

**Business Travel Accident
Insurance Certificate**

Hanford Employee Welfare Trust
Class 1

**ACCIDENT ONLY
CERTIFICATE OF INSURANCE**

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 Chestnut Street, Philadelphia, PA 19192
A Stock Insurance Company

Policy Effective Date: June 1, 2003

We, the Life Insurance Company of North America, have issued Blanket Accident Policy No. **ABL 980009** to the Policyholder:

Hanford Employee Welfare Trust

We certify that you are covered by the Blanket Policy while you are a member of the classes of the Policyholder, as described:

Class 1 All active, full-time union Employees of the Employer working work a minimum of 20 hours per week.

Your coverage will begin on the later of: (1) the effective date shown above; and (2) the date you entered the class described above. Your coverage will end on the date that: (1) you are no longer in the class described above; or (2) the Blanket Policy is terminated. Termination will not affect a claim for a loss which occurs while you are covered by the Blanket Policy.

Your coverage is described in this Certificate. You should read it with care so you will understand your coverage. This is not the insurance contract. The Blanket Policy is the only contract under which benefits are paid. You may examine it at the office of the Policyholder.



Matthew G. Manders, President

SCOPE OF COVERAGE

We will pay the benefits described in this Certificate only for the types of accidents described in Schedule IV of the policy. A copy of this schedule is attached. **The policy covers accidents only. It does not pay benefits for loss caused by sickness. Please read your Certificate with care.**

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SCHEDULE OF BENEFITS

Plan Effective Date: January 1, 2009

Your benefit amounts are shown below. If no benefit amount is shown, then you are not covered for that benefit.

Class 1:	Coverage A:	Accidental Death And Dismemberment Benefit Principal Sum: Two times Base Earnings, subject to a Minimum Benefit of \$50,000 and a Maximum Benefit of \$250,000
	Coverage B:	Permanent Total Disability Benefit Maximum Amount: N/A
	Coverage C:	Total Disability Weekly Benefit Weekly Benefit: N/A Maximum Period: N/A Waiting Period: N/A
	Coverage D:	Medical Expense Benefit Maximum Amount: N/A Deductible: N/A

Applicable Hazards: 2201, 2215, 2225, 2229, 2231

Class 1 is not covered for Coverages B, C and D.

“Base earnings,” as used above, means:

An Employee's annual earnings for normal work established by the Subscriber for his job classification, excluding commissions, bonuses or overtime.

Total Limit of Liability - We will not pay more than \$1,250,000 per accident.

If, but for this provision, we would pay more than this amount, then the benefits we will pay to each covered person will be reduced in the same proportion, so that the total amount we will pay is the maximum amount shown above.

DESCRIPTION OF COVERAGE

Coverage A: Accidental Death And Dismemberment Benefit--We will pay this benefit if:

- a) a person is injured by one of the types of accidents described in Schedule IV, which happens while he is covered by this policy; and
- b) he suffers one of the losses listed below as a direct result of the injuries, and from no other cause, within a year of the accident.

The amount of this benefit is shown in the table below. The Principal Sum is shown on Schedule II.

Loss	Benefit
Life.....	The Principal Sum
Two or More Members	The Principal Sum
One Member	One-half the Principal Sum
Thumb and Index Finger of the Same Hand.....	One-fourth the Principal Sum

"Member" means hand, foot or eye. Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of an eye means total, irrecoverable loss of sight in the eye. Loss of a thumb and index finger means severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). (In South Carolina, loss of four whole fingers of one hand shall be deemed the loss of a hand; in California, loss of at least one whole phalanx of both a thumb and index finger of the same hand shall be deemed loss of a thumb and index finger.)

If a covered person suffers more than one loss from an accident, we will only pay for the loss with the larger benefit.

