



Metropolitan Life Insurance Company
New York, New York

CERTIFICATE OF INSURANCE

FACE PAGE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this certificate, subject to the provisions of this certificate. This certificate is issued to You under the Group Policy and it includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.**

The Group Policy is a contract between MetLife and the Policyholder. It may be changed or ended without Your consent or notice to You.

Policyholder:	Edward D. Jones & Co, L.P.
Group Policy Number:	233834-BTA
MetLife Toll Free Number(s): For Claim Information	1-833-711-1375, Prompt 5
Type of Insurance	Business Travel Accidental Death and Dismemberment Insurance
Effective Date of Insurance:	January 1, 2022
Dependent Insurance Included	Yes

THIS CERTIFICATE DESCRIBES BUSINESS TRAVEL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE. THE INSURANCE DESCRIBED DOES NOT PROVIDE BENEFITS FOR LOSS CAUSED BY SICKNESS.

If You or a Dependent sustain an accidental bodily injury in a Covered Accident which is the Direct and Sole Cause of a Covered Loss described in the SCHEDULE OF BENEFITS, Proof of the accidental bodily injury and Covered Loss must be sent to Us. When We receive the Proof, We will review the claim and if We approve it, We will pay the insurance for which You were insured on the date and time of the Covered Accident within 30 days of Our receipt of such Proof. This insurance is subject to all the terms and exclusions set forth in this certificate.

If an injury would otherwise be considered an accidental bodily injury, We will not deny benefits for the accidental bodily injury solely because You sustain it as a result of an action taken in an effort to save life or avoid injury.

NOTICE FOR RESIDENTS OF TEXAS

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Metropolitan Life Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: Corporate Consumer Relations Department at 1-800-438-6388

Toll-free: 1-800-438-6388

Email: Johnstown_Complaint_Referrals@metlife.com

Mail: Metropolitan Life Insurance Company
700 Quaker Lane
2nd Floor
Warwick, RI 02886

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Metropolitan Life Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

GCERT-TX-NOTICE 2020

Llame a: Departamento de Relaciones Corporativas del Consumidor al 1-800-438-6388

Teléfono gratuito: 1-800-438-6388

Correo electrónico: Johnstown_Complaint_Referrals@metlife.com

Dirección postal: Metropolitan Life Insurance Company
700 Quaker Lane
2nd Floor
Warwick, RI 02886

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

NOTICE FOR RESIDENTS OF ALL STATES

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

NOTICE FOR RESIDENTS OF ARKANSAS

If you have a question concerning your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, you still have a concern, you may call the toll free telephone number shown on the Certificate Face Page.

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

Arkansas Insurance Department
Consumer Services Division
1 Commerce Way, Suite 102
Little Rock, Arkansas 72202

NOTICE FOR RESIDENTS OF IDAHO

If You have a question concerning Your coverage or a claim, first contact the Policyholder or group account administrator. If, after doing so, You still have a concern, You may call the toll free telephone number shown on the Certificate Face Page.

If You are still concerned after contacting both the Policyholder and MetLife, You should feel free to contact:

Idaho Department of Insurance
Consumer Affairs
700 West State Street, 3rd Floor
PO Box 83720
Boise, Idaho 83720-0043

1-800-721-3272 (for calls placed within Idaho) or 208-334-4250 or www.DOI.Idaho.gov

NOTICE FOR RESIDENTS OF INDIANA

Questions regarding your policy or coverage should be directed to:

Metropolitan Life Insurance Company

1-800-638-5433

If you (a) need the assistance of the government agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance

Consumer Services Division

311 West Washington Street, Suite 300

Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaint can be filed electronically at www.in.gov/doi

NOTICE FOR RESIDENTS OF NEW MEXICO

Consumer Complaint Notice

If You are a resident of New Mexico, Your coverage will be administered in accordance with the minimum applicable standards of New Mexico law. If You have concerns regarding a claim, premium, or other matters relating to this coverage, You may file a complaint with the New Mexico Office of Superintendent of Insurance (OSI) using the complaint form available on the OSI website and found at: <https://www.osi.state.nm.us/ConsumerAssistance/index.aspx>.

NOTICE FOR RESIDENTS OF MINNESOTA, MONTANA, NEW MEXICO AND WASHINGTON

The Definition Of Child Is Modified For The States as Listed Below:

For Minnesota Residents

The term also includes Your grandchildren who are financially dependent upon You and reside with You continuously from birth. The age limit for children and grandchildren will not be less than 25 regardless of the child's or grandchild's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a Child under this insurance.

For Montana Residents

The term also includes newborn infants of any person insured under this certificate. The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status. Your natural child, adopted child or stepchild under age 25 will not need to be supported by You to qualify as a child under this insurance.

For New Mexico Residents

The age limit for children will not be less than 25, regardless of the child's student status or full-time employment status.

For Washington Residents

The age limit for children will not be less than 26, regardless of the marital status, student status, or full-time employment status. Your natural child, adopted child or stepchild under age 26 will not need to be supported by You to qualify as a Child under this insurance.

NOTICE FOR RESIDENTS OF UTAH

Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Utah 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, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - o \$500,000 in death benefits
 - o \$200,000 in cash surrender or withdrawal values
- Health Insurance
 - o \$500,000 in hospital, medical and surgical insurance benefits
 - o \$500,000 in long-term care insurance benefits
 - o \$500,000 in disability income insurance benefits
 - o \$500,000 in other types of health insurance benefits
- Annuities
 - o \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. 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 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. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 31A, Chapter 28.

Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.utlifega.org or contact:

Utah Life and Health Insurance Guaranty Assoc.
60 East South Temple, Suite 500
Salt Lake City UT 84111
(801) 320-9955

Utah Insurance Department
3110 State Office Building
Salt Lake City UT 84114-6901
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.

