence.

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Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

HAZARD H-43 24-HOUR ON A FAMILY RELOCATION TRIP (Insured Dependents Only)

Hazard H-43 applies only with respect to an Insured Dependent in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application, and only with respect to Injury sustained by such person during the course of any Family Relocation Trip made by such person.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Dependent to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However, unless otherwise provided by this Policy that Exclusion is not waived with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.

All other exclusions in the General Exclusions section of this Policy apply.

Family Relocation Trip - as used in this Hazard, means a Trip made by an Insured Dependent in connection with the Insured's transfer or proposed transfer by the Participating Organization to a new worksite. The Trip must be authorized by, or taken at the direction of, the Participating Organization and/or must be paid for in whole or in part by the Participating Organization.

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HAZARD H-44 FAMILY ACCOMPANYING THE INSURED (Insured Dependents Only)

Hazard H-44 applies only with respect to an Insured Dependent in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application, and only with respect to Injury sustained by such Insured Dependent:

1. while he or she is accompanying the Insured or on his or her way to join the Insured; and
2. when the Trip is authorized by and/or paid for in whole or in part by the Participating Organization; and
3. while the Insured is covered during the course of the circumstances described in, and subject to the exclusions and other terms and conditions of any Hazards for which the Insured is covered under this Policy.

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HAZARD H-46 24-HOUR PROTECTION WHILE ON AN INTERNATIONAL TRIP

Hazard H-46 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application, and only with respect to loss sustained by such person:

1. While on the Business of the Participating Organization; and
2. During the course of any Trip made by such person outside the Insured's Home Country or Country of Permanent Assignment that does not exceed 365 days, including a Sojourn or Personal Deviation taken during the course of the Trip.

With respect to a Sojourn or Personal Deviation, Hazard H-46 applies only where the Sojourns or Personal Deviations if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than a total of 14 day(s).

With respect to any period of time such Insured Person is traveling on a conveyance during the course of any such trip, Hazard H-46 applies only with respect to Injury sustained by the person:

1. while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - a. any such conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member and while the Insured Person is performing as an operator or crew member on any such conveyance; or
 - b. any such conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including getting in or out of, or on or off of) for the transportation of passengers or property for hire, profit or gain; or
2. while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - a. any Civilian Aircraft; or
 - b. any Military Air Transport Aircraft; or
3. by being struck or run down by any aircraft.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person

traveling or flying in or on (including getting in or out of, or on or off of) any aircraft other than as expressly described in this Hazard, unless otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any aircraft while it is being used for any Specialized Aviation Activity(ies).

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Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-3 ACCIDENT MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Accident Medical Expense Benefit. If an Insured Person suffers an Injury that, within 30 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Covered Accident Medical Services received due to that Injury, up to \$10,000 per Insured Person for all Injuries caused by the same accident. This benefit is payable only for such charges incurred within 26 weeks after the date of the accident causing that Injury.

Covered Accident Medical Service(s) - as used in this Rider, means any of the following services, if the service is Medically Necessary:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof;
8. physical therapy and occupational therapy;
9. rental of Durable Medical Equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances; or
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Ambulatory Medical Center - as used in this Rider, means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Durable Medical Equipment - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Medically Necessary - as used in this Rider, refers to a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

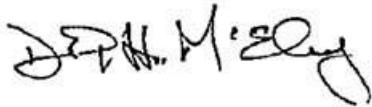
Usual and Customary Charge(s) - as used in this Rider, means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury not to exceed \$250 per tooth per accident.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight.
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).

6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
7. any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.
8. an Emergency Evacuation for which any benefits are payable under the Policy's Emergency Evacuation Benefit.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "J. H. M. S. Co.", written in a cursive style.

President

A handwritten signature in black ink, consisting of two distinct, stylized cursive marks.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-4 BEREAVEMENT AND TRAUMA COUNSELING BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

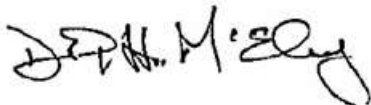
Bereavement and Trauma Counseling Benefit. If an Insured Person suffers an accidental death or an accidental dismemberment or paralysis for which an Accidental Death or Accidental Dismemberment and Paralysis benefit is payable under the Policy, or if he or she goes into a coma for which a Coma benefit is payable under the Policy, the Company will pay Covered Bereavement and Trauma Counseling Expenses that are due to his or her death or dismemberment or paralysis or coma. The Covered Bereavement and Trauma Counseling Expenses must be incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$200 per session for up to 10 sessions for the Insured Person and all of his or her Immediate Family Members combined with respect to all such losses caused by the same accident.

Covered Bereavement and Trauma Counseling Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Bereavement or Trauma Counseling Session for the Insured Person and/or one or more of his or her Immediate Family Member(s) provided under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar counseling sessions in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Medically Necessary Bereavement or Trauma Counseling Session - as used in this Rider, means any individual, joint or family mental health counseling session that: (1) is essential to assist the Insured Person and/or one or more Immediate Family Members in coping with the loss for which it is provided and; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Covered Bereavement and Trauma Counseling Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under: 1) any Workers' Compensation Act or similar law; or 2) the Accident Medical Expense Benefit Rider, the Medical Expense Benefit Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-7 (Rev) COMA BENEFIT RIDER

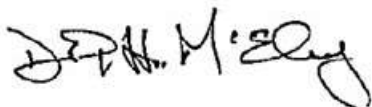
This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Coma Benefit. If Injury renders an Insured Person Comatose within 365 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Insured Person's Principal Sum. This benefit is payable monthly for 11 months if the Insured Person remains Comatose due to that Injury. If the Insured Person remains Comatose through the 11th month, any residual portion of that Insured Person's Principal Sum will become payable on the first day of the 12th month during which the Insured Person remains Comatose. If the Insured Person ceases to be Comatose due to the Injury any time during the first 11 months, the monthly benefit will end. No benefit is provided for the first 30 days of Coma. No benefit is payable after the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Coma/Comatose - as used in this Rider, means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-10 DAY CARE BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Day Care Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay a benefit on behalf of any Child of the Insured on the date of the accident causing the Insured's death and on the date of the Insured's death who: (1) is enrolled in a Day Care Center on the date of the Insured's death; or (2) enrolls in a Day Care Center within 365 days after the Insured's death. The benefit is payable for each year of the Child's enrollment in a Day Care Center. The total amount of the benefit each year is equal to the least of:

1. the actual cost of care for that Child charged by that Day Care Center for that year;
2. 10% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$5,000.

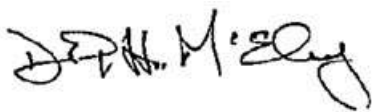
The applicable portion of the yearly benefit for each period of enrollment is payable upon receipt of due proof of enrollment, but not more frequently than monthly.

The benefit is not payable for any period of enrollment in a Day Care Center before the date of the accident that caused the Insured's death. The benefit is not payable for any period of enrollment after the earlier of: (1) the date the Child reaches 13 years of age; or (2) the date four (4) years after the later of the date of the Insured's death or the date the Child first enrolls in a Day Care Center.

Child - as used in this Rider, means the Insured's unmarried child, including a natural, step, foster or adopted child from the moment of placement in the Insured's home, under age 13 and primarily dependent on the Insured for support and maintenance.

Day Care Center - as used in this Rider, means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with applicable laws and regulations of the jurisdiction.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-13 EMERGENCY EVACUATION WITH FAMILY TRAVEL BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Emergency Evacuation Benefit. The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured Person's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

Family Travel Benefit. Following an Emergency Evacuation for which an Emergency Evacuation benefit is payable under the Policy, the Company will pay for expenses reasonably incurred:

1. to return to their current place of primary residence, with an attendant if necessary, any of the Insured Person's Children who were accompanying the Insured Person when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person; and
2. to bring one person chosen by the Insured Person to and from the hospital or other medical facility where the Insured Person is confined if the Insured Person is alone; but not to exceed the cost of one round-trip economy airfare ticket.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Travel Guard Group, Inc. in advance.

The General Exclusions section of the Policy, and the Exclusions section of each Hazard to which this Rider applies, do not apply with respect to this Rider.

Children - as used in this Rider, means unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured Person's home, under age 25 and primarily dependent on the Insured Person for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

Covered Emergency Evacuation Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level

of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

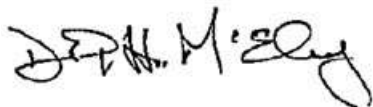
Emergency Evacuation - as used in this Rider, means, if warranted by the severity of the Insured Person's Injury or Emergency Sickness: (1) the Insured Person's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured Person's Transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies. For purposes of this Rider, any references to "Injury" in such a Hazard are deemed to be references to "Injury or Emergency Sickness."

Medically Necessary Emergency Evacuation Service - as used in this Rider, means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured Person.

Transportation - as used in this Rider means moving the Insured Person during an Emergency Evacuation by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-16

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Home Alteration and Vehicle Modification Benefit. If an Insured Person:

1. suffers an accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy;
2. did not, prior to the date of the accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$50,000 for all such losses caused by the same accident.

Covered Home Alteration and Vehicle Modification Expenses - as used in this Rider, means one-time expenses that:

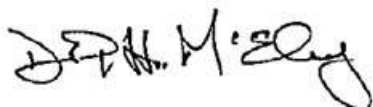
1. are charged for:
 - (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
 - (b) modifications to a motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or drivable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:

1. made on behalf of the Insured Person;
2. recommended by a nationally-recognized organization providing support and assistance to wheelchair users;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Covered Home Alteration and Vehicle Modification Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "J. H. McElroy".

President

A handwritten signature in black ink, consisting of stylized initials.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-24

PERMANENT TOTAL DISABILITY (SINGLE PAYMENT) BENEFIT RIDER

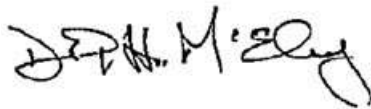
This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Permanent Total Disability Benefit (Not Applicable to Insured Persons Age 70 or Older on the Date of the Accident). If, as a result of an Injury, the Insured Person is rendered Permanently Totally Disabled within 365 days of the accident that caused the Injury, the Company will pay 100% of the Principal Sum at the end of 12 consecutive months of such Permanent Total Disability.

The Company reserves the right, at the end of the 12 consecutive months of Permanent Total Disability to determine, on the basis of all the facts and circumstances, that the Insured Person is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Permanently Totally Disabled/Permanent Total Disability - as used in this Rider, means that the Insured Person is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training. However, with respect to an Insured Person for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Rider, that the Insured Person is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-25 REHABILITATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Rehabilitation Benefit. If an Insured Person suffers an accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy, the Company will reimburse the Insured Person for Covered Rehabilitative Expenses that are due to the Injury causing the dismemberment or paralysis. The Covered Rehabilitative Expenses must be incurred within two years after the date of the accident causing that Injury, up to a maximum of \$50,000 for all Injuries caused by the same accident.

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

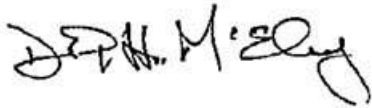
Medically Necessary Rehabilitative Training Service - as used in this Rider, means any medical service, medical supply, medical treatment or Hospital confinement (or part of a Hospital confinement) that: (1) is essential for physical rehabilitative training due to the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

Covered Rehabilitative Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar treatment, supplies or services in the locality where the expense is incurred (for a Hospital room and board charge, does not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense is incurred); and (3) does not include charges that would not have been made if no insurance existed.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Covered Rehabilitative Expenses do not include any expenses for or resulting from any condition for which the

Insured Person is entitled to benefits under: (1) any Workers' Compensation Act or similar law; or (2) the Accident Medical Expense Benefit Rider, the Medical Expense Benefit Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "J. P. McElroy".

President

A handwritten signature in black ink, consisting of stylized initials.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
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Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-26 REPATRIATION OF REMAINS BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Repatriation of Remains Benefit. If an Insured Person suffers loss of life due to Injury or Emergency Sickness the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence.

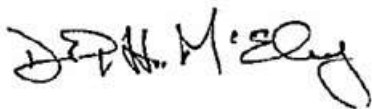
Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard Group, Inc. in advance.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies. For purposes of this Rider, any references to "Injury" in such a Hazard are deemed to be references to "Injury or Emergency Sickness".

The General Exclusions section of the Policy, and the Exclusions section of each Hazard to which this Rider applies, do not apply with respect to this Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-28

SEAT BELT AND AIR BAG (PERCENTAGE OF PRINCIPAL SUM AMOUNT) BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Seat Belt Benefit. The Company will pay a benefit under this Rider when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt. The amount payable under this Rider is the lesser of: (1) \$50,000; or (2) 10% of the Insured Person's Principal Sum.