Coverage B: Permanent Total Disability Benefit--We will pay this benefit if:

- a) person is injured by one of the types of accidents described in Schedule IV, which happens while he is covered for this benefit, and
- b) he becomes totally disabled as a direct result, and from no other cause, within 30 days after the accident; and
- c) he remains totally disabled for 12 straight months; and
- d) he is then permanently and totally disabled.

The amount of this benefit is the amount shown on Schedule II, minus any amounts we have paid under Coverage A for the accident.

If the amount shown on Schedule II is a periodic amount, then we will pay this amount until:

- a) the covered person dies, or is no longer permanently and totally disabled; or
- b) the total we have paid for the accident under Coverages A and B is the Principal Sum shown on Schedule II.

A person will be deemed "totally disabled" if he can not do at all the substantial and material duties of his type of work. He will be deemed "permanently and totally disabled" if he is not able to do any work for which he is or may become qualified by reason of his education, experience or training; and if he is not expected to be able to do any such work for the rest of his life.

DESCRIPTION OF COVERAGE (continued)

Coverage C: Total Disability Weekly Benefit--We will pay this benefit if:

- a) a person is injured by one of the types of accidents described in Schedule IV, which happens while he is covered for this benefit; and
- b) he becomes totally disabled as a direct result of the injuries, and from no other cause, within 30 days after the accident.

The amount of this benefit is shown on Schedule II. This benefit will begin on the first day after the end of the Waiting Period (shown on Schedule II). We will pay this benefit until:

- a) the covered person dies, or is no longer totally disabled; or
- b) we have paid this benefit for the Maximum Period shown on Schedule II; or
- c) the covered person qualifies for benefits under Coverage A or B.

A covered person will be deemed "totally disabled" if:

- a) During the Waiting Period, and for the next 12 months after that, if he can not do at all the substantial and material duties of his type of work.
- b) After that, if he can not do at all any work for which he is or may become qualified by reason of his education, experience, or training.

Coverage D: Medical Expense Benefit--If a person is injured by one of the types of accidents described in Schedule IV, which happens while he is covered for this benefit, then we will pay this benefit for the services listed below, which he needs as a direct result of the injury, and from no other cause, within a year of the accident:

- a) Stays in a hospital.
- b) Medical or surgical treatment by a doctor.
- c) The services of licensed or graduate nurses.
- d) X-ray examinations.
- e) Professional ambulance service from the scene of the accident to the nearest hospital.

The treatment must begin not more than 60 days after the accident.

The amount of this benefit will be the actual cost of these services, minus the deductible amount (if any) shown on Schedule II. The deductible must be satisfied once for each accident.

This benefit will be reduced to the extent that benefits are payable for the medical services under: (i) any employer sponsored health care plan; or (ii) any government program or any law, including any Worker's Compensation law.

We will not pay more than the maximum amount shown on Schedule II, for all medical treatment needed as a result of any one accident.

EXCLUSIONS

We will not pay benefits for loss caused by or resulting from:

- a) Suicide, attempted suicide, or whenever a covered person injures himself on purpose, while sane or insane. (In Missouri only, this does not apply if he was insane.)
- b) War or acts of war, whether or not declared; except to the extent that it is provided for in Schedule IV-W or IV-H.
- c) An Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days.
- d) Taking part in a felony.
- e) Travel or flight in any spacecraft; or flight in any aircraft, except to the extent that this hazard is provided for by name in Schedule IV.
- f) Any bacterial infection that was not caused by an accidental cut, wound or food poisoning.

This is an accident only policy. We will not pay benefits for loss caused by or resulting from illness, disease, or bodily infirmity.

Policyholder: Hanford Employee Welfare Trust

Schedule Date: January 1, 2009

Part of Policy No. ABL 980009

Applies To Class: 1

**SCHEDULE IV
HAZARDS INSURED AGAINST**

AIRLINES (Business Travel Only)

We will pay the benefits described in the policy for any of the types of accidents described below, which occur:

- a) while the covered person is traveling on business for you; and
- b) in the course of your business.