CIVIL UNION NOTICE FOR RESIDENTS OF VERMONT

Vermont law provides that the following definitions apply to Your certificate:

- 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 Civil Union established according to Vermont law.
- 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 Civil Union established according to Vermont law.
- 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 Civil Union established according to Vermont law.
- "Dependent" includes a spouse, a party to a Civil Union established according to Vermont law, and a child or children (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.
- "Child" includes a child (natural, stepchild, legally adopted or a minor or disabled child who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a Civil Union established according to Vermont law.
- "Civil Union" means a civil union established pursuant to Act 91 of the 2000 Vermont Legislative Session, entitled "Act Relating to Civil Unions".

All references in this notice to Civil Unions are limited to Civil Unions in which the parties are residents of Vermont.

If dependent insurance for a spouse and/or child is not provided under Your certificate, such insurance is not added by virtue of this notice.

For purposes of dependent insurance, any person who meets the definition of "dependent" as set forth in this notice is required to meet all other applicable requirements in order to qualify for such insurance.

This notice does not limit any definitions or terms included in Your certificate. It broadens definitions and terms only to the extent required by Vermont law.

DISCLOSURE:

Vermont law grants parties to a Civil Union the same benefits, protections and responsibilities that flow from marriage under state law. However, some or all of the benefits, protections and responsibilities related to life and health insurance that are available to married persons under federal law may not be available to parties to a Civil Union. For example, a federal law, the Employee Retirement Income Security Act of 1974 known as "ERISA", controls the employer/employee relationship with regard to determining eligibility for enrollment in private employer benefit plans. Because of ERISA, Act 91 does not state requirements pertaining to a private employer's enrollment of a party to a Civil Union in an ERISA employee benefit plan. However, governmental employers (not federal government) are required to provide life and health benefits to the dependents of a party to a Civil Union if the public employer provides such benefits to dependents of married persons. Federal law also controls group health insurance continuation rights under "COBRA" for employers with 20 or more employees as well as the Internal Revenue Code treatment of insurance premiums. As a result, parties to a Civil Union and their families may or may not have access to certain benefits under this notice and the certificate to which it is attached that derive from federal law. You are advised to seek expert advice to determine Your rights under this notice and the certificate to which it is attached.

NOTICE FOR RESIDENTS OF WISCONSIN

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

MetLife

Attn: Corporate Consumer Relations Department

P.O. Box 789

Johnstown, Pennsylvania 15904

1-800-638-5433

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can file a complaint electronically with the **OFFICE OF THE COMMISSIONER OF INSURANCE** at its website at <http://oci.wi.gov/> , or by contacting:

Office of the Commissioner of Insurance

Complaints Department

P.O. Box 7873

Madison, WI 53707-7873

1-800-236-8517 outside of Madison or 608-266-0103 in Madison.

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ELIGIBILITY PROVISIONS

TABLE OF COVERED PERSONS

Covered Class: Class 1 - All Full-Time U.S. Associates*

Covered Accident(s)

- 24-Hour Business Travel
- Personal Deviation Business Travel

Covered Class: Class 2 - Spouse and Dependent Child(ren) of All Full-Time U.S. Associates*

Covered Accident(s)

- 24-Hour Business Travel
- Personal Deviation Business Travel

Covered Class: Class 3 - Guests of All Full-Time U.S. Associates*

Covered Accident(s)

- 24-Hour Business Travel
- Personal Deviation Business Travel

* Exposure to the Elements and Presumption of Death provisions apply to the Covered Class(es) designated by an asterisk.

For You

You will be covered for the risks and for the time periods described in the Covered Accident(s) applicable to the Class of Covered Persons to which You belong.

You will not be included as a member of more than one Covered Class at the same time. If You could be included in more than one Covered Class at the time of a Covered Accident, We will consider You to be a member of the Covered Class that provides the greatest benefit. But no person, while traveling as a Dependent, will be considered to be a member of any other Covered Class.

For purposes of partners, wherever the term "Your regular place of employment" appears in the certificate, the term means "Your regular place of work".

For Your Dependents

If, as shown in the above Table of Covered Persons, coverage is provided for Your Dependents, such coverage will be for the risks and for the time periods described in the applicable Covered Accident(s) except as follows:

- coverage will only be provided for Dependents who are traveling for the purpose of accompanying or joining You while Traveling on Business as defined in the applicable Covered Accident;
- coverage will begin when the Dependent leaves his or her residence or other location for the purpose of traveling to the destination which is the object of Your Business Travel; and
- coverage will end upon the earlier of:
 1. the return of Your Dependent to his or her residence; and
 2. when Your coverage for such Business Travel ends if the Dependent remains behind or travels to any location other than his or her place of residence.

No person may be covered as a Dependent of more than one Covered Class member at the same time. If Your Dependent could be considered to be the Dependent of more than one Covered Class member at the time of a Covered Accident, We will consider that person to be the Dependent of the Covered Class member for which the greatest benefit is provided.

SCHEDULE OF BENEFITS

This schedule shows the benefits that are available under the Group Policy. You and Your Dependents will only be insured for benefits for which You and Your Dependents are insured at the time of the Covered Accident.

Business Travel Accidental Death and Dismemberment Insurance

For Class 1 - All Full-Time U.S. Associates

BENEFIT	BENEFIT AMOUNTS AND HIGHLIGHTS
Full Amount	\$50,000

Table of Covered Losses and Benefits Payable

All amounts listed are stated as percentages of the Full Amount

Covered Loss

Loss of life	100%
Loss of a hand permanently severed at or above the wrist but below the elbow	50%
Loss of a foot permanently severed at or above the ankle but below the knee	50%
Loss of an arm permanently severed at or above the elbow	75%
Loss of a leg permanently severed at or above the knee	75%
Loss of Sight in one eye	50%

Loss of Sight means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of the Thumb and Index Finger of Same Hand	25%
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Loss of Thumb and Index Finger of Same Hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of Speech and Loss of Hearing	100%
Loss of Speech or Loss of Hearing	50%

Loss of Speech means a loss of speech continuing for 6 consecutive months after which a Physician must determine the loss to be entire and irrecoverable.