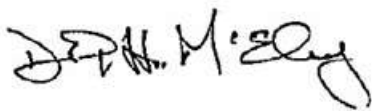
Air Bag Benefit. The Company will pay an additional benefit under this Rider if a Seat Belt Benefit is payable under this Rider and if the Insured Person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable under this Rider is the lesser of: (1) \$50,000; or (2) 10% of the Insured Person's Principal Sum.

Verification of the actual use of the seat belt, at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

Automobile - as used in this Rider, means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Supplemental Restraint System - as used in this Rider, means an air bag which inflates for added protection to the head and chest areas.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-30 TUITION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Children and Spouse Tuition Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay the following benefit:

A. **For the Children.** The Company will pay a benefit to or on behalf of any Child of the Insured who met the definition of Child on the date of the accident causing the Insured's death and on the date of the Insured's death and who, on the date of the Insured's death: (1) is a full-time student in any Institution of Higher Learning above grade 12; or (2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured's death. The benefit will be paid for each year of the Child's continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years or the date the Child reaches age 26, whichever comes first. The total amount of the benefit each year is equal to the least of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Child;
2. 10% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$5,000.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

A Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's death.

B. **For the Spouse.** The Company will pay a benefit to or on behalf of the Spouse of the Insured who met the definition of Spouse on the date of the accident causing the Insured's death and on the date of the Insured's death and who, for the purpose of obtaining an independent source of support or to enrich his or her ability to earn a living: (1) is enrolled in any Institution of Higher Learning or professional or trade training program on the date of the Insured's death; or (2) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after the date of the Insured's death. The benefit will be paid for each year of the Spouse's continuous enrollment in an Institution of Higher Learning or professional or trade training program, to a maximum of four (4) consecutive years. The total amount of the benefit for all institutions and programs combined each year is equal to the least of:

1. the total actual tuition (exclusive of room and board) charged by those institutions or programs for enrollment during that year for the Spouse;
2. 10% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$5,000.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

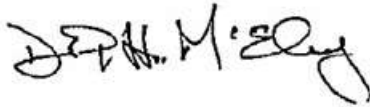
A Spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured's death.

Child - as used in this Rider, means the Insured's unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured's home, under age 26 and primarily dependent on the Insured for support and maintenance.

Institution of Higher Learning - as used in this Rider, means any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.

Spouse - as used in this Rider, means the Insured's legal spouse.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-42 SECURITY EVACUATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

If, as a result of an Occurrence that takes place during an Insured Person's Period of Coverage, an Insured Person requires a Security Evacuation, the Company will pay benefits to Transport the Insured Person to the Nearest Place of Safety. The determination that an Insured Person requires a Security Evacuation must be made by a Designated Security Consultant and all arrangements must be made by Travel Guard Group, Inc.

Benefits will be payable for eligible expenses up to a Maximum of \$100,000. Eligible expenses are for Transportation and Related Costs to the Nearest Place of Safety necessary to ensure the Insured Person's safety and well-being as determined by the Designated Security Consultant. Security Evacuation benefits are payable only once per Occurrence.

Benefits will also be payable for Transportation and Related Costs within 7 days of the Security Evacuation to either of these locations as chosen by the Designated Security Consultant:

- (1) back to the Host Country if return is safe and permitted; or
- (2) the Insured Person's Home Country; or
- (3) the Insured Person's Country of Permanent Assignment.

This benefit is subject to the overall Maximum stated above.

Benefits will be payable for consulting services by Designated Security Consultant for seeking information on Missing Person or kidnapping cases if the Insured Person is deemed kidnapped or a Missing Person by local or international authorities. This benefit is subject to the overall Maximum stated above.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance of any benefits being payable. Travel Guard Group, Inc. is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation becomes viable.

Right of Recovery

If, after a Security Evacuation is completed, it becomes clear that the Insured Person was an active participant in the events that led to an Occurrence, the Company has the right to recover all Transportation and Related Costs from the Insured Person.

Changes in Terms and Conditions

The terms and conditions of this Rider, including but not limited to the definition of Excluded Countries, may be changed at any time to reflect conditions that, in the opinion of the Company, constitute a change in the Participating Organization's security evacuation exposure. The Company will give the Participating Organization written notice of any change in the terms and conditions of this rider at least 30 days in advance of the effective date of the change.

Definitions

Advisory means a formal recommendation by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country, Country of Permanent Assignment or citizens of the Host Country leave the Host Country.

Appropriate Authority(ies) means the government authority(ies) in the Insured Person's Home Country, Country of Permanent Assignment or the government authority(ies) of the Host Country.

Designated Security Consultant means an employee of a security firm under contract to Travel Guard Group, Inc. or an Travel Guard Group, Inc. designated service provider who is experienced in security and measures necessary to ensure the safety of the Insured Person(s) in his or her care.

Excluded Countries means the following countries from which Security Evacuations are not available under this Rider: any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL (OFAC).

Host Country means any country, other than an Excluded Country, in which an Insured Person is traveling while covered under the Policy.

Imminent Physical Danger means the Insured Person is subject to possible physical injury or sickness that could result in grave physical harm or death.

Missing Person means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

Natural Disaster means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:

1. is due to natural causes; and
2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

Nearest Place of Safety means a location determined by the Designated Security Consultant where:

1. the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and
2. the Insured Person has access to transportation; and
3. the Insured Person has the availability of temporary lodging, if needed.

Occurrence means any of the following situations in which an Insured Person finds him or her self while covered by the Policy:

1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country, Country of Permanent Assignment or citizens of the Host Country should leave the Host Country;
3. Natural Disaster within 7 days of an event;

4. Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
5. the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found.

Period of Coverage means the period of time during which the Policy is in force with respect to the Insured Person.

Related Costs means food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety.

Security Evacuation means the extrication of an Insured Person from the Host Country due to an Occurrence which results in the Insured Person being placed in Imminent Physical Danger.

Transport/Transportation means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the Insured Person's common carrier tickets will be used.

Verified Physical Attack means deliberate physical harm of the Insured Person confirmed by documentation or physical evidence.

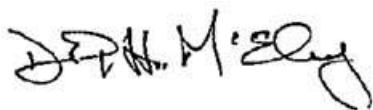
Verified Threat of Physical Attack means a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence.

Exclusions

No benefits are payable under this Rider for charges, fees or expenses:

1. payable under any other provision of, or Rider to, the Policy to which this Rider is attached;
2. that are recoverable through the Insured Person's employer;
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured Person, acting alone or in collusion with others;
4. arising from or attributable to an alleged:
 - a. violation of the laws of the Host Country by an Insured Person; or
 - b. violation of the laws of the Insured Person's Home Country or Country of Permanent Assignment; unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured Person;
5. due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. arising from an Occurrence which took place in an Excluded Country;
7. for repatriation of remains expenses;
8. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
9. for medical services;
10. for monies payable in the form of a ransom if a Missing Person case evolves into a kidnapping;
11. arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
12. arising from or attributable, in whole or in part to non-compliance by the Insured Person with regard to any obligation specified in a contract or license;
13. due to military or political issues if the Insured Person's Security Evacuation request is made more than 7 days after the Appropriate Authority(ies) Advisory was issued.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "J. H. M. O'Leary".

President

A handwritten signature in black ink, consisting of two distinct, stylized marks.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-44 (Rev2) MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

I Medical Expense Benefit. If an Insured Person suffers an Injury or contracts a Sickness that requires him or her to be treated by a Physician, the Company will pay, subject to the Medical Expense Limitations noted below, the Usual and Customary Charges incurred for Covered Medical Services received due to that Injury or Sickness up to a Maximum Medical Expense Benefit of \$250,000 per Insured Person for that Injury or Sickness. This benefit is payable for such charges incurred outside the Insured Person's country of permanent residence and within 52 weeks after the date of the accident causing the Injury or the onset of the Sickness.

Covered Medical Service(s) - as used in this Rider, means any of the following services, if the service is Medically Necessary:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof; physical therapy and occupational therapy;
8. rental of Durable Medical Equipment;
9. artificial limbs, artificial eyes or other prosthetic appliances; or
10. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Definitions. As used in this Rider, the following terms are defined as follows:

Ambulatory Medical Center - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Durable Medical Equipment - refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Medical Emergency - means a condition caused by an Injury or Sickness which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies.

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Sickness – means any disease, illness, or infection of an Insured Person that begins while coverage under the Rider is in force as to the Insured Person.

Medically Necessary - refers to a Covered Medical Service that: (1) is essential for diagnosis, treatment or care of the condition for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - means a charge that: (1) is made for a Covered Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

Medical Expense Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for palliative services and repair or replacement of sound natural teeth damaged or lost as a result of the Injury or Sickness not to exceed \$500 per tooth per accident.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless the Injury or Sickness has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of sight.

4. new hearing aids or hearing examinations unless the Injury or Sickness has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Medical Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Medical Expense in lieu of such rental expense).
6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.

II Medical Emergency Guarantee Charge Expense Benefit. If an Insured Person suffers a Medical Emergency for which Medical Expense benefits become payable under this Rider and such person incurs a Hospital Admission Guarantee Charge and/or a Medical Expense Guarantee Charge, the Company will pay the actual expenses incurred for guarantee of the payment to the Hospital or the medical provider up to a maximum of \$10,000.

- **Hospital Admission Guarantee Charge** means any charge or expense made by a Hospital prior to and as a condition of an Insured Person's admission to that Hospital.
- **Medical Expense Guarantee Charge** means any charge or expense made by a medical provider other than a Hospital prior to and as a condition of an Insured Person's being provided with the medical service or treatment by that provider.

The Maximum Medical Expense Benefit under the Medical Expense Benefit will be reduced by any amounts paid or payable under this Medical Emergency Guarantee Charge Expense Benefit.

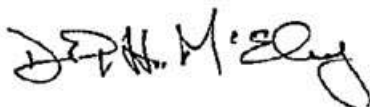
Exclusions:

Any exclusions in the Policy or any Rider or any Endorsement attached thereto pertaining to sickness or disease are hereby waived with respect to an Insured Person to whom this Benefit Rider applies, but only with respect to a loss incurred by such person under the circumstances described in this Rider and solely with respect to the benefits provided under this Rider. All other exclusions in the Policy or any Rider or any Endorsement attached thereto apply with respect to this Rider.

IMPORTANT NOTICE

This Medical Expense Benefit is intended to fill gaps in coverage that may exist under a separate employee welfare benefit plan that provides benefits for covered medical expenses. This benefit does not satisfy the "minimum essential coverage" requirements under the Affordable Care Act.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

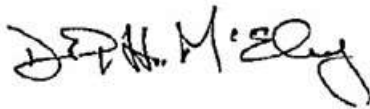
BENEFIT B-45 (Rev) ATTENDOR BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to losses of life that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Attendor Benefit. If a Repatriation of Remains benefit becomes payable under the Policy, the Company will also pay for expenses reasonably incurred for one person (referred to as the Attendor) to accompany the deceased Insured Person's remains from the place where death occurred to the deceased Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. The Company will also pay for the Attendor's lodging and meals for up to 7 days, but: (a) only while the Attendor is away from his or her place of primary residence in connection with accompanying the deceased Insured Person's remains as described above; and (b) not to exceed \$300 per day for lodging and meals.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard Group, Inc. in advance.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

BENEFIT B-46 BEDSIDE VISIT BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Participating Organization Application for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Bedside Visit Benefit. If the Insured Person is confined to a Hospital or other medical facility for 3 days or more due to an Illness or Injury; the Company will pay for expenses reasonably incurred to bring one person chosen by the Insured Person to and from the Hospital or other medical facility where the Insured Person is confined if the place of confinement is outside a 100 mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. The Company will also pay for lodging and meals for up to 7 days for such person in the area of such place of confinement, but: (a) only while the Insured Person remains so confined; and (b) not to exceed \$200 per day for lodging and \$100 per day for meals.

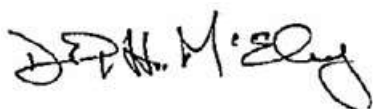
Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Travel Guard Group, Inc. in advance.

Definitions. As used in this Rider, the following terms are defined as follows:

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Illness – means any disease, sickness, or infection of an Insured Person that begins while coverage under the Rider is in force as to the Insured Person.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "J. H. M. S. Co.", written in a cursive style.

President

A handwritten signature in black ink, consisting of two distinct, stylized cursive marks.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)

Participating Organization: CenturyLink, Inc.