All such trips must be authorized by you.

A. Travel In An Aircraft--We will pay benefits for injuries caused by an accident which happens while a covered person is riding only as a passenger in, or getting on or off of, an airplane flown by a duly established airline on any scheduled, special, or chartered trip.

B. Travel To And From The Airport--We will pay benefits for injuries caused by an accident which happens while a covered person is riding only as a passenger in, or getting in or out of:

- a) a land vehicle licensed to carry passengers for hire; and
- b) while traveling to or from the airport; and
- c) right before departure or after arrival of a flight which would be covered under Section A (above).

C. Being Struck By An Aircraft--We will pay benefits for injuries which occur as a result of a covered person being struck by any aircraft, while at the airport right before departure or after arrival of a flight which would be covered under Section A (above).

D. Exposure And Disappearance--We will pay benefits for injuries caused by exposure to the elements, after the forced landing, stranding, sinking, or wrecking of an aircraft in which the covered person was riding, in the course of a trip which would be covered under Section A (above).

A covered person will be presumed to have died, for purposes of this coverage, if:

- a) he is in an aircraft which disappears, sinks, or is stranded or wrecked, in the course of a trip which would be covered under Section A (above); and
- b) his body is not found within a year of the accident.

Unless otherwise provided, we will pay benefits only once for any one covered loss, even if it was caused by more than one covered hazard.

Policyholder: Hanford Employee Welfare Trust

Schedule Date: January 1, 2009

Part of Policy No. ABL 980009

Applies To Class: 1

**SCHEDULE IV
HAZARDS INSURED AGAINST**

AIRLINES, MILITARY AIRLINES, AND PUBLIC CONVEYANCES (Business Travel Only)

We will pay the benefits described in the policy for any of the types of accidents described below, which occur:

- a) while the covered person is traveling on business for you; and
- b) in the course of your business.

All such trips must be authorized by you.

A. Travel In An Aircraft--We will pay benefits for injuries caused by an accident which happens while a covered person is riding only as a passenger in, or getting on or off of:

- a) an aircraft flown by an airline licensed to carry passengers for hire; or
- b) a military aircraft flown by the U.S. Military Airlift Command (MAC), or a similar air transport service of another country.

We will also pay benefits if a covered person has to make a parachute jump from such an aircraft to save his life.

B. Travel In Public Conveyances--We will pay benefits for injuries caused by an accident which happens while a covered person is riding only as a passenger in, or getting on or off of, a public conveyance licensed to carry passengers for hire.

C. Being Struck By A Public Conveyance--We will pay benefits for injuries which occur as a result of a covered person being struck by any public conveyance licensed to carry passengers for hire, or by any aircraft.

D. Exposure And Disappearance--We will pay benefits for injuries caused by exposure to the elements, after the forced landing, stranding, sinking, or wrecking of a vehicle in which the covered person was riding, in the course of a trip which would be covered by the policy.

A covered person will be presumed to have died, for purposes of this coverage, if:

- a) he is in a vehicle which disappears, sinks, or is stranded or wrecked, in the course of a trip which would be covered by the policy; and
- b) his body is not found within a year of the accident.

Unless otherwise provided, we will pay benefits only once for any one covered loss, even if it was caused by more than one covered hazard.

Policyholder: Hanford Employee Welfare Trust

Schedule Date: January 1, 2009

Part of Policy No. ABL 980009

Applies To Class: 1

**SCHEDULE IV
HAZARDS INSURED AGAINST**

PRIVATE PASSENGER CAR (Business Travel Only)

We will pay the benefits described in the policy for any of the types of accidents described below, which occur:

- a) while the covered person is traveling on business for you; and
- b) in the course of your business.

All such trips must be authorized by you.

A. Travel In A Private Passenger Car--We will pay benefits for injuries caused by an accident which happens while a covered person is driving or riding in a private passenger car.