Loss of Hearing means a loss of hearing continuing for 6 consecutive months after which a Physician must determine the loss to be entire and irrecoverable.

Paralysis of both arms and both legs	100%
Paralysis of both legs	75%
Paralysis of the arm and leg on either side of the body	50%
Paralysis of one arm or leg	25%

Paralysis means the complete loss of use of a limb, without severance. A Physician must determine the loss of use to be permanent and irreversible.

SCHEDULE OF BENEFITS (Continued)

Brain Damage

100%

Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persist for 12 consecutive months after the date of the accidental injury.

Coma

1% monthly beginning on the 7th day of the Coma and for the duration of the Coma to a maximum of 60 months

Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

Table of Additional Benefits: In addition to the Benefit Amounts payable for the Covered Losses stated above, these Additional Benefits may also be payable.

Air Bag Use Benefit

Yes

Seat Belt Use Benefit

Yes

You will not be included as a member of more than one Covered Class at the same time. If You could be included in more than one Covered Class at the time of a Covered Accident, We will consider You to be a member of the Covered Class that provides the greatest benefit. But no person, while traveling as a Dependent, will be considered to be a member of any other Covered Class.

If You or a Dependent sustain an accidental injury due to any one Covered Accident which is the Direct and Sole Cause of more than one Covered Loss, the amount We will pay will not exceed the Full Amount. The Additional Benefits stated above will not be taken into account when determining if the amount We pay exceeds the Full Amount.

We will pay benefits only once for any one Covered Loss resulting from the same accident.

Aggregate Maximum

We will not pay more than \$250,000 for all Covered Losses and injuries sustained by all insured persons under the Group Policy as a result of any one Covered Accident or series or combination of Covered Accidents directly arising out of one or more associated events. Events are associated if they have a common cause or are a chain of events forming part of a larger or broader event even if the individual events themselves are separate in time and place. If the total amount claimed by all insured persons is greater than this amount, then the amount We will pay to each insured person will be reduced in the same proportion, so that the total amount does not exceed the maximum amount stated in this paragraph.

For Class 2 - Spouse and Dependent Child(ren) of All Full-Time U.S. Associates

BENEFIT

BENEFIT AMOUNTS AND HIGHLIGHTS

Full Amount

\$25,000

Table of Covered Losses and Benefits Payable

All amounts listed are stated as percentages of the Full Amount

SCHEDULE OF BENEFITS (Continued)

Covered Loss

Loss of life	100%
Loss of a hand permanently severed at or above the wrist but below the elbow	50%
Loss of a foot permanently severed at or above the ankle but below the knee	50%
Loss of an arm permanently severed at or above the elbow	75%
Loss of a leg permanently severed at or above the knee	75%
Loss of Sight in one eye	50%

Loss of Sight means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of the Thumb and Index Finger of Same Hand	25%
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Loss of Thumb and Index Finger of Same Hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of Speech and Loss of Hearing	100%
Loss of Speech or Loss of Hearing	50%

Loss of Speech means a loss of speech continuing for 6 consecutive months after which a Physician must determine the loss to be entire and irrecoverable.

Loss of Hearing means a loss of hearing continuing for 6 consecutive months after which a Physician must determine the loss to be entire and irrecoverable.

Paralysis of both arms and both legs	100%
Paralysis of both legs	75%
Paralysis of the arm and leg on either side of the body	50%
Paralysis of one arm or leg	25%

Paralysis means the complete loss of use of a limb, without severance. A Physician must determine the loss of use to be permanent and irreversible.

Brain Damage	100%
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Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persist for 12 consecutive months after the date of the accidental injury.

Coma	1% monthly beginning on the 7 th day of the Coma and for the duration of the Coma to a maximum of 60 months
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SCHEDULE OF BENEFITS (Continued)

Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

Table of Additional Benefits: In addition to the Benefit Amounts payable for the Covered Losses stated above, these Additional Benefits may also be payable.

Air Bag Use Benefit	Yes
Seat Belt Use Benefit	Yes

You will not be included as a member of more than one Covered Class at the same time. If You could be included in more than one Covered Class at the time of a Covered Accident, We will consider You to be a member of the Covered Class that provides the greatest benefit. But no person, while traveling as a Dependent, will be considered to be a member of any other Covered Class.

If You or a Dependent sustain an accidental injury due to any one Covered Accident which is the Direct and Sole Cause of more than one Covered Loss, the amount We will pay will not exceed the Full Amount. The Additional Benefits stated above will not be taken into account when determining if the amount We pay exceeds the Full Amount.

We will pay benefits only once for any one Covered Loss resulting from the same accident.

Aggregate Maximum

We will not pay more than \$250,000 for all Covered Losses and injuries sustained by all insured persons under the Group Policy as a result of any one Covered Accident or series or combination of Covered Accidents directly arising out of one or more associated events. Events are associated if they have a common cause or are a chain of events forming part of a larger or broader event even if the individual events themselves are separate in time and place. If the total amount claimed by all insured persons is greater than this amount, then the amount We will pay to each insured person will be reduced in the same proportion, so that the total amount does not exceed the maximum amount stated in this paragraph.

For Class 3 - Guests of All Full-Time U.S. Associates

BENEFIT	BENEFIT AMOUNTS AND HIGHLIGHTS
Full Amount	\$25,000

Table of Covered Losses and Benefits Payable

All amounts listed are stated as percentages of the Full Amount

Covered Loss

Loss of life	100%
Loss of a hand permanently severed at or above the wrist but below the elbow	50%
Loss of a foot permanently severed at or above the ankle but below the knee	50%
Loss of an arm permanently severed at or above the elbow	75%
Loss of a leg permanently severed at or above the knee	75%
Loss of Sight in one eye	50%

SCHEDULE OF BENEFITS (Continued)

Loss of Sight means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees.

Loss of the Thumb and Index Finger of Same Hand	25%
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Loss of Thumb and Index Finger of Same Hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.