Policy Number: MTA 0009157182

Effective Date: January 1, 2020

DOMESTIC PARTNERSHIPS ENDORSEMENT

This Endorsement is issued in consideration of the premium paid and is attached to and made part of the Policy as of the Effective Date shown above at 12:01 AM Standard Time at the address of the Participating Organization. It applies only with respect to coverages that are in effect under the referenced Policy on or after that date. Any changes in the premium apply as of the first premium due date on or after the effective of this Endorsement. This Endorsement is subject to all of the provisions, benefits, limitations, and exclusions of the Policy except as they are specifically modified by this Endorsement. If there is a conflict between the Policy and this Endorsement, the terms of this Endorsement will govern. This Endorsement amends the Policy in the following manner:

- The following definitions are added to and made a part of the Policy.

Domestic Partner means a person who has entered into a Domestic Partnership.

Domestic Partnership means an arrangement whereby two persons of the same or opposite sex have established a domestic or civil union relationship pursuant to any controlling legal authority or, in the absence of such authority, an arrangement whereby two persons:

- (a) who are not related to each other to a degree of closeness that would prohibit a legal marriage; and
- (b) who are both at least the age of consent in the state in which they reside; and
- (c) who are not married to anyone else, nor have any other Domestic Partner, Civil Union Partner or Registered Domestic Partner, and
- (d) who meet any additional requirements that the Participating Organization may impose, and

who have entered into a Domestic Partner relationship. The Company may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

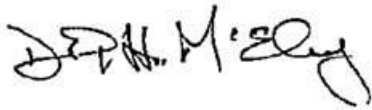
- The definitions, terms, conditions or any other provisions of the Policy, including any Application and/or any Riders and Endorsements to which this Endorsement is attached are hereby amended and superseded as follows:

Terms that mean or refer to a marital relationship, or that may be construed to mean or refer to a marital relationship, such as "marriage", "spouse", "husband", "wife", "dependent", "next of kin", "relative", "beneficiary", "survivor", "immediate family" and any other such terms include the relationship created by a Domestic Partnership.

Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage", "divorce decree", "termination of marriage" and any other such terms include the inception or dissolution of a Domestic Partnership.

Terms that mean or refer to family relationships arising from a marriage, such as "family", "immediate family", "dependent", "children", "next of kin", "relative", "beneficiary", "survivor" and any other such terms include family relationships created by a Domestic Partnership.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa., witness this Endorsement:

A handwritten signature in black ink, appearing to read "D. H. M. S. Co.", written in a cursive style.

President

A handwritten signature in black ink, consisting of two distinct, stylized cursive marks.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

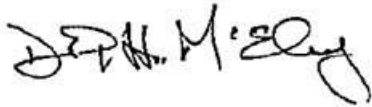
ENDORSEMENT #1

This endorsement, effective 12:01 A.M. January 1, 2020 forms a part of Policy No. MTA 0009157182 issued to Group Insurance Trust (Delaware) by National Union Fire Insurance Company of Pittsburgh, Pa.

ECONOMIC SANCTIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.



President



Secretary

NOTICE OF AVAILABILITY OF HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS PROVIDED TO YOU FOR INFORMATIONAL PURPOSES ONLY. YOU ARE NOT REQUIRED TO CALL OR TAKE ANY ACTION IN RESPONSE TO THIS NOTICE.

The Notice applies to the insurance products that provide payment for the cost of medical care as issued by the following companies (the “Company”):

American General Life Insurance Company¹
The United States Life Insurance Company in the City of New York
National Union Fire Insurance Company of Pittsburgh, Pa.

In accordance with the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule, we are required to notify you of the availability of our HIPAA Notice of Privacy Practices.

If you would like to receive a paper copy of the HIPAA Notice of Privacy Practices, please contact us at:

<i>HIPAA Privacy Officer</i> 2919 Allen Parkway L3-20 Houston, TX 77019 hipaaquestions@aig.com	
Phone Numbers:	
American General Life Insurance Company (AGL) and The United States Life Insurance Company in the City of New York (US Life)	1-800-231-3655
AIG Financial Network	1-800-888-2452
AIG’s Group Benefits	1-800-346-7692 please follow prompt for claims
Long Term Care	1-888-565-3769
National Union Fire Insurance Company of Pittsburgh, Pa.	1-866-244-4786

¹ This Company does not solicit business in New York.

**IMPORTANT NOTICE TO OUR CUSTOMERS
REGARDING THE
OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

The United States imposes economic sanctions against countries, groups and individuals, such as terrorists and narcotics traffickers. These sanctions prohibit US persons from dealing with these sanctioned parties. The purpose of this notice is to inform you that we cannot violate US sanctions by engaging with sanctioned countries or people.

WHAT IS OFAC?

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers
- Proliferators of Weapons of Mass Destruction

PROHIBITED ACTIVITY

- OFAC enforces certain embargoes and sanctions against designated countries. No U.S. business or person may enter into transactions involving designated "sanctioned" countries.
- OFAC publishes on its website a list known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may enter into transactions involving any person or entity named on the SDNBP list.

Additional information about OFAC Sanctions Programs and Countries can be found at:

<http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>

OBLIGATIONS PLACED ON US BY OFAC

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations, we must block or "freeze" property and payment of any funds transfers or transactions.

POTENTIAL ACTIONS BY US

1. We shall not be deemed to provide cover when it would violate any applicable sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any trade or economic sanctions, laws or regulations of the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any trade or economic sanctions, laws or regulations of the United States of America.

YOUR RIGHTS AS A POLICYHOLDER

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See

<https://www.treasury.gov/resource-center/sanctions/Pages/forms-index.aspx>

FACTS

Why?

What?

How?

WHAT DOES AMERICAN INTERNATIONAL GROUP, INC. (AIG) DO WITH YOUR PERSONAL INFORMATION?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIG chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AIG share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

For AIG Insurance Companies: Call 866-244-4786; Fax: 212-458-7081 or E-Mail: CIPrivacy@aig.com

For Pet insurance sold by AIG Insurance Companies: Call 866-937-7387 or E-Mail: CIPrivacy@aig.com

For LiveTravel, Inc., Travel Guard Group, Inc. or AIG Travel Assist, Inc.: Call 866-244-4786 or E-Mail: CIPrivacy@aig.com

Who we are

Who is providing this notice? The insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, life insurance and related services and certain marketing subsidiaries of AIG listed below.

What we do

How does AIG protect my personal information? To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.

How does AIG collect my personal information? We collect your personal information, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or give us your income information
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing? Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes— information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include the member companies of American International Group, Inc.*

Nonaffiliates Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *AIG does not share with nonaffiliates so they can market to you.*

Joint marketing A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.*

Other important information

This notice is provided by American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; AIG Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; (collectively the "AIG Insurance Companies"). This notice is also provided by certain marketing subsidiaries of AIG, including Morefar Marketing, Inc., LLC, Travel Guard Group, Inc., AIG Travel Assist, Inc. and LiveTravel, Inc. who market insurance or non-insurance products and services to consumers.

For Vermont Residents only. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents Only. We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. You may contact the applicable customer service department using the contact information above or by writing to us at Privacy Officer, 175 Water Street, 18th Floor, New York, NY 10038.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: Privacy Officer, 175 Water Street, 18th Floor, New York, NY 10038.

POLICYHOLDER NOTICE

Thank you for purchasing insurance from a member company of American International Group, Inc. (AIG). The AIG member companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG member companies to brokers and independent agents in the United States by visiting our website at www.aig.com/producer-compensation or by calling 1-800-706-3102.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)
Participating Organization: Lumen Technologies Service Group, LLC
Policy Number: MTA 0009157182

INLAND MARINE INSURANCE

Policy Amendment No. 6

This Policy Amendment is attached to and made part of the Policy effective April 30, 2024 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to losses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

It is hereby understood and agreed that the references made to **Travel Guard Group, Inc.** on the **Emergency Evacuation with Family Travel Benefit Rider, Repatriation of Remains Benefit Rider, Security Evacuation Benefit Rider, Attendor Benefit Rider, Bedside Visit Benefit Rider, Medical and Non-Medical Repatriation Benefit Rider, Severe Infectious Disease Outbreak Benefit Rider** in the Policy is replaced with **Intl.SOS** as the recognized service provider.

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy Amendment:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Group Insurance Trust (Delaware)
Participating Organization: Lumen Technologies Service Group, LLC
Policy Number: MTA 0009157182

INLAND MARINE INSURANCE

Policy Amendment No. 7

This Policy Amendment is attached to and made part of the Policy effective April 30, 2024 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to losses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

It is hereby understood and agreed that **Policy Amendment No. 6** is deleted in its entirety.

It is hereby understood and agreed that **Form C11931IM Benefit B-24 Permanent Total Disability (Single Payment) Benefit Rider** is removed in its entirety and replaced with **Form C11931IM Benefit B-24 Permanent Total Disability (Single Payment) Benefit Rider** (see attached).

Additional Premium Due: \$0.00

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy Amendment:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Lumen Technologies Service Group, LLC

Policy Number: GTP 0009157183

BENEFIT B-24

PERMANENT TOTAL DISABILITY (SINGLE PAYMENT) BENEFIT RIDER

This Rider is attached to and made part of the Policy effective April 30, 2024. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Permanent Total Disability Benefit. If, as a result of an Injury, the Insured Person is rendered Permanently Totally Disabled within 365 days of the accident that caused the Injury, the Company will pay 100% of the Principal Sum at the end of 12 consecutive months of such Permanent Total Disability.

The Company reserves the right, at the end of the 12 consecutive months of Permanent Total Disability to determine, on the basis of all the facts and circumstances, that the Insured Person is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Permanently Totally Disabled/Permanent Total Disability - as used in this Rider, means that the Insured Person is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training. However, with respect to an Insured Person for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Rider, that the Insured Person is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

BLANKET ACCIDENT INSURANCE POLICY

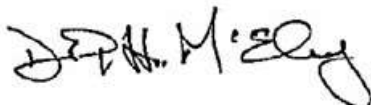
This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder for whom premium is paid (herein called Insured Person(s)) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Classification of Eligible Persons section of the Declarations section of this Policy.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the Declarations section.

This Policy begins on the Policy Effective Date shown in the Declarations section and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates in effect at the time of renewal.

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa witness this Policy:



President



Secretary

PLEASE READ THIS POLICY CAREFULLY.

THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT COVER SICKNESS OR DISEASE.

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DECLARATIONS

1. Identification of Policyholder:

Name of Policyholder: CenturyLink, Inc.

Address of Policyholder: 931 14th Street, 9th Floor, Denver, CO 80202

Type of Business or Purpose of Organization: Telephone Communications

Covered Affiliates(s) or Subsidiary(ies): As on file with the Policyholder

Policy Number: GTP 0009157183

Newly Acquired Corporations, Partnerships, or Sole Proprietorships. The premium for this Policy applies only to the Policyholder as constituted on the Policy Effective Date (or any renewal date of this Policy). However, any corporation, partnership, or sole proprietorship acquired by the Policyholder after the Policy Effective Date (or the renewal date) will be considered a part of the Policyholder, or a Covered Affiliate or Subsidiary, as of the date of the acquisition, but only if the following conditions are both met by the Policyholder within a reasonable time after the acquisition date: (1) it must report to the Company, in writing, the name of the newly acquired entity and all underwriting information the Company deems necessary to determine any additional premium required; and (2) it must agree to, and must pay, any required additional premium (or an appropriate portion thereof as agreed upon with the Company). If both conditions are not met within a reasonable time after the acquisition date, the newly acquired entity will not be considered a part of the Policyholder, or a Covered Affiliate or Subsidiary, and the employees from the newly acquired entity will not be considered as employees of the Policyholder or a Covered Affiliate or Subsidiary for Policy purposes, until the date both conditions are met.

2. Classification of Eligible Persons:

Class	Description of Class
I	All full-time United States and Canada employees (including pilots) working a minimum of thirty (30) hours per week, of the Policyholder who are in Active Service and not in any other class.
II	All United States and Canada employees elected or appointed to the Board of Directors of the Policyholder who are in Active Service and not in any other class.
III	All non-employee members to the Board of Directors of the Policyholder who are in Active Service and not in any other class.
IV	All Eligible Spouse/Domestic Partners and Dependent Children of an Insured Persons, at the invitation or expense of the Policyholder.

Eligible Spouse - as used above, means the Insured's legal spouse.

Eligible Dependent Children - as used above, means the Insured's unmarried children, including natural children from the moment of birth, step or foster children, or adopted children from the moment of placement in the home of the Insured, under age 26 and primarily dependent on the Insured for support and maintenance.