We will not pay benefits if:

- a) the car was being used as a taxicab, bus, or other public conveyance; or
- b) the covered person was driving for pay or hire; or
- c) the covered person was taking part in a race or speed contest.

B. Being Struck By An Automobile--We will pay benefits for injuries which occur as a result of a covered person being struck by an automobile.

Unless otherwise provided, we will pay benefits only once for any one covered loss, even if it was caused by more than one covered hazard.

Policyholder: Hanford Employee Welfare Trust

Schedule Date: January 1, 2009

Part of Policy No. ABL 980009

Applies To Class: 1

**SCHEDULE IV
HAZARDS INSURED AGAINST**

24 HOUR COVERAGE WHILE TRAVELING ON BUSINESS AWAY FROM THE PREMISES OF THE POLICYHOLDER (Owned Aircraft Not Covered)

We will pay the benefits described in the policy for any accident which occurs anywhere in the world while a covered person, on a business trip, is traveling or making a short stay:

- a) away from your premises in his city of permanent assignment; and
- b) on business for you, and in the course of your business.

All such trips must be authorized by you.

This coverage does not include:

- a) commuting between the covered person's home and place of work; or
- b) during personal deviations made by the covered person.

"Personal deviation" as used here, means an activity that is not reasonably related to your business, and not incidental to the business trip.

This coverage will start at the actual start of a trip. It does not matter whether the trip starts at the covered person's home, place of work, or other place. This coverage will end when the covered person:

- a) arrives at his home or place of work, whichever happens first; or
- b) makes a personal deviation.

If a covered person travels to another city, and is expected to remain there for more than 60 days, this shall be deemed a change in his city of permanent assignment.

Exposure And Disappearance--This coverage includes exposure to the elements, after the forced landing, stranding, sinking, or wrecking of a vehicle in which the covered person was traveling on business for you.

A covered person will be presumed to have died, for purposes of this coverage, if:

- a) he is in a vehicle which disappears, sinks, or is stranded or wrecked, in the course of a trip which would be covered by the policy; and
- b) his body is not found within a year of the accident.

Aircraft Restrictions--If the accident happens while a covered person is riding in, or getting on or off of, an aircraft, we will pay benefits, but only if:

- a) he is riding as a passenger only, and not as a pilot or member of the crew; and
- b) the aircraft has a valid certificate of airworthiness; and
- c) the aircraft is flown by a pilot with a valid license; and
- d) the aircraft is not being used for: (i) crop dusting, spraying, or seeding; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing, endurance tests, stunt or acrobatic flying; or (ii) any operation which requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).

Owned Aircraft Not Covered--We will not pay benefits if the aircraft is owned, leased or controlled by you, or any of your subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by you if you may use it as you wish for more than 10 straight days, or more than 15 days in any year.

Unless otherwise provided, we will pay benefits only once for any one covered loss, even if it was caused by more than one covered hazard.

Policyholder: Hanford Employee Welfare Trust

Schedule Date: January 1, 2009

Part of Policy No. ABL 980009

Applies To Class: 1

**SCHEDULE IV
HAZARDS INSURED AGAINST**

24 HOUR COVERAGE--FOREIGN BUSINESS TRAVEL

We will pay the benefits described in the policy for any accident which occurs while a covered person is traveling or making a short stay:

- a) outside of the United States (including Alaska and Hawaii); and
- b) on business for you, and in the course of your business.

All such trips must be authorized by you.

This coverage does not include:

- a) commuting between the covered person's home and place of work; or
- b) personal deviations by the covered person.

"Personal deviation," as used here, means an activity that is not reasonably related to your business, and not incidental to the business trip.

This coverage will start at the actual start of a trip. It does not matter whether the trip starts at the covered person's home, place of work, or other place. This coverage will end when the covered person:

- a) arrives at his home or place of work, whichever happens first; or
- b) makes a personal deviation.