Loss of Speech and Loss of Hearing	100%
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Loss of Speech or Loss of Hearing	50%
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Loss of Speech means a loss of speech continuing for 6 consecutive months after which a Physician must determine the loss to be entire and irrecoverable.

Loss of Hearing means a loss of hearing continuing for 6 consecutive months after which a Physician must determine the loss to be entire and irrecoverable.

Paralysis of both arms and both legs	100%
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Paralysis of both legs	75%
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Paralysis of the arm and leg on either side of the body	50%
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Paralysis of one arm or leg	25%
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Paralysis means the complete loss of use of a limb, without severance. A Physician must determine the loss of use to be permanent and irreversible.

Brain Damage	100%
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Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persist for 12 consecutive months after the date of the accidental injury.

Coma	1% monthly beginning on the 7 th day of the Coma and for the duration of the Coma to a maximum of 60 months
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Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

Table of Additional Benefits: In addition to the Benefit Amounts payable for the Covered Losses stated above, these Additional Benefits may also be payable.

Air Bag Use Benefit	Yes
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Seat Belt Use Benefit	Yes
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You will not be included as a member of more than one Covered Class at the same time. If You could be included in more than one Covered Class at the time of a Covered Accident, We will consider You to be a member of the Covered Class that provides the greatest benefit. But no person, while traveling as a Dependent, will be considered to be a member of any other Covered Class.

If You or a Dependent sustain an accidental injury due to any one Covered Accident which is the Direct and Sole Cause of more than one Covered Loss, the amount We will pay will not exceed the Full Amount. The

SCHEDULE OF BENEFITS (Continued)

Additional Benefits stated above will not be taken into account when determining if the amount We pay exceeds the Full Amount.

We will pay benefits only once for any one Covered Loss resulting from the same accident.

Aggregate Maximum

We will not pay more than \$250,000 for all Covered Losses and injuries sustained by all insured persons under the Group Policy as a result of any one Covered Accident or series or combination of Covered Accidents directly arising out of one or more associated events. Events are associated if they have a common cause or are a chain of events forming part of a larger or broader event even if the individual events themselves are separate in time and place. If the total amount claimed by all insured persons is greater than this amount, then the amount We will pay to each insured person will be reduced in the same proportion, so that the total amount does not exceed the maximum amount stated in this paragraph.

DEFINITIONS

As used in this certificate, the terms listed below will have the meanings set forth below. When defined terms are used in this certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Actively at Work or Active Work means that You are performing all of the usual and customary duties of Your job on a Full-Time basis. This must be done at:

- the Policyholder's place of business;
- an alternate place approved by the Policyholder; or
- a place to which the Policyholder's business requires You to travel.

You will be deemed to be Actively at Work during weekends or Policyholder approved vacations, holidays or business closures if You were Actively at Work on the last scheduled work day preceding such time off.

Airworthiness Certificate means:

- the standard airworthiness certificate issued by the Federal Aviation Agency or successor agency of the United States; or
- the equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.

Associates means the employee or partner in the Covered Class.

Beneficiary means the person(s) to whom We will pay insurance as determined in accordance with the General Provisions section.

Chartered Aircraft means an aircraft that is hired by the Policyholder for a period of time which is less than 10 days.

Child means the following: (For residents of Minnesota, Montana, New Mexico and Washington the Child Definition is modified as explained in the Notice pages of this certificate; please consult the Notice.)

Your natural, adopted or stepchild who is under age 25, unmarried and supported by you, or between ages 25 and 26 and:

- unmarried;
- supported by You;
- not employed on a full-time basis; and
- a part-time or full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

A part-time or full-time student includes a student who leaves school because of a medically necessary leave of absence and whose absence is certified in Writing as necessary by a Physician will be considered to be a part-time or full-time student for the lesser of:

- 12 months; or
- the length of the certified leave of absence.

An adopted child includes a child placed in Your physical custody for purpose of adoption. If prior to completion of the legal adoption the child is removed from Your custody, the child's status as an adopted child will end.

The term also includes a Child over the age limit if, prior to reaching the age limit, the child is incapable of self sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of the continuing handicap and its onset must be provided at the time of claim.

DEFINITIONS (Continued)

The term does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- lives outside of the United States or Canada.

Common Carrier means a government-regulated entity that is in the business of transporting fare-paying passengers.

The term does not include:

- chartered or other privately-arranged transportation;
- taxis; or
- limousines.

Covered Accident means an accident (i.e. an unexpected, unintentional or unforeseeable event or occurrence which happens suddenly and violently and occurs while coverage under this policy is in effect) which is listed as a Covered Accident in the Table of Covered Persons in the ELIGIBILITY PROVISIONS of this certificate.

Dependent(s) means Your Spouse and/or Child.

Direct and Sole Cause means that the Covered Loss occurs within 365 days of the date of an accidental injury sustained in a Covered Accident and is the direct result of that accidental injury independent of other causes.

Domestic Partner means each of two people, one of whom is an Associate of the Policyholder, who:

- have registered as each other's domestic partner reciprocal beneficiary with a government agency where such registration is available; or
- are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
 1. 18 years of age or older;
 2. unmarried;
 3. the sole domestic partner of the other person and have been so for the immediately preceding 12 months;
 4. sharing a primary residence with the other person and have been so sharing for the immediately preceding 12 months; and
 5. not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner affidavit attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the Associate.

For residents of Texas, Domestic Partner means each of two people, one of whom is an Associate of the Policyholder, who:

- have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or
- are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
 1. 18 years of age or older;
 2. unmarried;

DEFINITIONS (Continued)

3. the sole domestic partner of the other person and have been so for the immediately preceding 12 months;
4. sharing a primary residence with the other person and have been so sharing for the immediately preceding 12 months; and
5. not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner affidavit attesting to the existence of an insurable interest in one another's lives must be completed and Signed by the Associate.

Full-Time means Active Work on the Policyholder's regular work schedule for the class of Associates to which You belong. The work schedule must be at least 35 hours a week.

Guest means a person identified by the Policyholder who is not an Associate of the Policyholder and who is requested to Travel on Business as defined in the applicable Covered Accident, excluding consultants.