Any unmarried Eligible Dependent Children of the Insured covered under the Policy before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under the Policy beyond that age limit for as long as the Policy is in force, but only if they remain continuously covered under the Policy.

The Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s incapacity and dependency to the Company within 60 days before the Eligible Dependent Child(ren) reach the age limit specified above. If the Insured fails to furnish the requested proof before the Eligible Dependent Child(ren) reach the age limit, coverage for the Eligible Dependent Child(ren) will not be extended past the age limit. If coverage is extended, the Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s continued incapacity and dependency to the Company on an annual basis. If the Insured fails to furnish the requested proof within 31 days of the request, coverage for the Eligible Dependent Child(ren) will terminate at the end of that 31-day period.

Continuation of Eligibility. If premium payments are continued on a basis that precludes individual selection, an Insured who ceases to be a member of an eligible class as described above may still be regarded as in an eligible class as follows: (1) if the Insured is on temporary lay-off or leave of absence (other than an authorized family or medical leave), for the full period of the lay-off or leave, but not for more than three months in a row; or (2) if the Insured is absent from work due to an authorized family or medical leave, for the full period of the leave, but not for more than three months in a row unless a longer period is agreed to by the Company and the Policyholder.

3. **Principal Sums, Hazards, Benefits and Other Riders and Endorsements for Eligible Persons:**

Any Benefit shown in any row of the chart below applies only to an eligible person in a Class shown in that row, only with respect to an accident that occurs under the circumstances described in a Hazard shown in that row as to such person. Any other Rider or Endorsement shown in any row of the chart below applies only with respect to the Classes, Hazards, and Benefits shown in that row.

Section 3A.

Class	Principal Sum
I	Three (3) times Annual Salary rounded to the next higher \$1,000 subject to a maximum of \$500,000.
II	Three (3) times Annual Salary rounded to the next higher \$1,000 subject to a maximum of \$500,000.
III	\$500,000
IV	Spouse: \$25,000 Each Dependent Child: \$25,000

“Annual Salary” means an employee’s annual wage or salary and target incentive pay as reported by the Policyholder for work performed for the Policyholder as in effect just prior to the date of the Covered Loss. For sales employees, Annual Salary also includes annualized commissions. Annual Salary does not include amounts received as bonus, commissions, overtime pay, lump-sum merit awards, shift differentials, or other extra compensation.

Section 3B.

Class	Hazard(s)	Benefit(s) and Benefit Riders	Other Rider(s) and Endorsement(s)
I	H-12, H-19, H-21, H-32, H-37, H-39	B-1, B-2, B-3, B-4, B-7, B-10, B-13, B-16, B-24, B-25, B-26, B-28, B-30, B-42, B-45, B-46	
II	H-12, H-19, H-21, H-32, H-37, H-39	B-1, B-2, B-3, B-4, B-7, B-10, B-13, B-16, B-24, B-25, B-26, B-28, B-30, B-42, B-45, B-46	
III	H-15, H-19, H-37, H-39	B-1, B-2, B-3, B-4, B-7, B-10, B-13, B-16, B-24, B-25, B-26, B-28, B-30, B-42, B-45, B-46	
IV	H-19, H-37, H-39, H-43, H-44	B-1, B-2, B-3, B-4, B-7, B-10, B-13, B-16, B-24, B-25, B-26, B-28, B-30, B-42, B-45, B-46	

4. **Aggregate Limit:** \$10,000,000 per aircraft accident
\$10,000,000 per War Risk accident, & per On-Premises Violent Crime
\$1,000,000 per occurrence – Security Evacuation Benefit

5. **Hazards, Benefits and Benefit Riders, Other Riders and Endorsements, and Attachments Made Part of this Policy:**

- a. The following Hazards are made part of the Policy as of the Policy Effective Date:

FORM NUMBER	HAZARD NUMBER	DESCRIPTION
C11875(Rev 3/13)DBG	H-12	24-Hour Accident Protection While On A Trip (Business Only)
C11876DBG	H-15	24-Hour Accident Protection While on a Specified Trip or Specified Type of Trip
C11878DBG (Rev 9/14)	H-19	Policyholder Aircraft (Passenger, Pilot or Crew)
C11880DBG	H-21	On-Premises Violent Crime
C11891DBG	H-32	Extraordinary Commuting
C11896(Rev 3/13)DBG	H-37	Hijacking (Business Only)
C11898(Rev 3/13)DBG	H-39	War Risk (Business Only)
C11902DBG	H-43	24-Hour on a Family Relocation Trip (Insured Dependents Only)
C11903DBG	H-44	Family Accompanying the Insured (Insured Dependents Only)

- b. Check one and only one:

☐ B-1 Accidental Death Benefit Only
☒ B-1 and B-2 Both Accidental Death and Accidental Dismemberment and Paralysis Benefits

The following Benefits and Benefit Riders/Endorsements are attached to and made part of the Policy as of the Policy Effective Date. Each Benefit Rider/Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by that Benefit Rider/Endorsement.

FORM NUMBER	BENEFIT NUMBER	DESCRIPTION
C11910(Rev 3/13)DBG	B-3	Accident Medical Expense Benefit
C11911(Rev 3/13)DBG	B-4	Bereavement and Trauma Counseling Benefit
C11914DBG(Rev 7/12)	B-7	Coma Benefit
C11917(Rev 3/13)DBG	B-10	Day Care Benefit
C11920(Rev 8/16)DBG	B-13	Emergency Evacuation with Family Travel Benefit
C11923(Rev 3/13)DBG	B-16	Home Alteration and Vehicle Modification Benefit
C11931DBG	B-24	Permanent Total Disability (Single Payment) Benefit
C11932(Rev 3/13)DBG	B-25	Rehabilitation Benefit
C11933(Rev 8/16)DBG	B-26	Repatriation of Remains Benefit
C11935DBG	B-28	Seat Belt and Air Bag (Percentage of Principal Sum Amount) Benefit
C11937(Rev 3/13)DBG	B-30	Tuition Benefit
C36048DBG	B-42	Security Evacuation Benefit
C36161(Rev 8/16)DBG	B-45	Attendor Benefit
C36182(Rev 3/13)DBG	B-46	Bedside Visit Benefit

c. The following attachments are made part of the Policy as of the Policy Effective Date:

C11948DBG	E-2	Modified Payment of Claims Endorsement
C30257DBG	E-6	Amendatory Endorsement for Domestic Partners
U40023-CO		Non-Affordable Care Act Notice Endorsement
89644 6-13		Economic Sanctions Endorsement

6. **Premiums:**

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

\$36,920.00 per year, due and payable in annual installments with the first installment due as of the Policy Effective Date and subsequent installments due as of each anniversary date.

7. **Data Furnished by Policyholder:** Policyholder agrees to submit all requested exposure as a condition of any renewal.

8. **Coverage Effective Date:**

Subject to the Policy provisions regarding the effective date of coverage for individuals, insurance will become effective as to each eligible person in consideration of the required premium payment on the first of the month coincident with or next following the later of (a) date he or she becomes eligible or (b) the date he or she completes any waiting period required by the Policyholder.

A change in coverage will become effective on the latest of the following dates: (1) if the change requires a change in premium, the date the first changed premium is paid when due; or (2) the effective date of the change. However, a changed Principal Sum applies only with respect to accidents that occur on or after the effective date of the change.

9. **Policy Term:**

Policy Effective Date:	January 1, 2020
Policy Anniversary Date:	January 1, 2021
Policy Termination Date:	January 1, 2023

DEFINITIONS

Airworthiness Certificate - means the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.

Civilian Aircraft - means a civil or public aircraft having a current and valid Airworthiness Certificate and piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft. A Civilian Aircraft does not include a Policyholder Aircraft.

Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under this Policy is in force; (2) which occurs under the circumstances described in a Hazard applicable to that person; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss under a Benefit applicable to such Hazard.

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; (2) for whom premium has been paid; and (3) while covered under this Policy. However, an Insured does not include any person covered under this Policy solely as an Insured Dependent.

Insured Dependent - means an Insured Spouse or an Insured Dependent Child.

Insured Dependent Child - means the Insured's Eligible Dependent Child as described in the Classification of Eligible Persons section of the Declarations section of this Policy: (1) for whom premium has been paid; and (2) while covered under this Policy.

Insured Person - means an Insured or an Insured Dependent.

Insured Spouse - means the Insured's Eligible Spouse as described in the Classification of Eligible Persons section of the Declarations section of this Policy: (1) for whom premium has been paid; and (2) while covered under this Policy.

Military Air Transport Aircraft - means an aircraft having a current and valid Airworthiness Certificate; piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft; and operated by the United States of America, or by the similar air transport service of any duly constituted governmental authority of any other recognized country.

Passenger - means a person not performing as a pilot, operator or crew member of a conveyance.

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Policyholder Aircraft - means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the Policyholder.

Sojourn and Personal Deviation, Sojourn or Personal Deviation - means non-business travel or activities undertaken While on the Business of the Policyholder but unrelated to furthering the business of the Policyholder.

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

- acrobatic or stunt flying
- racing
- any endurance tests
- any flight on a rocket-propelled or rocket-launched aircraft
- crop dusting
- crop seeding
- crop spraying
- fire fighting
- any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.
- exploration
- pipe line inspection
- power line inspection
- any form of hunting
- bird or fowl herding
- aerial photography
- banner towing
- any test or experimental purpose

Trip – means a trip taken by an Insured which begins when the Insured leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last), and is deemed to end when the Insured returns from the trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the Insured is on an authorized leave of absence or vacation or travel to and from the Insured's place of regular employment. "Trip" does not include the Insured's trip to a location that extends for more than 365 days. Such a trip will be deemed to change the Insured's residence or place of regular employment to the new location.

While on the Business of the Policyholder – means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time: (1) while the Insured Person is working at his or her regular place of employment; (2) during the course of everyday travel to and from work; or (3) during an authorized leave of absence or vacation. If an Insured's assignment to a location exceeds 365 days, such assignment will be deemed to change the Insured's residence and regular place of employment to the new location.

While On-Premises of the Policyholder - means while and in consequence of performing any assigned occupational duties for which compensation is received at the Insured Person's regular place of employment with the Policyholder or elsewhere directly in or on the premises of the Policyholder, but does not include during the course of everyday travel to and from work.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Declarations section of this Policy at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. Either the Company or the Policyholder may terminate this Policy on any Policy Anniversary Date by giving 30 days advance written notice to the other party. This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the earlier of: 1) the Policy Termination Date shown in the Declarations section of this Policy; or 2) the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; or (3) the Coverage Effective Date described in the Declarations section of this Policy.

Termination Date. An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated; (2) the premium due date if premiums are not paid when due; or (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured Dependent's coverage under the Policy begins on the latest of: (1) the date the Insured's coverage under the Policy begins; (2) the date the person becomes a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; or (3) the Coverage Effective Date described in the Declarations section of this Policy.

Termination Date. An Insured Dependent's coverage under the Policy ends on the earliest of: (1) the date the Insured's coverage under the Policy ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; or (3) the date the Insured Dependent ceases to be a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Declarations section of this Policy. The Company may change the required premiums due on any Policy anniversary date after the third Policy anniversary date, as measured annually from the Policy Effective Date, by giving the Policyholder at least 31 days advance written notice. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in this Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section. In such case, the Policyholder will be liable to the Company for any unpaid premiums for the time this Policy is in force, plus all costs and expenses (including, but not limited to, reasonable attorney fees, collection fees and court costs) incurred by the Company in the collection of all overdue amounts.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

BENEFITS

Principal Sum. As applicable to each Hazard and Benefit for each Insured Person, Principal Sum means the amount of insurance in force under this Policy on that person for that Hazard and Benefit as described for the Insured Person's eligible class in the Principal Sums, Hazards and Benefits section of the Declarations section of this Policy.

B-1. Accidental Death Benefit. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Benefit with respect to each class of Insured Persons and each hazard. If Injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

B-2. Accidental Dismemberment and Paralysis Benefit. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Benefit with respect to each class of Insured Persons and each hazard. If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%

One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia.....	75%
Uniplegia.....	25%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

“Quadriplegia” means the complete and irreversible paralysis of both upper and both lower limbs. “Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. “Uniplegia” means the complete and irreversible paralysis of one limb. “Limb” means entire arm or entire leg.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.

LIMITATIONS

Limitation on Multiple Benefits. If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit, Permanent Total Disability Benefit.

Limitation on Multiple Hazards. If an Insured Person's Injury is caused by an accident that occurs under the circumstances described in more than one Hazard applicable to that person as shown in the Principal Sums, Hazards and Benefits section of the Declarations section of this Policy, for Policy purposes the Principal Sum for that Insured Person for that accident will be determined as though the accident occurred under the circumstances described in only one such Hazard, the Hazard with the largest Principal Sum: H-12, H-15, H-19, H-21, H-32, H-37, H-39, H-43, H-44.

