

Benefit Change Notice to Your Critical Illness Insurance

March 1, 2020



ATTENTION PLAN MEMBER:

We are pleased to announce that we have made improvements to your Group Critical Illness policy.

The impact of a critical illness diagnosis can be devastating to your employees. Based on feedback from our clients, we have developed the following improvements:

Effective March 1, 2020 your critical illness policy includes the following upgrades:

- Claim payments under Alzheimer's and Parkinson's Disease will be based on date of diagnosis rather than on activities of daily living. This means a claim can be paid earlier to assist you with the changes you could face as a result of these diagnoses.
- Multiple Sclerosis definition has been simplified to ease the claims process.
- We have expanded our definition of Heart Attack to include less severe occurrences.
- The Second Event Benefit no longer requires that the first event be either Cancer or a cardiovascular condition.

All claims with a diagnosis date of March 1, 2020 or later will be adjudicated based on the revisions noted above.

Revised Definitions

Alzheimer's Disease means a progressive degenerative disease of the brain. The diagnosis must be supported by medical evidence that the Insured exhibits the loss of intellectual capacity resulting in impairment of their memory and judgment, which results in a significant reduction in their mental and social functioning. All other dementing organic brain disorders and psychiatric illnesses are excluded from this Insured Condition definition.

Parkinson's Disease means unequivocal diagnosis of primary idiopathic Parkinson's Disease resulting in signs of progressive impairment.

Multiple Sclerosis means the diagnosis using the most recent McDonald criteria.

Heart Attack means a definite death of heart muscle due to obstruction of blood flow that results in the rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following: heart attack symptoms; or new electrocardiogram (ECG) changes consistent with a heart attack; or development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Second Event Benefit

If a Critical Illness Diagnosis Benefit has been paid and the insured is thereafter considered (by the treating physician) fully recovered and not actively receiving treatment (treatment does not include preventive medications and follow up visits to the doctor) and has returned to work for a period of at least 90 days and is then diagnosed with another insured condition, we will pay the Second Event Benefit amount stated in the policy.

The Second Event Benefit is subject to the insured surviving 30 days after the diagnosis.

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An eligible insured condition under the Second Event Benefit, cannot be the same insured condition or in the same category of insured conditions for which a payment has already been made under first Critical Illness Diagnosis Benefit cannot be related to or caused by the first Critical Illness Diagnosis.

Conditions that are deemed in the same category are, Cardiovascular condition (defined as Heart Attack, Stroke, Coronary Artery Bypass, Aorta Surgery or Heart Valve Replacement)

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