Hazardous Activity means an activity that exposes a Covered Person to dangerous conditions and significantly increases risk of death or bodily injury.

Leased or Controlled Aircraft means an aircraft which;

- has been leased, rented or borrowed by the Policyholder for at least 10 consecutive days;
- subject to the terms of the lease agreement, can be used at the Policyholder's discretion; and
- cannot be altered or sold by the Policyholder without the consent of the owner or lessor.

Owned Aircraft means an aircraft to which the Policyholder holds legal or equitable title.

Physician means:

- a person licensed to practice medicine in the jurisdiction where the medical services are performed; or
- any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where the service is performed and must act within the scope of that license. Such person must also be certified and/or registered if required by such jurisdiction.

The term does not include:

- You;
- Your Spouse; or
- any member of Your immediate family including Your and/or Your Spouse's:
 - parents;
 - children (natural, step or adopted);
 - siblings;
 - grandparents; or
 - grandchildren.

Policyholder means the Policyholder shown on Page 1 and any subsidiaries, affiliates, divisions, branches, or other similar entities.

DEFINITIONS (Continued)

Proof means Written evidence satisfactory to Us that a person has met the conditions and requirements for any benefit described in this certificate. When a claim is made for any benefit described in this certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Proof must be provided at the claimant's expense.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

Spouse means Your lawful spouse.

The term does not include any person who:

- is on active duty in the military of any country or international authority; however, active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard; or
- lives outside of the United States or Canada.

Terrorist Act means a politically or socially-motivated act of violence carried out by an individual or group of persons who may or may not be operating on behalf of a sovereign state with the intent to change political or social policy. A Terrorist Act does not include any act of violence carried out by a branch of the armed forces of a sovereign state.

We, Us and Our mean MetLife.

Written or Writing means a record which is on or transmitted by paper or electronic media which is acceptable to Us and consistent with applicable law.

You and Your means a Covered Class member who is insured under the Group Policy for the insurance described in this certificate.

The term does not include Dependents.

GENERAL EXCLUSIONS

We will not pay benefits for any loss caused or contributed to by:

1. physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
2. suicide or attempted suicide while sane;
3. intentionally self-inflicted injury while sane, while insane if it is not attempted suicide;
4. infection, other than pyogenic infection that results from an accidental bodily injury, or bacterial infection that results from the accidental ingestion of contaminated substances;
5. participation in Hazardous Activities such as: scuba diving; bungee jumping; skydiving; hang gliding; ballooning; drag racing; driving a car fitted for competitive racing; aerial hunting; aerial skiing; or travel in an aircraft for the purpose of parachuting or otherwise exiting an aircraft while the aircraft is in flight except for the purpose of self-preservation;
6. service in the armed forces of any country or international authority, except the United States National Guard;
7. any nuclear reaction or release of nuclear energy. This includes the radioactive, toxic, explosive or other hazardous or contaminating properties of radioactive matter;
8. the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical or biological agent;
9. any incident related to travel in an aircraft:
 - a) as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
 - b) and parachuting or otherwise exiting from such aircraft while the aircraft is in flight except for the purpose of self-preservation;
 - c) that does not have a valid Certificate of Airworthiness;
 - d) that is not flown by a pilot with a valid license to operate that aircraft;
 - e) which is Owned, Leased, Controlled or Chartered by the Policyholder;
 - f) or device used:
 - for testing or experimental purposes;
 - by or for any military authority;
 - for travel or designed for travel beyond the earth's atmosphere;
 - for crop dusting, spraying, or seeding;
 - for firefighting;
 - for sky diving;
 - for hang gliding;
 - for pipeline or power line inspection;
 - for sky writing;
 - for aerial photography or exploration;
 - for racing, endurance tests, stunt or acrobatic flying; or
 - for any use which requires a special permit from the Federal Aviation Administration.
10. war, whether declared or undeclared; or act of war, insurrection, rebellion, riot or Terrorist Act.

GENERAL EXCLUSIONS (Continued)

Exclusion for Intoxication

We will not pay benefits for any loss if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident.

Intoxicated means that the injured party's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

Exclusion for Commission of a Felony

We will not pay benefits on behalf of a Covered Person for any loss caused or contributed to by the injured party committing or attempting to commit a felony.

Exclusion for Drugs; Alcohol; Poison; Gas; or Fumes

We will not pay benefits on behalf of a Covered Person for any loss caused by or contributed to by that person's voluntary intake or use by any means of:

- any drug, medication or sedative, unless it is:
 - a) taken or used as prescribed by a Physician, or
 - b) an "over the counter" drug, medication or sedative taken as directed;
- alcohol in combination with any drug, medication, or sedative; or
- poison, gas, or fumes.

COVERED ACCIDENT: 24-HOUR BUSINESS TRAVEL

We will pay the benefit amount(s) stated in the Schedule of Benefits if, while Traveling on Business for the Policyholder, an accidental bodily injury resulting in a Covered Loss is sustained as described on the face page of this certificate.

Traveling on Business means, for the purposes of this Covered Accident, that You are on a business trip requested, authorized or consented to by the Policyholder, for the purpose of furthering the business of the Policyholder and at the expense of the Policyholder.

Traveling on Business starts when You leave from Your residence, regular place of employment or other location (whichever occurs last), for the purpose of traveling to the destination of the business trip. The business trip ends when You return to or arrive at Your residence or Your regular place of employment (whichever occurs first).

Traveling on Business does not include:

1. travel between Your residence and regular place of employment;
2. regular driving assignments for truck drivers, delivery persons, chauffeurs and other commercial drivers employed by the Policyholder;
3. leaves of absence;
4. vacations; or
5. Personal Deviations.

Personal Deviation means any travel or activity:

- not reasonably related to the business of the Policyholder; or
- not incidental to the business trip;

and not at the expense of the Policyholder.