Aggregate Limit. The maximum amount payable under this Policy may be reduced if more than one Insured Person suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following Benefits provided by this Policy: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit, Permanent Total Disability Benefit. The maximum amount payable for all such losses for all Insured Persons under all those Benefits combined will not exceed the amount shown as the Aggregate Limit in the Declarations section of this Policy. If the combined maximum amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured Person for all such losses under all those Benefits combined. NOTE: If the Declarations section of this Policy states that an Aggregate Limit is restricted in its applicability to certain eligible classes or certain Hazards, this Aggregate Limit provision applies only to Insured Persons in those eligible classes or to whom that Hazard applies.

GENERAL EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, while sane.
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member, unless specifically provided by this Policy.
3. declared or undeclared war, or any act of declared or undeclared war unless specifically provided by this Policy.
4. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. the Insured Person's commission of or attempt to commit a felony.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at AIG A&H Claims Department, PO Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured Person suffering the loss. If an Insured Person dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, and any application or attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder will be considered representations and not warranties.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

Certificates of Insurance. The Company, when required, will provide certificates of insurance for distribution to each Insured describing the coverage provided, any limitations, reductions, and exclusions applicable to the coverage, and to whom benefits will be paid.

Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder's group life insurance policy as shown on the Policyholder's records kept on that policy, unless the Insured has named a beneficiary specifically for this Policy as shown on the Policyholder's records kept on this Policy. The Insured Dependent's beneficiary is the Insured unless the Insured has named a different beneficiary(ies) for the Insured Dependent's coverage as shown on the Policyholder's records kept on this Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation or the beneficiary designation for an Insured Dependent's coverage at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies) or the Insured Dependent, by providing the Policyholder with a written request for change. When the request is received by the Policyholder, whether the Insured or the Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary for an Insured's coverage or no designated beneficiary for the Insured's coverage is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If no beneficiary for an Insured Dependent's coverage is living on the date of the Insured Dependent's death, the beneficiary is the Insured's estate.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on 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 may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by

the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may assign all of his or her rights, privileges and benefits under this Policy without the consent of his or her designated beneficiary. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.

New Entrants. This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the class(es) of Insured Persons originally insured under this Policy.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

HAZARD H-12 24-HOUR ACCIDENT PROTECTION WHILE ON A TRIP (Business Only)

Hazard H-12 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person:

1. While on the Business of the Policyholder; and
2. during the course of any Trip, including a Sojourn or Personal Deviation taken during the course of the Trip, made by such person.

With respect to a Sojourn or Personal Deviation, Hazard H-12 applies only where the Sojourns or Personal Deviations if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than a total of 14 day(s).

With respect to any period of time such Insured Person is traveling on a conveyance during the course of any such trip, Hazard H-12 applies only with respect to Injury sustained by the person:

1. while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - a. any such conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member and while the Insured Person is performing as an operator or crew member on any such conveyance; or
 - b. any such conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including getting in or out of, or on or off of) for the transportation of passengers or property for hire, profit or gain; or
2. while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - a. any Civilian Aircraft; or
 - b. any Military Air Transport Aircraft; or
3. by being struck or run down by any aircraft.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person traveling or flying in or on (including getting in or out of, or on or off of) any aircraft other than as expressly described in this Hazard, unless otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for Specialized Aviation Activity(ies).

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

HAZARD H-15

24-HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIED TRIP OR SPECIFIED TYPE OF TRIP

Hazard H-15 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person during the course of any Trip made by such person as specifically described below:

Traveling to, from, and while attending any Board meeting

With respect to any period of time such Insured Person is traveling on a conveyance during the course of any such Trip, Hazard H-15 applies only with respect to Injury sustained by the person:

1. while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - a. any such conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member; or
 - b. any such conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including getting in or out of, or on or off of) for the transportation of passengers or property for hire, profit or gain; or
2. while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - a. any Civilian Aircraft; or
 - b. any Military Air Transport Aircraft; or
3. by being struck or run down by any aircraft.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person traveling or flying in or on (including getting in or out of, or on or off of) any aircraft other than as expressly described in this Hazard, unless otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any aircraft while it is being used for any Specialized Aviation Activity(ies).

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HAZARD H-19(Rev) POLICYHOLDER AIRCRAFT (Passenger, Pilot or Crew)

Hazard H-19 (Rev) applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person while riding as a Passenger, pilot, operator or crew member in or on (including getting in or out of, or on or off of), or by being struck or run down by a designated aircraft described below:

As on file with the Policyholder

which, at the time the Injury is sustained: (1) is a Policyholder Aircraft; (2) is being operated with the consent of the Policyholder; and (3) is being piloted by:

As on file with the Policyholder

but only if such pilot, at the time the Injury is sustained: (1) has a current and valid medical certificate and pilot certificate with appropriate ratings for the designated aircraft; and (2) has a minimum of 500 military, private or professional pilot hours logged for like aircraft, separately or combined.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person traveling or flying in or on (including getting in or out of, or on or off of), or being struck or run down by, any aircraft other than as expressly described in this Hazard, unless otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any aircraft described above while it is carrying Passengers for hire and any aircraft while it is being used for any Specialized Aviation Activity(ies).

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HAZARD H-21 ON-PREMISES VIOLENT CRIME

Hazard H-21 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person as a result of a Criminal Act of Violence:

1. that is not an act of the Insured Person, an Immediate Family Member, or an individual who resides with the Insured Person on a permanent basis; and
2. While On-Premises of the Policyholder; and
3. that is not a moving violation as defined under the applicable state motor vehicle laws, unless purposely directed at the Insured Person.

Exclusions. All exclusions in the General Exclusions section of this Policy apply with respect to this Hazard.

Criminal Act of Violence - as used in this Hazard, means any willful or unlawful use of force in connection with the commission of or the attempt to commit a crime (including, but not limited to, robbery, theft, kidnapping, hostage-taking, assault, battery, sniping, murder, manslaughter, riot, or insurrection) that: (1) results in Injury to the Insured Person; and (2) is a felony or a misdemeanor in the jurisdiction in which it occurs.

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HAZARD H-32 EXTRAORDINARY COMMUTING

Hazard H-32 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person during the course of Extraordinary Commuting. This Hazard does not apply with respect to Commuting other than Extraordinary Commuting.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However that Exclusion is not waived with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.

All other exclusions in the General Exclusions section of this Policy apply.

Commuting - as used in this Hazard, means everyday travel between the Insured Person's residence and place of regular employment with the Policyholder, where his or her purpose in being at such place of employment is to perform assigned duties relating to such employment for which compensation is received. As used in this Hazard, Commuting does not include Sojourn or Personal Deviation.

Extraordinary Commuting - as used in this Hazard, means Commuting by automobile or other means of transportation, but only when it is necessary for the Insured Person to use such means of transportation because of the discontinuance of service, due to strike or major breakdown, of one or more public transportation systems he or she regularly uses.

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HAZARD H-37 HIJACKING (Business Only)

Hazard H-37 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person as a result of a Hijacking of any land, water or air conveyance, except a private automobile, where the Hijacking:

1. occurs while the Insured Person is riding as a Passenger in or on (including getting in or out of, or on or off of) such conveyance While on the Business of the Policyholder; and
2. While on the Business of the Policyholder and during the course of any Trip, including a Sojourn or Personal Deviation taken during the course of the Trip, made by such person; and
3. is not an act of the Insured Person, an Immediate Family Member, or an individual who resides with the Insured Person on a permanent basis.

With respect to a Sojourn or Personal Deviation, Hazard H-37 applies only where the Sojourns or Personal Deviations if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than a total of 14 day(s).

This Hazard will not duplicate coverages under any other Hazards provided by this Policy.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard.

Exclusion 3 in the General Exclusions section of this Policy is also waived but only with respect to Injury sustained by such person (a) under the circumstances described in this Hazard and (b) outside the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of the United States of America.

All other exclusions in the General Exclusions section of this Policy apply.

Hijacking - as used in this Hazard, means taking unlawful possession of a conveyance by means of force or threats against the person(s) then rightfully occupying such conveyance.

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HAZARD H-39 WAR RISK (Business Only)

Hazard H-39 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person While on the Business of the Policyholder and as a result of an act of declared or undeclared war within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory (but not such an act in which the Insured Person is an active participant).

Changes in Premium. The Company may change the premium rate for the inclusion of Hazard H-39 under this Policy at any time if (1) war risk conditions change in the Designated War Risk Territory(ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory(ies); or (3) the Policyholder's exposure to war risk in the Designated War Risk Territory(ies) changes in any way. The Company will give the Policyholder written notice of any change in the premium rate for the inclusion of Hazard H-39 at least 30 days in advance of the effective date of the change.

Termination Date. Hazard H-39 ceases to apply with respect to this Policy on the earliest of: (1) the date the Policy terminates; (2) the date the Company receives written notice from the Policyholder of the Policyholder's intent to terminate the applicability of Hazard H-39 (or on the date specified in the written notice, if later); or (3) the date specified in the Company's written notice to the Policyholder of the Company's intent to terminate the applicability of Hazard H-39 (or 30 days after the date the written notice is received by the Policyholder, if later).

If the applicability of Hazard H-39 terminates prior to the end of a period for which premium has been paid, any unearned premium attributable to Hazard H-39 will be returned.

Termination of the applicability of Hazard H-39 will not affect a claim for a covered loss that occurred while Hazard H-39 was still applicable.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However, unless previously consented to in writing by the Company, that Exclusion is not waived, and this Hazard does not apply, with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.

Exclusion 3 in the Exclusions section of the Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard, and only where the accident occurs within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory.

All other exclusions in the General Exclusions section of this Policy apply.

Changes in Terms and Conditions. The terms and conditions of Hazard H-39, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in the opinion of the Company, constitute a change in the Policyholder's war risk exposure.

Designated War Risk Territory(ies) means worldwide except Afghanistan and Iraq. A Designated War Risk Territory does not include the United States of America or the Insured Person's country of permanent residence.

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HAZARD H-43 24-HOUR ON A FAMILY RELOCATION TRIP (Insured Dependents Only)

Hazard H-43 applies only with respect to an Insured Dependent in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person during the course of any Family Relocation Trip made by such person.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Dependent to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However, unless otherwise provided by this Policy that Exclusion is not waived with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.

All other exclusions in the General Exclusions section of this Policy apply.

Family Relocation Trip - as used in this Hazard, means a Trip made by an Insured Dependent in connection with the Insured's transfer or proposed transfer by the Policyholder to a new worksite. The Trip must be authorized by, or taken at the direction of, the Policyholder and/or must be paid for in whole or in part by the Policyholder.

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HAZARD H-44 FAMILY ACCOMPANYING THE INSURED (Insured Dependents Only)

Hazard H-44 applies only with respect to an Insured Dependent in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such Insured Dependent:

1. while he or she is accompanying the Insured or on his or her way to join the Insured; and
2. when the Trip is authorized by and/or paid for in whole or in part by the Policyholder; and
3. while the Insured is covered during the course of the circumstances described in, and subject to the exclusions and other terms and conditions of any Hazards for which the Insured is covered under this Policy.

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BENEFIT B-3 ACCIDENT MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Accident Medical Expense Benefit. If an Insured Person suffers an Injury that, within 30 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Covered Accident Medical Services received due to that Injury, up to \$10,000 per Insured Person for all Injuries caused by the same accident. This benefit is payable only for such charges incurred within 26 weeks after the date of the accident causing that Injury.

Covered Accident Medical Service(s) - as used in this Rider, means any of the following services, if the service is Medically Necessary:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof;
8. physical therapy and occupational therapy;
9. rental of Durable Medical Equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances; or
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Ambulatory Medical Center - as used in this Rider, means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Durable Medical Equipment - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Medically Necessary - as used in this Rider, refers to a Covered Accident Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

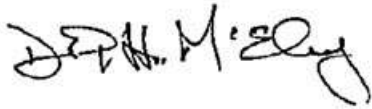
Usual and Customary Charge(s) - as used in this Rider, means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury not to exceed \$250 per tooth per accident.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight.
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).

6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
7. any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.
8. an Emergency Evacuation for which any benefits are payable under the Policy's Emergency Evacuation Benefit.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "J. H. M. [unclear]".

