

Accident and Sickness Benefits for Citigroup Inc. and its subsidiaries and affiliates

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable, the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below. If you are not in Active Service on the date your insurance would otherwise be effective, it will go into effect on the date you return to Active Service.

CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

Class 1	All regular full-time and part-time employees of the Participating Organization who are in Active Service and scheduled to work at least 20 hours per week.
Class 2	All Non-Employee Directors of the Participating Organization.
Class 3	All Consultants working under contract and Guests* who are traveling at the request and expense of the Participating Organization.

*Guests mean individuals invited by the Participating Organization to participate in a Covered Activity that is related to, or in the course of the Participating Organization's business.

Your Dependents (your lawful spouse/domestic or civil partner and children, subject to the age limits shown in the Policy) are also covered, if they are traveling with you.

Effective Date: January 1, 2021 through January 1, 2022

Period of Coverage: You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) your coverage ends; or 3) the period ends for which the required premium is paid.

Out of Country Medical Expense Benefit - In addition to the accident benefits provided by your business travel plan, we will pay the additional benefits listed below if you are injured as the result of a Covered Accident or become sick while traveling on business outside your Home Country or Country of Permanent Assignment provided the trip does not exceed 365 days.

This coverage will begin on the later of the scheduled departure date or the date you leave your Home Country or Country of Permanent Assignment on a trip authorized by the Participating Organization. Coverage will end on the earliest of your scheduled return date, the date you return to your Home Country or Country of Permanent Assignment, or the date your Personal Deviation is more than 14 days.

Medical Expense Benefits - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable to the earlier of the date you return to your Home Country or Country of Permanent Assignment, or 52 Weeks from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of Covered Accident or Sickness. The Maximum Benefit for all Accident and Sickness benefits for you is \$250,000; for your spouse/domestic or civil partner is \$100,000; and for your children is \$50,000 subject to a Deductible of \$0 per Covered Accident or Sickness. The Maximum for Dental Treatment (Injury Only) is \$1,000; alleviation of pain is \$1,000.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that the Covered Person incurs; and 3) for charges incurred for services rendered to you while traveling outside of your Home Country or Country of Permanent Assignment.

The following additional benefits are applicable to all employees covered under the Policy who do not reside in the following countries: Algeria, Austria, Bahrain, Belgium, Bulgaria, Cameroon, The Democratic Republic Congo, Czech Republic, Denmark, Egypt, Finland, France, Gabon, Germany, Ghana, Greece, Hungary, Ireland, Israel, Italy, Jordan, Kazakhstan, Kenya, Kuwait, Lebanon, Luxembourg, Morocco, Netherlands, Nigeria, Norway, Pakistan, Poland, Portugal,

Romania, Russian Federation, Senegal, Slovakia, South Africa, Spain, Sweden, Switzerland, United Republic of Tanzania, Tunisia, Turkey, Uganda, Ukraine, United Arab Emirates, United Kingdom, Zambia

Lost Baggage Benefit - We will reimburse your replacement costs of clothes and personal hygiene items, up to \$250 per bag not to exceed \$250 per trip after satisfaction of the \$0 Deductible, if your luggage is checked onto a common carrier, and is then lost, stolen, or damaged beyond your use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost, stolen, or damaged luggage.

Personal Property Benefit - We will reimburse you the reasonable cost, up to \$250 per item or set of items not to exceed \$250 after satisfaction of the \$0 Deductible, for replacement of any personal property that is lost or totally destroyed while you are on your Trip. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must demonstrate that you have taken reasonable precautions for the safety and security of any covered property, and We require certification by a police or security authority in an incident report.

For any claim you make under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore your personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits. "Personal Property" means personal goods belonging to you or for which you are responsible and are taken on the business Trip or acquired by you during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment or laptops.