We will deem that Your regular place of employment has changed and that Traveling on Business has ended if:

- You are expected to remain in the location to which You have Traveled on Business for more than 30 days; or
- the Policyholder deems a new location to be Your regular place of employment.

COVERED ACCIDENT: PERSONAL DEVIATION BUSINESS TRAVEL

We will pay the benefit amount(s) stated in the Schedule of Benefits if, while making a Personal Deviation, an accidental bodily injury resulting in a Covered Loss is sustained as described on the face page of this certificate and the Personal Deviation:

1. takes place while on a business trip requested, authorized or consented to by the Policyholder, for the purpose of furthering the business of the Policyholder and at the expense of the Policyholder;
2. takes place more than 100 miles from Your primary residence or regular place of employment;
3. is not longer than 14 days; and
4. is not done during leaves of absence.

Personal Deviation means any travel or activity:

- not reasonably related to the business of the Policyholder; or
- not incidental to the business trip;

and not at the expense of the Policyholder.

BUSINESS TRAVEL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

ADDITIONAL BENEFIT: AIR BAG USE

If You or a Dependent die as a result of an accidental injury sustained in a Covered Accident, We will pay this additional benefit if:

1. We pay a benefit for Covered Loss of life;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
 - was in an accident while driving or riding as a passenger in a land vehicle equipped with an Air Bag;
 - was riding in a seat protected by an Air Bag;
 - was wearing a Seat Belt which was properly fastened at the time of the accident; and
 - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened and that the land vehicle in which the deceased was traveling was equipped with Air Bags. A copy of such certification must be submitted to Us with the claim for benefits.

Seat Belt means any non-inflatable restraint device that:

- meets published United States government safety standards;
- is properly installed by the car manufacturer; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

Air Bag means an inflatable restraint device that:

- meets published United States government safety standards;
- is properly installed; and
- is not altered after the installation.

BENEFIT AMOUNT

The Air Bag Use Benefit is an additional benefit equal to 5% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$5,000.

BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

For loss of a Dependent's life, We will pay benefits to You.

BUSINESS TRAVEL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

ADDITIONAL BENEFIT: SEAT BELT USE

If You or a Dependent die as a result of an accidental injury sustained in a Covered Accident, We will pay this additional Seat Belt Use benefit if:

1. We pay a benefit for Covered Loss of life;
2. this benefit is in effect on the date of the injury; and
3. We receive Proof that the deceased person:
 - was in an accident while driving or riding as a passenger in a land vehicle;
 - was wearing a Seat Belt which was properly fastened at the time of the accident; and
 - died as a result of injuries sustained in the accident.

A police officer investigating the accident must certify that the Seat Belt was properly fastened. A copy of such certification must be submitted to Us with the claim for benefits.

Seat Belt means any non-inflatable restraint device that:

- meets published United States Government safety standards;
- is properly installed; and
- is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

BENEFIT AMOUNT

The Seat Belt Use benefit is an additional benefit equal to 10% of the Full Amount shown in the SCHEDULE OF BENEFITS. However, the amount We will pay for this benefit will not be less than \$1,000 or more than \$10,000.

BENEFIT PAYMENT

For loss of Your life, We will pay benefits to Your Beneficiary.

For loss of a Dependent's life, We will pay benefits to You.

EXPOSURE TO THE ELEMENTS AND PRESUMPTION OF DEATH

EXPOSURE TO THE ELEMENTS

If You or a Dependent sustain an accidental bodily injury in a Covered Accident, We will not deny a claim because the injury was not the Direct and Sole Cause of the Covered Loss if:

- the Covered Loss results from unavoidable exposure to the elements; and
- the exposure is a direct result of a Covered Accident independent of other causes.

PRESUMPTION OF DEATH

For purposes of any benefits paid under this certificate, We will presume that the Covered Loss sustained by You or a Dependent for such loss is loss of life if:

- an aircraft or other vehicle in which You or a Dependent were Traveling on Business for which coverage is provided under a Covered Accident disappears, sinks, or is wrecked; and
- Your or a Dependent's body is not found within one year of:
 - the date the aircraft or other vehicle was scheduled to have arrived at its destination, if traveling in an aircraft or other vehicle operated by a Common Carrier; or
 - the date You or a Dependent are reported missing to the authorities, if traveling in any other aircraft or vehicle.

FILING A CLAIM

CLAIMS FOR INSURANCE BENEFITS

Notice of claim and Proof should be given to Us by following the steps set forth below:

Step 1

Contact the Policyholder. The Policyholder will either have claim forms or provide information as to how to obtain a claim form. Otherwise, notice may be given by calling Us at the toll free number shown in the Certificate Face Page within 20 days of the date of a loss.

Step 2

We will send a claim form to the claimant and explain how to complete it. The claimant should receive the claim form within 15 days of giving Us notice of claim.

Step 3

When the claimant receives the claim form the claimant should fill it out as instructed and return it with the required Proof described in the claim form. If the claimant does not receive a claim form within 15 days after giving Us notice of claim, Proof may be sent using any form sufficient to provide Us with the required Proof.

Step 4

The claimant must give Us Proof not later than 90 days after the date of the loss.

The Policyholder will be required to verify Your insurance under the Group Policy. When We receive the Proof, claim and verification, We will review the claim and if We approve it, We will pay benefits subject to the terms and provisions of this certificate and the Group Policy.

If it is not reasonably possible to provide notice of claim or Proof within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible but in no event later than one year after the date of the loss except in the case of legal incapacity.

Time Limit on Legal Actions.

A legal action on a claim may only be brought against Us during a certain period. This period begins 60 days after the date Proof is filed and ends 3 years after the date such Proof is required.

GENERAL PROVISIONS

Assignment

Your insurance rights and benefits are not assignable prior to a loss.

Autopsy

We have the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons We are requesting the autopsy. We will pay the cost of such autopsy.

Who We Will Pay

For Loss of Your life, We will pay benefits to Your Beneficiary.

For any other Loss sustained by You or a Dependent, We will pay benefits to You.