President

A handwritten signature in black ink, consisting of two distinct, stylized marks.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

BENEFIT B-4 BEREAVEMENT AND TRAUMA COUNSELING BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

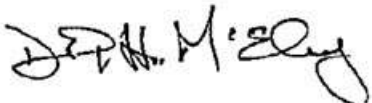
Bereavement and Trauma Counseling Benefit. If an Insured Person suffers an accidental death or an accidental dismemberment or paralysis for which an Accidental Death or Accidental Dismemberment and Paralysis benefit is payable under the Policy, or if he or she goes into a coma for which a Coma benefit is payable under the Policy, the Company will pay Covered Bereavement and Trauma Counseling Expenses that are due to his or her death or dismemberment or paralysis or coma. The Covered Bereavement and Trauma Counseling Expenses must be incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$200 per session for up to 10 sessions for the Insured Person and all of his or her Immediate Family Members combined with respect to all such losses caused by the same accident.

Covered Bereavement and Trauma Counseling Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Bereavement or Trauma Counseling Session for the Insured Person and/or one or more of his or her Immediate Family Member(s) provided under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar counseling sessions in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Medically Necessary Bereavement or Trauma Counseling Session - as used in this Rider, means any individual, joint or family mental health counseling session that: (1) is essential to assist the Insured Person and/or one or more Immediate Family Members in coping with the loss for which it is provided and; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Covered Bereavement and Trauma Counseling Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under: 1) any Workers' Compensation Act or similar law; or 2) the Accident Medical Expense Benefit Rider, the Out-of-Country Medical Expense Benefit Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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BENEFIT B-7 (Rev) COMA BENEFIT RIDER

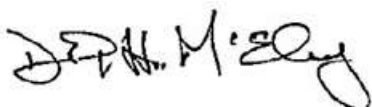
This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Coma Benefit. If Injury renders an Insured Person Comatose within 365 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Insured Person's Principal Sum. This benefit is payable monthly for 11 months if the Insured Person remains Comatose due to that Injury. If the Insured Person remains Comatose through the 11th month, any residual portion of that Insured Person's Principal Sum will become payable on the first day of the 12th month during which the Insured Person remains Comatose. If the Insured Person ceases to be Comatose due to the Injury any time during the first 11 months, the monthly benefit will end. No benefit is provided for the first 30 days of Coma. No benefit is payable after the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Coma/Comatose - as used in this Rider, means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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BENEFIT B-10 DAY CARE BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Day Care Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay a benefit on behalf of any Child of the Insured on the date of the accident causing the Insured's death and on the date of the Insured's death who: (1) is enrolled in a Day Care Center on the date of the Insured's death; or (2) enrolls in a Day Care Center within 365 days after the Insured's death. The benefit is payable for each year of the Child's enrollment in a Day Care Center. The total amount of the benefit each year is equal to the least of:

1. the actual cost of care for that Child charged by that Day Care Center for that year;
2. 10% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$5,000.

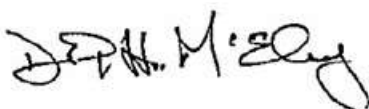
The applicable portion of the yearly benefit for each period of enrollment is payable upon receipt of due proof of enrollment, but not more frequently than monthly.

The benefit is not payable for any period of enrollment in a Day Care Center before the date of the accident that caused the Insured's death. The benefit is not payable for any period of enrollment after the earlier of: (1) the date the Child reaches 13 years of age; or (2) the date four (4) years after the later of the date of the Insured's death or the date the Child first enrolls in a Day Care Center.

Child - as used in this Rider, means the Insured's unmarried child, including a natural, step, foster or adopted child from the moment of placement in the Insured's home, under age 13 and primarily dependent on the Insured for support and maintenance.

Day Care Center - as used in this Rider, means a facility that is duly licensed, certified or accredited by the jurisdiction in which it is located to provide child care and is operating in compliance with applicable laws and regulations of the jurisdiction.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.
Policy Number: GTP 0009157183

BENEFIT B-13 EMERGENCY EVACUATION WITH FAMILY TRAVEL BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Emergency Evacuation Benefit. The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation, up to a maximum of \$5,000,000 for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured Person's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

Family Travel Benefit. Following an Emergency Evacuation for which an Emergency Evacuation benefit is payable under the Policy, the Company will pay for expenses reasonably incurred:

1. to return to their current place of primary residence, with an attendant if necessary, any of the Insured Person's Children who were accompanying the Insured Person when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person; and
2. to bring one person chosen by the Insured Person to and from the hospital or other medical facility where the Insured Person is confined if the Insured Person is alone; but not to exceed the cost of one round-trip economy airfare ticket.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Travel Guard Group, Inc. in advance.

The General Exclusions section of the Policy, and the Exclusions section of each Hazard to which this Rider applies, do not apply with respect to this Rider.

Children - as used in this Rider, means unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured Person's home, under age 25 and primarily dependent on the Insured Person for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

Covered Emergency Evacuation Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

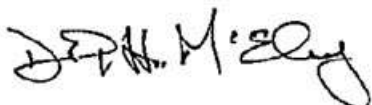
Emergency Evacuation - as used in this Rider, means, if warranted by the severity of the Insured Person's Injury or Emergency Sickness: (1) the Insured Person's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured Person's Transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies. For purposes of this Rider, any references to "Injury" in such a Hazard are deemed to be references to "Injury or Emergency Sickness."

Medically Necessary Emergency Evacuation Service - as used in this Rider, means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured Person.

Transportation - as used in this Rider means moving the Insured Person during an Emergency Evacuation by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

BENEFIT B-16 HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Home Alteration and Vehicle Modification Benefit. If an Insured Person:

1. suffers an accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy;
2. did not, prior to the date of the accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$50,000 for all such losses caused by the same accident.

Covered Home Alteration and Vehicle Modification Expenses - as used in this Rider, means one-time expenses that:

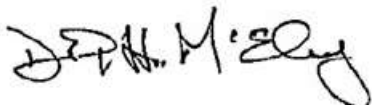
1. are charged for:
 - (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
 - (b) modifications to a motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or driveable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:

1. made on behalf of the Insured Person;
2. recommended by a nationally-recognized organization providing support and assistance to wheelchair users;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Covered Home Alteration and Vehicle Modification Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "J. H. M. [unclear]".

President

A handwritten signature in black ink, consisting of two distinct, stylized marks.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

BENEFIT B-24

PERMANENT TOTAL DISABILITY (SINGLE PAYMENT) BENEFIT RIDER

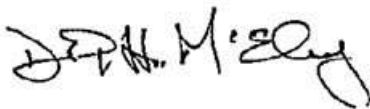
This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Permanent Total Disability Benefit (Not Applicable to Insured Persons Age 70 or Older on the Date of the Accident). If, as a result of an Injury, the Insured Person is rendered Permanently Totally Disabled within 365 days of the accident that caused the Injury, the Company will pay 100% of the Principal Sum at the end of 12 consecutive months of such Permanent Total Disability.

The Company reserves the right, at the end of the 12 consecutive months of Permanent Total Disability to determine, on the basis of all the facts and circumstances, that the Insured Person is Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Permanently Totally Disabled/Permanent Total Disability - as used in this Rider, means that the Insured Person is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training. However, with respect to an Insured Person for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Rider, that the Insured Person is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

BENEFIT B-25 REHABILITATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Rehabilitation Benefit. If an Insured Person suffers an accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy, the Company will reimburse the Insured Person for Covered Rehabilitative Expenses that are due to the Injury causing the dismemberment or paralysis. The Covered Rehabilitative Expenses must be incurred within two years after the date of the accident causing that Injury, up to a maximum of \$50,000 for all Injuries caused by the same accident.

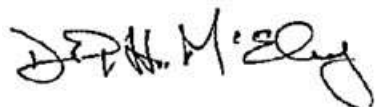
Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Medically Necessary Rehabilitative Training Service - as used in this Rider, means any medical service, medical supply, medical treatment or Hospital confinement (or part of a Hospital confinement) that: (1) is essential for physical rehabilitative training due to the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician.

Covered Rehabilitative Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar treatment, supplies or services in the locality where the expense is incurred (for a Hospital room and board charge, does not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense is incurred); and (3) does not include charges that would not have been made if no insurance existed.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Covered Rehabilitative Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under: (1) any Workers' Compensation Act or similar law; or (2) the Accident Medical Expense Benefit Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "J. H. McElroy".

President

A handwritten signature in black ink, consisting of two distinct, stylized marks.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

BENEFIT B-26 REPATRIATION OF REMAINS BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to losses of life that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Repatriation of Remains Benefit. If an Insured Person suffers loss of life due to Injury or Emergency Sickness the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, up to a maximum of \$5,000,000.

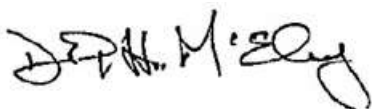
Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard Group, Inc. in advance.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies. For purposes of this Rider, any references to "Injury" in such a Hazard are deemed to be references to "Injury or Emergency Sickness".

The General Exclusions section of the Policy, and the Exclusions section of each Hazard to which this Rider applies, do not apply with respect to this Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

BENEFIT B-28

SEAT BELT AND AIR BAG (PERCENTAGE OF PRINCIPAL SUM AMOUNT) BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Seat Belt Benefit. The Company will pay a benefit under this Rider when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt. The amount payable under this Rider is the lesser of: (1) \$50,000; or (2) 10% of the Insured Person's Principal Sum.

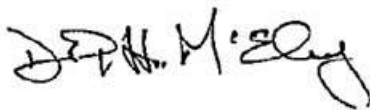
Air Bag Benefit. The Company will pay an additional benefit under this Rider if a Seat Belt Benefit is payable under this Rider and if the Insured Person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable under this Rider is the lesser of: (1) \$50,000; or (2) 10% of the Insured Person's Principal Sum.

Verification of the actual use of the seat belt, at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

Automobile - as used in this Rider, means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Supplemental Restraint System - as used in this Rider, means an air bag which inflates for added protection to the head and chest areas.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

BENEFIT B-30 TUITION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Children and Spouse Tuition Benefit. If an Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy, the Company will pay the following benefit:

A. **For the Children.** The Company will pay a benefit to or on behalf of any Child of the Insured who met the definition of Child on the date of the accident causing the Insured's death and on the date of the Insured's death and who, on the date of the Insured's death: (1) is a full-time student in any Institution of Higher Learning above grade 12; or (2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured's death. The benefit will be paid for each year of the Child's continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years or the date the Child reaches age 26, whichever comes first. The total amount of the benefit each year is equal to the least of:

1. the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that Child;
2. 10% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$5,000.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

A Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured's death.

B. **For the Spouse.** The Company will pay a benefit to or on behalf of the Spouse of the Insured who met the definition of Spouse on the date of the accident causing the Insured's death and on the date of the Insured's death and who, for the purpose of obtaining an independent source of support or to enrich his or her ability to earn a living: (1) is enrolled in any Institution of Higher Learning or professional or trade training program on the date of the Insured's death; or (2) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after the date of the Insured's death. The benefit will be paid for each year of the Spouse's continuous enrollment in an Institution of Higher Learning or professional or trade training program, to a maximum of four (4) consecutive years. The total amount of the benefit for all institutions and programs combined each year is equal to the least of:

1. the total actual tuition (exclusive of room and board) charged by those institutions or programs for enrollment during that year for the Spouse;
2. 10% of the Insured's Principal Sum on the date of the accident causing death; or
3. \$5,000.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

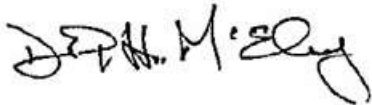
A Spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the Insured's death.

Child - as used in this Rider, means the Insured's unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured's home, under age 26 and primarily dependent on the Insured for support and maintenance.

Institution of Higher Learning - as used in this Rider, means any accredited institution that provides education or training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.

Spouse - as used in this Rider, means the Insured's legal spouse.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

BENEFIT B-42 SECURITY EVACUATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

If, as a result of an Occurrence that takes place during an Insured Person's Period of Coverage and while traveling outside his or her Home Country, an Insured Person requires a Security Evacuation, the Company will pay benefits to Transport the Insured Person to the Nearest Place of Safety. The determination that an Insured Person requires a Security Evacuation must be made by a Designated Security Consultant and all arrangements must be made by Travel Guard Group, Inc.

Benefits will be payable for eligible expenses up to a Maximum of \$100,000. Eligible expenses are for Transportation and Related Costs to the Nearest Place of Safety necessary to ensure the Insured Person's safety and well-being as determined by the Designated Security Consultant. Security Evacuation benefits are payable only once per Occurrence.

Benefits will also be payable for Transportation and Related Costs within 7 days of the Security Evacuation to either of these locations as chosen by the Designated Security Consultant:

- (1) back to the Host Country if return is safe and permitted; or
- (2) the Insured Person's Home Country; or
- (3) where the Insured Person is currently permanently assigned by the Policyholder.