The following additional benefits are applicable to all employees covered under the Policy who reside in the following countries: Algeria, Bahrain, Cameroon, Congo, The Democratic Republic, Egypt, Gabon, Ghana, Jordan, Kazakhstan, Kenya, Kuwait, Lebanon, Morocco, Nigeria, Pakistan, Russian Federation, Senegal, South Africa, Switzerland, United Republic of Tanzania, Tunisia, Turkey, Uganda, Ukraine, United Arab Emirates and Zambia.

Personal Property and Financial Instrument Reimbursement Benefit – If you sustain loss or damage to Personal Property or Financial Instrument during a bona fide business Trip approved by your employer, after satisfaction of the \$0 Deductible, We will indemnify the Policyholder on your behalf with respect to such loss or damage as follows: we will reimburse the reasonable cost up to \$4,775 per item or set of items, not to exceed \$16,000 for Personal Property; we will reimburse up to \$4,775 for cash and \$8,000 for other Financial Instruments, per Trip.

Replacement costs for Personal Property are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must demonstrate that you have taken reasonable precautions for the safety and security of any covered property and Financial Instrument, and We require certification by a police or security authority in an incident report.

For any claim you make under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore your personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits. "Personal Property" means personal goods belonging to you or for which you are responsible and are taken on the business Trip or acquired by you during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment or laptops. "Financial Instrument" means coins, banknotes, postal and money orders, signed travelers and other checks, letters of credit, travel tickets, and credit cards. It does not mean the devaluation of currency or shortages due to errors or omissions during monetary transactions.

Luggage/Baggage Delay Benefit - We will pay incurred expenses up to \$3,200 per trip for bags which are delayed more than 24 hours for the cost of reasonable, additional clothing, toiletries and personal articles purchased by you during the Trip. Incurred expenses must be accompanied by receipts. This does not apply if Baggage is delayed after you have reached your Return Destination. You must provide documentation of the delay or misdirection of Baggage by the airline and receipts for the emergency purchases.

Trip Cancellation Benefit – We will reimburse you for the amount of non-refundable money you paid for your Trip, up to \$16,000 per person per trip, if you are prevented from taking your Trip or your Trip is interrupted as the result of Injury, Sickness or death that occurs prior to the Trip to either you or a Family Member. The aggregate limit is \$160,000 per trip. "Family Member" for the purpose of the Trip Cancellation benefit means a Covered Person's parent, sister, brother, husband, wife, Domestic or Civil Partner, children or grandparent.

Trip Delay Benefit - We will pay incurred expenses up to \$475 per trip if your trip is delayed for more than 12 hours for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of your trip. Travel Delay must be caused by carrier delay; unpublished or unannounced strike; a common carrier strike or other job action; or equipment failure of a common carrier. This benefit is limited to \$100 per day per Insured up to \$475 per trip. You must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

Exclusions and Limitations: We will not pay benefits for any loss or Injury that is caused by, or results from:

- intentionally self-inflicted Injury.
- suicide or attempted suicide.
- war or any act of war, whether declared or not (except as provided by the Policy).
- a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- commission of, or attempt to commit, a felony.
- In addition to the exclusions above, We will not pay benefits for any loss, treatment, or services resulting from or contributed to by:
 - Routine physicals and care of any kind.
 - Routine dental care and treatment.
 - Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
 - Pregnancy or childbirth. This does not apply if treatment is required as a result of a Medical Emergency.
 - Routine nursery care.
 - Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
 - Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as medically necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
 - Treatment or service provided by a private duty nurse.
 - Treatment by any Immediate Family Member or member of the Insured's household.
 - Expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's business (unless Personal Deviations are specifically covered).
 - Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
 - Any expense paid or payable by any other valid and collectible group insurance plan.
 - Injury or sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law.