We will pay benefits in one sum. Other modes of payment may be available upon request. For details call Our toll free number shown on the Face Page.

You may designate a Beneficiary using a form satisfactory to Us. You may change Your Beneficiary at any time. To do so, You must send a Signed and dated Written request to the Policyholder using a form satisfactory to Us. Your Written request to change the Beneficiary must be sent to the Policyholder during Your lifetime within 30 days of the date You Sign such request.

You do not need the Beneficiary's consent to make a change. When We receive the change, it will take effect as of the date You Signed it. The change will not apply to any payment made in good faith by Us.

If two or more Beneficiaries are designated and their shares are not specified, they will share the insurance equally.

If You and any Dependent die within a 24 hour period, We will pay the Dependent's Insurance to the Beneficiary receiving payment of Your Insurance or We may pay Your estate.

If a Beneficiary or payee is a minor or incompetent to receive payment, We will pay that person's guardian.

If there is no Beneficiary designated or no surviving designated Beneficiary at Your death, We may determine the Beneficiary to be one or more of the following who survive You:

- Your Spouse;
- Your child(ren);
- Your parent(s); or
- Your sibling(s).

Instead of making payment to any of the above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment.

For Your Business Travel Accidental Death and Dismemberment Insurance for Your Dependents, We will pay You as the Beneficiary, if alive. If You are not alive, We may determine the Beneficiary to be one or more of the following who survive You:

- Your Spouse;
- Your child(ren);
- Your parent(s); or
- Your sibling(s).

Instead of making payment to any of the above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment.

GENERAL PROVISIONS (Continued)

Conformity with Law

If the terms and provisions of this certificate do not conform to any applicable law, this certificate shall be interpreted to conform.

Entire Contract

Your insurance is provided under a contract of group insurance with the Policyholder. The entire contract with the Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the certificate(s);
- the Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

Incontestability: Statements Made by You

Any statement made by You will be considered a representation and not a warranty. We will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application;
2. You have Signed the application; and
3. a copy of the application has been given to You or Your Beneficiary.

We will not use Your statements to contest insurance after it has been in force for 2 years during Your life.

Physical Exams

If a claim is submitted for insurance benefits other than loss of life, We have the right to ask the insured to be examined by a Physician(s) of Our choice as often as is reasonably necessary to process the claim. We will pay the cost of such exam.

Recovery of Overpayments

We have the right to recover any amount that We determine to be an overpayment. An overpayment occurs if We determine that the total amount paid by Us on Your claim is more than the total of the benefits due to You under this certificate.

If such overpayment occurs, You have an obligation to reimburse Us.

**THE PRECEDING PAGE IS THE END OF THE CERTIFICATE.
THE FOLLOWING IS ADDITIONAL INFORMATION.**

Delaware American Life Insurance Company
MetLife Health Plans, Inc.
MetLife Legal Plans, Inc.
MetLife Legal Plans of Florida, Inc.

Metropolitan Life Insurance Company
Metropolitan Tower Life Insurance Company
SafeGuard Health Plans, Inc.
SafeHealth Life Insurance Company

Our Privacy Notice

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. "Personal information" as used here means anything we know about you personally.

SECTION 1: Plan Sponsors and Group Insurance Contract Holders

This privacy notice is for individuals who apply for or obtain our products and services under an employee benefit plan, group insurance or annuity contract, or as an executive benefit. In this notice, "you" refers to these individuals.

SECTION 2: Protecting Your Information

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

SECTION 3: Collecting Your Information

We typically collect your name, address, age, and other relevant information. We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a legal plans company, and a securities broker-dealer. In the future, we may also have affiliates in other businesses.

SECTION 4: How We Get Your Information

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

We may ask for medical information. The Authorization that you sign when you request insurance permits these sources to tell us about you. We may also, at our expense:

- Ask for a medical exam
- Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, including information about:

- Reputation
- Driving record
- Finances
- Work and work history
- Hobbies and dangerous activities

The information may be kept by the consumer reporting agency and later given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us and we have asked for a consumer report about you, we will tell you so and give you the name, address and phone number of the consumer reporting agency.

Another source of information is MIB, Inc. ("MIB"). It is a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. We, or our reinsurers, may make a brief report to MIB. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair

Credit Reporting Act. You may do so by writing to MIB, Inc., 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or go to MIB website at www.mib.com.

SECTION 5: Using Your Information

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
 - perform business research
 - market new products to you
 - comply with applicable laws
 - process claims and other transactions
 - confirm or correct your information
 - help us run our business
-

SECTION 6: Sharing Your Information With Others

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
 - telling another company what we know about you if we are selling or merging any part of our business
 - giving information to a governmental agency so it can decide if you are eligible for public benefits
 - giving your information to someone with a legal interest in your assets (for example, a creditor with a lien on your account)
 - giving your information to your health care provider
 - having a peer review organization evaluate your information, if you have health coverage with us
 - those listed in our "Using Your Information" section above
-

SECTION 7: HIPAA

We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. The Health Insurance Portability and Accountability Act ("HIPAA") protects your information if you request or purchase dental, vision, long-term care and/or medical insurance from us. HIPAA limits our ability to use and disclose the information that we obtain as a result of your request or purchase of insurance. Information about your rights under HIPAA will be provided to you with any dental, vision, long-term care or medical coverage issued to you.

You may obtain a copy of our HIPAA Privacy Notice by visiting our website at www.MetLife.com. For additional information about your rights under HIPAA; or to have a HIPAA Privacy Notice mailed to you, contact us at HIPAAprivacyAmericasUS@metlife.com, or call us at telephone number (212) 578-0299.

SECTION 8: Accessing and Correcting Your Information

You may ask us for a copy of the personal information we have about you. We will provide it as long as it is reasonably locatable and retrievable. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you privileged information relating to a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

SECTION 9: Questions

We want you to understand how we protect your privacy. If you have any questions or want more information about this notice, please contact us. A detailed notice shall be furnished to you upon request. When you write, include your name, address, and policy or account number.