This benefit is subject to the overall Maximum stated above.

Benefits will be payable for consulting services by Designated Security Consultant for seeking information on Missing Person or kidnapping cases if the Insured Person is deemed kidnapped or a Missing Person by local or international authorities. This benefit is subject to the overall Maximum stated above.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance of any benefits being payable. Travel Guard Group, Inc. is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation becomes viable.

Right of Recovery

If, after a Security Evacuation is completed, it becomes clear that the Insured Person was an active participant in the events that led to an Occurrence, the Company has the right to recover all Transportation and Related Costs from the Insured Person.

Changes in Terms and Conditions

The terms and conditions of this Rider, including but not limited to the definition of Excluded Countries, may be changed at any time to reflect conditions that, in the opinion of the Company, constitute a change in the Policyholder's security evacuation exposure. The Company will give the Policyholder written notice of any change in the terms and conditions of this rider at least 30 days in advance of the effective date of the change.

Definitions

Advisory means a formal recommendation by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country or citizens of the Host Country leave the Host Country.

Appropriate Authority(ies) means the government authority(ies) in the Insured Person's Home Country or the government authority(ies) of the Host Country.

Designated Security Consultant means an employee of a security firm under contract to Travel Guard Group, Inc. or an Travel Guard Group, Inc. designated service provider who is experienced in security and measures necessary to ensure the safety of the Insured Person(s) in his or her care.

Excluded Countries means the following countries from which Security Evacuations are not available under this Rider: any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL (OFAC).

Home Country means the country of citizenship of the Insured Person. If the Insured Person has dual citizenship, for the purposes of this Rider, his or her Home Country is the country of the passport he or she used to enter the Host Country.

Host Country means any country, other than an Excluded Country, in which an Insured Person is traveling while covered under the Policy.

Imminent Physical Danger means the Insured Person is subject to possible physical injury or sickness that could result in grave physical harm or death.

Missing Person means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

Natural Disaster means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:

1. is due to natural causes; and
2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

Nearest Place of Safety means a location determined by the Designated Security Consultant where:

1. the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and
2. the Insured Person has access to transportation; and
3. the Insured Person has the availability of temporary lodging, if needed.

Occurrence means any of the following situations in which an Insured Person finds him or her self while covered by the Policy:

1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;

2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
3. Natural Disaster within 7 days of an event;
4. Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
5. the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found.

Period of Coverage means the period of time during which the Policy is in force with respect to the Insured Person.

Related Costs means food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety.

Security Evacuation means the extrication of an Insured Person from the Host Country due to an Occurrence which results in the Insured Person being placed in Imminent Physical Danger.

Transport/Transportation means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the Insured Person's common carrier tickets will be used.

Verified Physical Attack means deliberate physical harm of the Insured Person confirmed by documentation or physical evidence.

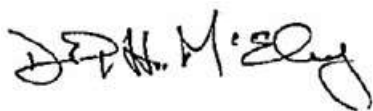
Verified Threat of Physical Attack means a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence.

Exclusions

No benefits are payable under this Rider for charges, fees or expenses:

1. payable under any other provision of, or Rider to, the Policy to which this Rider is attached;
2. that are recoverable through the Insured Person's employer;
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured Person, acting alone or in collusion with others;
4. arising from or attributable to an alleged:
 - a. violation of the laws of the Host Country by an Insured Person; or
 - b. violation of the laws of the Insured Person's Home Country;
 unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured Person;
5. due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. arising from an Occurrence which took place in an Excluded Country;
7. for repatriation of remains expenses;
8. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
9. for medical services;
10. for monies payable in the form of a ransom if a Missing Person case evolves into a kidnapping;
11. arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
12. arising from or attributable, in whole or in part to non-compliance by the Insured Person with regard to any obligation specified in a contract or license;
13. due to military or political issues if the Insured Person's Security Evacuation request is made more than 7 days after the Appropriate Authority(ies) Advisory was issued.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "J. H. M. S. Co.", written in a cursive style.

President

Two handwritten signatures in black ink, written in a cursive style, positioned side-by-side.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

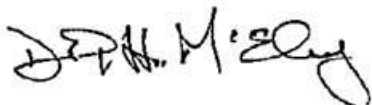
BENEFIT B-45 (Rev) ATTENDOR BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to losses of life that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Attendor Benefit. If a Repatriation of Remains benefit becomes payable under the Policy, the Company will also pay for expenses reasonably incurred for one person (referred to as the Attendor) to accompany the deceased Insured Person's remains from the place where death occurred to the deceased Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. The Company will also pay for the Attendor's lodging and meals for up to 7 days, but: (a) only while the Attendor is away from his or her place of primary residence in connection with accompanying the deceased Insured Person's remains as described above; and (b) not to exceed \$300 per day for lodging and meals.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard Group, Inc. in advance.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

BENEFIT B-46 BEDSIDE VISIT BENEFIT RIDER

This Rider is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Bedside Visit Benefit. If the Insured Person is confined to a Hospital or other medical facility for 3 days or more due to an Illness or Injury; the Company will pay for expenses reasonably incurred to bring one person chosen by the Insured Person to and from the Hospital or other medical facility where the Insured Person is confined if the place of confinement is outside a 100 mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. The Company will also pay for lodging and meals for up to 7 days for such person in the area of such place of confinement, but: (a) only while the Insured Person remains so confined; and (b) not to exceed \$200 per day for lodging and \$100 per day for meals.

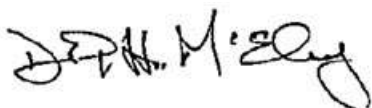
Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Travel Guard Group, Inc. in advance.

Definitions. As used in this Rider, the following terms are defined as follows:

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Illness – means any disease, sickness, or infection of an Insured Person that begins while coverage under the Rider is in force as to the Insured Person.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:

A handwritten signature in black ink, appearing to read "J. H. M. Ely".

President

A handwritten signature in black ink, consisting of two distinct, stylized marks.

Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

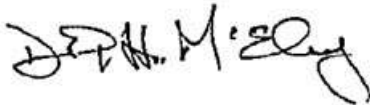
ENDORSEMENT E-2 MODIFIED PAYMENT OF CLAIMS ENDORSEMENT

This Endorsement is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to benefits payable under the Policy on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Endorsement with respect to each class of Insured Persons and each Hazard.

Modified Payment of Claims. With respect to losses suffered by Insured Persons whose permanent, current place of primary residence is outside the United States of America or Canada, the Company will pay any benefits that may become payable under the Policy to the Policyholder, who:

1. will hold such payment in trust for the sole use and benefit of the Insured Person or his or her beneficiary or other person to whom such benefits are payable (the Payee), as described in the Payment of Claims provision of the Claims Provisions section of the Policy;
2. will transmit such payment to such Payee in accordance with the Payment of Claims, Time of Payment of Claims, and Beneficiary Designation and Change provisions of the Claims Provisions and General Provisions sections of the Policy;
3. agrees that any such payment made by the Company to the Policyholder constitutes a full discharge of the Company's liability with respect to the claim for which payment is made;
4. will alone assume full responsibility for the proper application or distribution of such payment;
5. will indemnify, defend and hold harmless the Company for any claims, demands, judgments, losses, costs, expenses, liabilities and damages whatsoever, including interest, penalties and legal fees, arising from or relating in any way to such payment or to the amount, application or distribution thereof; and
6. with respect to any application or disbursement of such payment in foreign currency, will use the foreign exchange rate in effect at the Policyholder's payor bank on the date the benefits become payable to convert United States of America dollar-denominated currency into foreign currency.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038
(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: CenturyLink, Inc.
Policy Number: GTP 0009157183

ENDORSEMENT E-6

AMENDATORY ENDORSEMENT FOR DOMESTIC PARTNERS

This Endorsement is attached to and made part of the Policy effective January 1, 2020. It applies only with respect to coverage on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement.

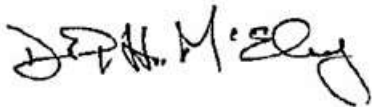
It is hereby understood and agreed that the definition of Eligible Spouse, within the Declarations Section of the Policy is deleted in its entirety and replaced with the following:

Eligible Spouse - means the Insured's legal spouse or Domestic Partner.

It is hereby understood and agreed that the following term and its accompanying definition is added to the Declaration section of the Policy:

Domestic Partner - means an opposite or a same sex partner who has met all of the following requirements for at least 12 months: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; (3) is not related by blood to the Insured to a degree of closeness that would prohibit a legal marriage; (4) is at least the age of consent in the state in which they reside; and (5) neither the Insured or Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)


Policyholder: CenturyLink, Inc.

Policy Number: GTP 0009157183

NON-AFFORDABLE CARE ACT NOTICE ENDORSEMENT

This Endorsement is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies to the coverage provided under such policy.

THIS IS A SUPPLEMENTAL POLICY THAT IS NOT INTENDED TO PROVIDE THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). UNLESS YOU HAVE ANOTHER PLAN (SUCH AS MAJOR MEDICAL COVERAGE) THAT PROVIDES MINIMUM ESSENTIAL COVERAGE IN ACCORDANCE WITH THE ACA, YOU MAY BE SUBJECT TO A FEDERAL TAX PENALTY. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

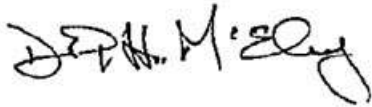
ENDORSEMENT #1

This endorsement, effective 12:01 A.M. January 1, 2020 forms a part of Policy No. GTP 0009157183 issued to CenturyLink, Inc. by National Union Fire Insurance Company of Pittsburgh, Pa.

ECONOMIC SANCTIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.



President



Secretary

**NOTICE OF
PROTECTION PROVIDED BY
LIFE AND HEALTH INSURANCE PROTECTION ASSOCIATION**

This notice provides a **brief summary** of the Life and Health Insurance Protection Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Colorado law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Colorado law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in hospital, medical and surgical insurance benefits
 - \$300,000 in disability insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in withdrawal and cash values

In general, the maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Colorado law.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association’s website www.colifega.org or contact:

*Colorado Life and Health Insurance Protection
Association
201 Robert S. Kerr Ave. Suite 600
Oklahoma City, OK 73102
1-800-337-7796*

*Colorado Division of Insurance
1560 Broadway, Suite 850
Denver, CO 80202
(303) 894-7499*

Insurance companies and agents are not allowed by Colorado law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Colorado law, then Colorado law will control.

NOTICE OF AVAILABILITY OF HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS PROVIDED TO YOU FOR INFORMATIONAL PURPOSES ONLY. YOU ARE NOT REQUIRED TO CALL OR TAKE ANY ACTION IN RESPONSE TO THIS NOTICE.

The Notice applies to the insurance products that provide payment for the cost of medical care as issued by the following companies (the “Company”):

American General Life Insurance Company¹
The United States Life Insurance Company in the City of New York
National Union Fire Insurance Company of Pittsburgh, Pa.

In accordance with the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule, we are required to notify you of the availability of our HIPAA Notice of Privacy Practices.

If you would like to receive a paper copy of the HIPAA Notice of Privacy Practices, please contact us at:

<i>HIPAA Privacy Officer</i> 2919 Allen Parkway L3-20 Houston, TX 77019 hipaaquestions@aig.com	
Phone Numbers:	
American General Life Insurance Company (AGL) and The United States Life Insurance Company in the City of New York (US Life)	1-800-231-3655
AIG Financial Network	1-800-888-2452
AIG’s Group Benefits	1-800-346-7692 please follow prompt for claims
Long Term Care	1-888-565-3769
National Union Fire Insurance Company of Pittsburgh, Pa.	1-866-244-4786

¹ This Company does not solicit business in New York.

**IMPORTANT NOTICE TO OUR CUSTOMERS
REGARDING THE
OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

The United States imposes economic sanctions against countries, groups and individuals, such as terrorists and narcotics traffickers. These sanctions prohibit US persons from dealing with these sanctioned parties. The purpose of this notice is to inform you that we cannot violate US sanctions by engaging with sanctioned countries or people.

WHAT IS OFAC?

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers
- Proliferators of Weapons of Mass Destruction

PROHIBITED ACTIVITY

- OFAC enforces certain embargoes and sanctions against designated countries. No U.S. business or person may enter into transactions involving designated "sanctioned" countries.
- OFAC publishes on its website a list known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may enter into transactions involving any person or entity named on the SDNBP list.

Additional information about OFAC Sanctions Programs and Countries can be found at:

<http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>

OBLIGATIONS PLACED ON US BY OFAC

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations, we must block or "freeze" property and payment of any funds transfers or transactions.