In addition to the Policy Exclusions, We will not pay Lost Baggage, Personal Property, Personal Property and Financial Instrument Reimbursement benefits for:

- Loss or damage due to:
 - i. Moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship;
 - ii. Mechanical or electrical failure;
 - iii. Any process of cleaning, restoring, repairing, or alteration;
- More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair;
- Devaluation of currency or shortages due to errors or omissions during monetary transactions;
- Any loss not reported to either the police or transport carrier within 24 hours of discovery;
- Any loss due to confiscation or detention by customs or any other authority;
- Electronic equipment or devices including, but not limited to: cellular telephones; citizen band radios; tape players; radar detectors; radios and other sound reproducing or receiving equipment; PDAs; BlackBerrys; laptop computers; and handheld computers.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

If we determine the benefits paid under the Out-of-Country Medical Plan are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

Definitions:

“Covered Accident” means an accident that occurs while coverage is in force for you and results directly of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Person” means any eligible person for whom the required premium is paid.

“Dependent” means an Insured’s lawful spouse or an Insured’s child, from the moment of birth to age 26. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; stepchild, or child of a domestic partnership or civil union.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

“Dependent” also means an Insured’s Domestic or Civil Union Partner and/or common law marriage spouse, same sex and opposite-sex couple, registered and/or recognized by country, state or local jurisdictions and by any government registry authorized to perform such registrations. There are no requirements for proof of relationship, documentation or waiting periods that are also not applied to married couples (except as may be required to satisfy the elements of a Domestic Partnership, as shown below).

Notwithstanding the foregoing, if the Insured’s domestic partnership is not registered, evidenced by the pertinent certificate, or if registration is not available in your country, state or municipality, a Domestic Partner to an Insured can be eligible for benefits as a Domestic Partner by satisfying the following requirements. To qualify for coverage as a Domestic Partner, Insured and the Domestic Partner must meet all of the following criteria and submit a certification that:

1. the Insured and the Domestic Partner currently reside together and intend to do so permanently;
2. the Insured and Domestic Partner have lived together for at least six consecutive months prior to enrollment and intend to do so permanently;
3. the Insured and Domestic Partner are financially interdependent or the Domestic Partner is dependent on the Insured for financial support;
4. the Insured and Domestic Partner have mutually agreed to be responsible for each other’s common welfare;
5. the Insured and Domestic Partner are both at least 18 years of age and mentally competent to consent to contract;
6. the Insured and Domestic Partner are not related by blood to a degree of closeness that would prohibit marriage, if both Partners were of opposite sexes;
7. neither the Insured nor the Domestic Partner is legally married to another person; and
8. neither of the partners are in a Domestic Partner relationship with anyone else; and the partners are in a relationship that is intended to be permanent and in which each partner is the sole Domestic Partner of the other.

The Policyholder may require the Insured to provide evidence of financial interdependence and or co-habitation or, Domestic Partner’s financial dependence by providing two or more of the following documents:

1. A joint mortgage or lease;
2. Ownership of a joint bank account, joint credit cards, or other evidence of joint financial responsibility;
3. Other evidence of economic interdependence;
4. Designation of the domestic partner as a beneficiary for life insurance or retirement benefits;
5. Joint wills or designation of the domestic partner as executor and/or primary beneficiary;
6. Designation of the domestic partner as the Insured’s agent under a durable Power of Attorney or Health Proxy; and/or the same designation for the Insured; or
7. Evidence of a common residence.

“Injury” means accidental bodily harm sustained by you that results directly from all other causes from a Covered Accident. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“Sickness” means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Trip” means travel by air, land, or sea from your Home Country.

“We, Our, Us” means the insurance company underwriting this insurance or its authorized agent.

You must provide notification of a claim within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder, and the Policy Number.

This notice should identify you, the Policyholder, and the Policy Number. Policy Number: ADD N04831585, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact: Chubb NA at 800-336-0627 (from inside the U.S.) or 302-476-6194 (from outside the U.S.); fax 302-476-7857 for claims or inquiries or e-mail aceaandhclaims@acegroup.com. Mail claims to: Chubb Accident and Health, PO Box 5124, Scranton, PA 18505.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to your employer. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.