Exposure And Disappearance--This coverage includes exposure to the elements, after the forced landing, stranding, sinking, or wrecking of a vehicle in which the covered person was traveling on business for you, outside of the United States.

A covered person will be presumed to have died, for purposes of this coverage, if:

- a) he is in a vehicle which disappears, sinks, or is stranded or wrecked, in the course of a trip which would be covered by the policy; and
- b) his body is not found within a year of the accident.

Aircraft Restrictions--If the accident happens while a covered person is riding in, or getting on or off of, an aircraft, we will pay benefits, but only if:

- a) he is riding as a passenger only, and not as a pilot or member of the crew; and
- b) the aircraft has a valid certificate of airworthiness; and
- c) the aircraft is flown by a pilot with a valid license; and
- d) the aircraft is not being used for: (i) crop dusting, spraying, or seeding; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing, endurance tests, stunt or acrobatic flying; or (ii) any operation which requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).

Unless otherwise provided, we will pay benefits only once for any one covered loss, even if it was caused by more than one covered hazard.

LIFE INSURANCE COMPANY OF NORTH AMERICA

EXTENDED COVERAGE RIDER

This rider amends the policy or certificate to which it is attached. It is in force only while the policy is in force.

All reference to employee age limitations in the Eligibility and Termination provisions are deleted. In return for the premium, the following benefit is added.

We will pay benefits for loss resulting from a covered accident for an employee age 65 and over as follows:

The Principal Sum will be reduced by 8% at age 65 and annually thereafter on the Employee's date of birth. Reductions will continue until the Principal Sum equals 50% of the Employee's Base Earnings on the day before his or her 65th birthday.

Eligibility for conversion will continue to end at age 70.

Premiums are based on the Principal Sum prior to the reduction outlined above.

"The Principal Sum" is stated elsewhere in the Policy.

Except for the above, this rider does not change the policy in any way.

LIFE INSURANCE COMPANY OF NORTH AMERICA

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive, flowing style.

Matthew G. Manders, President

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

This rider is attached to and made a part of Group Policy No.: ABL 980009
A contract between the Company and

Hanford Employee Welfare Trust

(herein called the Policyholder)

Effective Date: January 1, 2009

The Company and the Policyholder hereby agree that the Policy is delivered under the Policy is amended as follows:

The following provisions have been added:

Termination - An Employee's coverage will end when such Employee is on an Employer approved family or medical leave of absence.

Reinstatement - An Employee's coverage may be reinstated if such Employee's coverage ended due to being on an Employer approved family or medical leave provided:

- 1) the Policy is still in force;
- 2) the Employee is in a class of eligible persons; and
- 3) the required premium is paid.

The Effective Date of the reinstated coverage will be the date the Employee returns to a class of eligible persons.

This rider terminates at the same time as the Policy to which it is attached. Except for the above, this rider does not change the Policy in any way.

LIFE INSURANCE COMPANY OF NORTH AMERICA



Matthew G. Manders, President

PAYMENT OF CLAIMS

Claim Procedures: Notice of Claim--If any covered loss occurs or begins, you must send us written notice within 30 days, or as soon after that as is reasonably possible. This notice should state his name and the policy number. This notice should be sent to us at our home office, or to an agent authorized by us. We will then send you claim forms.

Claim Procedures: Proof Of Loss--The claim forms must be sent back to us no more than 90 days after a covered loss occurs or ends, or as soon after that as is reasonably possible. If we have not provided claim forms within 15 days after the notice of claim, you should send us other proof of loss by the date claim forms would be due. This proof of loss should include written proof of the occurrence, type and amount of loss.

Payment Of Claims: When Paid--Claims will be paid as soon as we receive due proof of loss. If a claim covers benefits for more than 4 weeks, we will pay all amounts due at the end of each 4 weeks. If there are any benefits due at the end of the period claimed, we will pay them as soon as we receive due proof of loss.