POTENTIAL ACTIONS BY US

1. We shall not be deemed to provide cover when it would violate any applicable sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any trade or economic sanctions, laws or regulations of the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any trade or economic sanctions, laws or regulations of the United States of America.

YOUR RIGHTS AS A POLICYHOLDER

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See

<https://www.treasury.gov/resource-center/sanctions/Pages/forms-index.aspx>

FACTS

Why?

What?

How?

WHAT DOES AMERICAN INTERNATIONAL GROUP, INC. (AIG) DO WITH YOUR PERSONAL INFORMATION?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIG chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AIG share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

For AIG Insurance Companies: Call 866-244-4786; Fax: 212-458-7081 or E-Mail: CIPrivacy@aig.com

For Pet insurance sold by AIG Insurance Companies: Call 866-937-7387 or E-Mail: CIPrivacy@aig.com

For LiveTravel, Inc., Travel Guard Group, Inc. or AIG Travel Assist, Inc.: Call 866-244-4786 or E-Mail: CIPrivacy@aig.com

Who we are

Who is providing this notice? The insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, life insurance and related services and certain marketing subsidiaries of AIG listed below.

What we do

How does AIG protect my personal information? To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.

How does AIG collect my personal information? We collect your personal information, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or give us your income information
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing? Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes— information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include the member companies of American International Group, Inc.*

Nonaffiliates Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *AIG does not share with nonaffiliates so they can market to you.*

Joint marketing A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.*

Other important information

This notice is provided by American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; AIU Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; (collectively the "AIG Insurance Companies"). This notice is also provided by certain marketing subsidiaries of AIG, including Morefar Marketing, Inc., LLC, Travel Guard Group, Inc., AIG Travel Assist, Inc. and LiveTravel, Inc. who market insurance or non-insurance products and services to consumers.

For Vermont Residents only. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents Only. We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. You may contact the applicable customer service department using the contact information above or by writing to us at Privacy Officer, 175 Water Street, 18th Floor, New York, NY 10038.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: Privacy Officer, 175 Water Street, 18th Floor, New York, NY 10038.

POLICYHOLDER NOTICE

Thank you for purchasing insurance from a member company of American International Group, Inc. (AIG). The AIG member companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG member companies to brokers and independent agents in the United States by visiting our website at www.aig.com/producer-compensation or by calling 1-800-706-3102.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Lumen Technologies Service Group, LLC
Policy Number: GTP 0009157183

BLANKET ACCIDENT INSURANCE

Policy Amendment No. 7

This Policy Amendment is attached to and made part of the Policy effective April 30, 2024 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to losses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

It is hereby understood and agreed that the references made to **Travel Guard Group, Inc.** on the **Emergency Evacuation with Family Travel Benefit Rider, Repatriation of Remains Benefit Rider, Security Evacuation Benefit Rider, Attendor Benefit Rider, Bedside Visit Benefit Rider** in the Policy is replaced with **Intl.SOS** as the recognized service provider.

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy Amendment:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Lumen Technologies Service Group, LLC
Policy Number: GTP 0009157183

BLANKET ACCIDENT INSURANCE

Policy Amendment No. 8

This Policy Amendment is attached to and made part of the Policy effective April 30, 2024 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to losses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Policy Amendment.

It is hereby understood and agreed that **Policy Amendment No. 7** is deleted in its entirety.

It is hereby understood and agreed that **Form C11931DBG Benefit B-24 Permanent Total Disability (Single Payment) Benefit Rider** is removed in its entirety and replaced with **Form C11931DBG Benefit B-24 Permanent Total Disability (Single Payment) Benefit Rider** (see attached).

Additional Premium Due: \$0.00

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Policy Amendment:



President



Secretary

Appendix B: Travel Guard Assistance



Global Travel Assistance Services

Traveling requires attention to a number of unique details. A study from the Travel Leaders Corporate survey shows that travelers' top concerns are travel logistics.¹ You are covered with business travel accident insurance along with travel assistance services to help you with travel mishaps or emergencies during your trip; this insurance coverage is provided by your employer. Whether it's a medical emergency, flight delay or lost luggage, we are here 24 hours a day, 7 days a week to support you.

For the employees of

**Lumen Technologies
Service Group, LLC**



Please detach the card below and carry it with you during the course of your trip.



Travel Guard®

EMPLOYEE ID CARD

Policyholder: Lumen Technologies Service Group, LLC
Policy Number: MTA 0009157182

Toll-Free/Free Phone (within the U.S.): **1-800-533-0699**

Collect/Reverse Charge (outside the U.S.): **+1-817-826-7051**

Email: aigtravelassistance@aig.com

aig.com/us/travelguardassistance

24/7 Assistance Services

Medical Assistance

- Medical evacuation assistance
- Hospital and provider assistance
- Emergency prescription replacement assistance
- Assistance with the renting and/or replacement of medical equipment

Travel Assistance

- Lost/stolen baggage assistance
- Lost passport/travel documents assistance
- ATM locator
- Emergency telephone interpretation coordination
- Legal/bail bond referrals
- Embassy and consulate information

Concierge Services

- Restaurant referrals and reservations
- Event ticketing
- Ground transportation coordination
- Wireless device assistance

Identity Theft Assistance²

- Account activity monitoring assistance
- Financial account investigation assistance
- Credit review and fraud detector assistance
- Social Security personal earnings and benefits statement assistance
- Collaborate with law enforcement

Assistance Website and Mobile App

- Travel Security Awareness Training - online instruction modules
- Country reports
- Travel alerts

Security Assistance

- Security evacuation assistance with on-the-ground physical response
- Security and safety advisories
- 24-hour response services to assist employees and their families during an incident
- Online access to up-to-date security intelligence

Expenses incurred from third-party vendors as well as AIG administrative case fees for assistance services not covered as part of a filed insurance plan are the responsibility of the policyholder.

To learn more or access your assistance website services, visit and download the AIG Travel assistance mobile app on Apple or Android, or visit aig.com/us/travelguardassistance

24/7 Travel Assistance Services ID Card

Contact in the event of:

- Emergencies
- Eligibility verification
- Medical evacuations
- Assistance services
- Benefit plan contact information

To access your 24/7 Assistance Services website, visit aig.com/us/travelguardassistance

or download the AIG Travel assistance app to your Apple or Android smartphone.

1. <http://www.tlcorporate.com/2017-business-trends-survey-from-travel-leaders->

2. Identity theft services are not available for residents in New York or outside the United States.

Travel assistance services are provided by AIG Travel, Inc., a member of American International Group, Inc. Travel Guard® is the marketing name for its portfolio of travel insurance solutions and travel-related services. Non-insurance services provided by AIG Travel and/or its subsidiaries offer assistance through coordination, negotiation, and consultation using an extensive network of worldwide partners. AIG Accident & Health is the marketing name for the domestic benefits division of American International Group, Inc.

Lumen Technologies Service Group, LLC is separate and unrelated entity.

All insurance products are written by insurance company subsidiaries or affiliates of American International Group, Inc.

Coverage may not be available in all jurisdictions and is subject to actual policy language.

This is a summary only of products and services offered. Actual offerings may vary by group size and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the policy terms, conditions, limitations, reductions, exclusions and termination provisions. Please see policy and certificate for details.

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AIGT-10767-18 R08/18

Appendix C: How to File a Claim



AIG Accident & Health

Out-of-Country Medical Coverage and Claims Guide

For the employees of: Lumen Technologies Service Group, LLC the Policyholder

Master Policy Number: MTA 0009157182

(underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.)

Travel Assistance Vendor: located on the travel ID card provided by your company for all business travel.

How to Report a Claim

Depending on your claim type, there are specific claim forms and reporting instructions for proper handling of your claim. AIG Claims will help to review your policy to confirm your benefits. To help expedite the claims handling process, please:

1. Contact AIG Claims at MTAClaimsSubmissions@aig.com to both obtain and submit the appropriate claim form.
2. AIG Claims will help you complete the claim form in its entirety.
3. Submit your completed and signed claim form with all required information and attachments, if applicable, including the Master Policy number shown above.

Call: **+1 913-495-6520** Collect/Reverse Charge (outside the U.S., Canada and Puerto Rico) or **800-551-0824** Toll-Free (within the U.S., Canada and Puerto Rico)

Note: if this number is called outside of the United States, the U.S. country code (+1) is required. The caller will be charged international rates.

If additional information is required to process your claim, the assigned AIG Claims examiner will contact you by phone or written correspondence.

How do I request a Travel Visa Letter prior to my business trip for countries that require a Hard Copy or a Raised Seal?

Although the visa letter requirements for most countries are met by the fillable template provided separately, some countries require a hard copy or a raised seal. To request a travel visa letter in that instance, be sure to email the following information to aigtravelassistance@aig.com:

- First and last name as shown on your passport
- Passport number
- Destination (country)
- Dates of travel
- Home or Company address if original certificate must be mailed in that country
- Phone number

Out-of-Country Medical Expense Coverage

As part of your company's business travel accident program, you also have out-of-country medical expense coverage. If you suffer a covered injury or contract an emergency sickness that requires you to be treated by a physician while traveling outside of your country of permanent residence during any trip as defined by the policy, the company will pay the usual and customary charges incurred for covered medical services received due to that injury or emergency sickness up to the benefit maximum. This benefit is payable for such charges after the deductible has been met.

Benefit Maximum: \$250,000.00

Deductible: \$0.00

Benefit period: 52 weeks

Maximum Trip Length: 365 days

What's Covered

Covered out-of-country medical service(s) refers to any of the following services, as long as the service is medically necessary as defined in the Policy:

1. Hospital semi-private room and board (or, when medically necessary, room and board in an intensive care or cardiac care unit); hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an ambulatory medical center;
2. Services of a physician or registered nurse;
3. Ambulance service to or from a hospital;
4. Laboratory tests;
5. Radiological procedures;
6. Anesthetics and the administration of anesthetics;
7. Blood, blood products, and artificial blood products, and the transfusion thereof; physical therapy and occupational therapy;
8. Rental of durable medical equipment;
9. Artificial limbs, artificial eyes, or other prosthetic appliances; or
10. Medicines or drugs administered by a physician or that can be obtained only with a physician's written prescription.

Questions and Answers

What happens if I become hospitalized while on a business trip?

Contact your travel assistance provider who will assist you with admission to the hospital and guarantee of payment. The Policy provides an emergency medically necessary expense benefit for Injury or sickness when traveling on a business trip. This medical expense benefit only applies when traveling on business outside of your Home Country (Country of Permanent Residence) or Country of Permanent Assignment. It is not for routine physicals or Expats when in their country of permanent assignment.

Does the insurance cover pregnancies?

The AIG Business Travel Accident Program covers any medical emergency from a pregnancy including a delivery on a business trip when traveling outside of your Home Country (Country of Permanent Residence) or Country of Permanent Assignment. Coverage is not provided for routine prenatal care in the absence of an emergency injury or sickness as defined in the Policy. The baby (the baby must be an insured dependent of the employee or an insured person in the AIG Business Travel Accident Program) would be covered under the policy. You should check with your physician prior to leaving on a business trip for his/her approval to travel.

What happens if an Employee requires ongoing treatment not an emergency sickness during business trip outside Home Country due to a pre-existing medical condition (i.e. chemo or radiation)? Is there coverage in the policy?

Coverage would only be provided in the event of a covered emergency injury or sickness as defined in the policy that requires treatment by a physician. Coverage is not provided for ongoing treatment of preexisting conditions in the absence of an emergency injury or sickness as defined in the Policy.

What happens if an Employee becomes sick on a business trip due to a pre-existing medical condition (i.e. Cancer or Heart Attack)? Do they have coverage outside Home Country in the Policy?

Coverage would be provided for emergency sickness or injuries as provided in the Policy.

Disclaimer: The Questions and Answers provide only a brief summary of some coverages under the Master Policy. If there is any discrepancy between this document and the Master Policy, the Policy will govern in all cases. All claims are subject to review by AIG Claims for determination of payment.

All claims processed are subject to verification of coverage and benefits as indicated in the policy. Payment of claim by another provider does not guarantee payment by the AIG Companies.

This is a partial summary only of the insurance benefits and services included. All insurance benefits are subject to the policy terms, conditions, limitations, reductions, exclusions and termination provisions. Please see policy for details. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all jurisdictions and is subject to actual Policy language. For additional information, please visit our website at www.aig.com.

Lumen Technologies Service Group, LLC (and all of its subsidiaries and affiliates) is a separate entity from, and is unrelated entity to, the insurance provider.