Send privacy questions to:

MetLife Privacy Office
P. O. Box 489
Warwick, RI 02887-9954
privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of the MetLife companies listed at the top of the first page.

ERISA INFORMATION

THIS SUMMARY PLAN DESCRIPTION IS EXPRESSLY MADE PART OF THE EDWARD D. JONES & CO, L.P. BUSINESS TRAVEL ACCIDENT PLAN AND IS LEGALLY ENFORCEABLE AS PART OF THE PLAN WITH RESPECT TO ITS TERMS AND CONDITIONS. IN THE EVENT THERE IS NO OTHER PLAN DOCUMENT, THIS DOCUMENT SHALL SERVE AS A SUMMARY PLAN DESCRIPTION AND SHALL ALSO CONSTITUTE THE PLAN.

NAME AND ADDRESS OF PLAN SPONSOR AND PLAN ADMINISTRATOR

Edward D. Jones & Co, L.P.
12555 Manchester Road
St. Louis, MO 63131

EMPLOYER IDENTIFICATION NUMBER: 43-0345811

PLAN NUMBER	COVERAGE	PLAN NAME
501	Business Travel Accident	Edward D. Jones & Co. Employee Health & Welfare Plan

TYPE OF ADMINISTRATION

The above listed benefits are insured by Metropolitan Life Insurance Company ("MetLife").

AGENT FOR SERVICE OF LEGAL PROCESS

For disputes arising under the Plan, service of legal process may be made upon the Plan administrator at the above address. For disputes arising under those portions of the Plan insured by MetLife, service of legal process may be made upon MetLife at one of its local offices, or upon the supervisory official of the Insurance Department in the state in which you reside.

ELIGIBILITY FOR INSURANCE; DESCRIPTION OR SUMMARY OF BENEFITS

Your MetLife certificate describes the eligibility requirements for insurance provided by MetLife under the Plan. It also includes a detailed description of the insurance provided by MetLife under the Plan.

PLAN TERMINATION OR CHANGES

The group policy sets forth those situations in which the Plan Sponsor and/or MetLife have the rights to end the policy.

The Plan Sponsor reserves the right to change or terminate the plan at any time. Therefore, there is no guarantee that you will be eligible for the insurance described herein for the duration of your employment. Any such action will be taken only after careful consideration.

Your consent or the consent of your beneficiary is not required to terminate, modify, amend, or change the Plan.

CONTRIBUTIONS

No employee contribution is required for Business Travel Accident Insurance as this is fully Plan Sponsor paid coverage.

The total premium rate for insurance provided under the Plan by MetLife is set by MetLife.

PLAN YEAR

The Plan's fiscal records are kept on a Plan year basis beginning each January 1 and ending on the following December 31.

Qualified Domestic Relations Orders/Qualified Medical Child Support Orders

You and your beneficiaries can obtain, without charge, from the Plan Administrator a copy of any procedures governing Qualified Domestic Relations Orders (QDRO) and Qualified Medical Child Support Orders (QMCSO).

CLAIMS INFORMATION

Procedures for Presenting Claims for Business Travel Accident Benefits

All claim forms needed to file for benefits under the group insurance program can be obtained from the Plan Sponsor who will also be ready to answer questions about the insurance benefits and to assist you or, if applicable, the claimant in filing claims. The instructions on the claim form should be followed carefully. This will expedite the processing of the claim. Be sure all questions are answered fully.

Routine Questions

If there is any question about a claim payment, an explanation may be requested from the Plan Sponsor who is usually able to provide the necessary information.

CLAIM SUBMISSION

In submitting claims for Business Travel Accident benefits ("Benefits"), the claimant must complete the appropriate claim form and submit the required proof as described in the certificate.

Claim forms must be submitted in accordance with the instructions on the claim form.

Initial Determination

After MetLife receives your claim for Benefits, MetLife will review your claim and notify you of its decision to approve or deny your claim.

Such notification will be provided to you within a reasonable period, not to exceed 90 days from the date we received your claim, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

If MetLife denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if your claim is denied after an appeal.

Appealing the Initial Determination

In the event a claim has been denied in whole or in part, you or, if applicable, your beneficiary can request a review of your claim by MetLife. This request for review should be sent in writing to Group Insurance Claims Review at the address of MetLife's office which processed the claim within 60 days after you or, if applicable, your beneficiary received notice of denial of the claim. When requesting a review, please state the reason you or, if applicable, your beneficiary believe the claim was improperly denied and submit in writing any written comments, documents, records or other information you or, if applicable, your beneficiary deem appropriate. Upon your written request, MetLife will provide you free of charge with copies of relevant documents, records and other information.

MetLife will re evaluate all the information, will conduct a full and fair review of the claim, and you or, if applicable, your beneficiary will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date we received your request for review, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If MetLife denies the claim on appeal, MetLife will send you a final written decision that states the reason(s) why the claim you appealed is being denied, references any specific Plan provision(s) on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of your right to bring a civil action if your claim is denied after an appeal. Upon written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim.

Discretionary Authority of Plan Administrator and Other Plan Fiduciaries

In carrying out their respective responsibilities under the Plan, the Plan administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

STATEMENT OF ERISA RIGHTS

The following statement is required by federal law and regulation.

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan administrator's office and at other specified locations, all Plan documents, including insurance contracts 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 copies of the latest annual report (Form 5500 Series) and updated summary plan descriptions. The administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your employer 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.

Enforce Your Rights

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 a copy of Plan documents or the latest annual report 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 administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court.

In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a Federal court.

If it should happen that Plan fiduciaries misuse the Plan's 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.

Assistance with Your Questions

If you have any questions about your Plan, 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 of the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

FUTURE OF THE PLAN

It is hoped that the Plan will be continued indefinitely, but Edward D. Jones & Co, L.P. reserves the right to change or terminate the Plan in the future. Any such action would be taken only after careful consideration.

The Plan Sponsor's Managing Partner shall be empowered to amend or terminate the Plan or any benefit under the Plan at any time.