Payment Of Claims: Accidental Death Benefits--Benefits paid on account of your death will be paid to the beneficiary you have chosen. This choice must be in writing and filed with us; or filed with the Policyholder, if we have agreed in advance.

If you have not chosen a beneficiary, or if there is no beneficiary alive when you die, we will pay this benefit:

- 1) to your spouse, if living.
- 2) If not, in equal shares to your living children.
- 3) If there are none, in equal shares to your living parents.
- 4) If there are none, in equal shares to your living brothers and sisters.
- 5) If there are none, to your estate.

Instead of a lump sum payment, you (while you are living) or your beneficiary (after your death) may choose installment payments from one of the settlement options we are then offering.

Payment Of Claims: Other Benefits--All other benefits will be paid to you, if you are living. If not, we will pay your beneficiary or your estate.

Selection Or Change Of Beneficiary; Assignment-- You have the right to select or change the beneficiary. You do not need the consent of the beneficiary to make such a change, to assign your rights or benefits, or to change your coverage. We will not be bound by an assignment, or by a selection or change of beneficiary, until we receive a signed copy of it. We are not responsible for its validity or sufficiency.

Physical Examination And Autopsy-- At our expense, we may have a person claiming benefits examined as often as reasonably necessary while a claim is pending. We may also make an autopsy in case of death where it is not forbidden by law.

Legal Actions-- No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (Kansas: 5 years; South Carolina: 6 years) after the date claim forms are due.

GENERAL PROVISIONS

Entire Contract; Changes--This policy (including the endorsements and attached papers) is the entire contract. Your application, and the applications of persons for coverage (if any), are not a part of this policy; we may not use any statement contained in them to contest this policy or deny a claim. No change in this policy is valid unless it has been approved by one of our executive officers. This approval must be attached to or endorsed on this policy. No agent may change this policy or waive any provision.

Termination Of The Policy--You may terminate this policy at any time on or after the first anniversary of its effective date, by sending us written notice. The policy will be terminated on the date that we receive your notice, or later if you so specify. We will return pro rata the unearned portion (if any) of the premiums that were paid.

We may terminate this policy as of any anniversary of its effective date, by sending you at least 31 days' written notice to your most recent address in our records. This policy will also be terminated if renewal premiums are not paid by the end of the 31 day grace period.

Termination will not affect a claim for a loss which occurs while this policy is in force.

Premiums Subject To Change--We may change the premium rates as follows:

- a) When a class of persons is made eligible or not eligible; or
- b) When it is required by the experience of the risk, or by a change in our tables of rates for a risk. In this case, a rate change will go into effect on the next policy anniversary.

We may only change premium rates if we give you at least 31 days' written notice.

Physical Examinations And Autopsy--At our expense, we may have a person claiming benefits examined as often as reasonably necessary while a claim is pending. We may also make an autopsy in case of death where it is not forbidden by law.

Legal Actions--No one may sue for benefits less than 60 days after due proof of loss is submitted, nor more than 3 years (Kansas: 5 years; South Carolina: 6 years) after the date claim forms are due.

Conformity With State Law--If any part of this policy conflicts with the law of the state of delivery on the date that the policy goes into effect, then this policy is amended to meet the minimum requirements of such law.

Records Maintained; Examination And Audit--You or your agent shall keep records showing the essential facts of each person's coverage. We may examine these records at any time that this policy is in force, within 3 years after this policy is terminated, or later if claims are still pending.

Not In Lieu Of Worker's Compensation--This policy is not in lieu of and does not affect requirements for coverage under any Worker's Compensation law.

Certificates Of Insurance--If required by state law, we will give you or your agent certificates of insurance. These will contain the major provisions of this policy, and will state to whom benefits are payable. These shall be issued to all covered persons.

Examination Of The Policy--This policy shall be available for inspection by covered persons during business hours at your office or the office of the administrator.

UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
a CIGNA company



CLASS 1
6/2010