



# Intuit, Inc.

Business Travel Accidental Death & Dismemberment Insurance • GTU 4380727

The following is a brief description of the Business Travel Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this Plan, please see the policy.

## Eligibility

**Class I:** All active, full-time and part-time U.S. and foreign employees of the policyholder.

## Benefit Amount

**Class I:** Ten (10) times your base annual salary, excluding overtime, bonuses, commissions and any special compensation, to maximum of \$1,000,000.

## Description of Coverage

[24 Hour Accident Protection, While on Business Trip  
Excluding Corporate Owned or Leased Aircraft, Passenger and Crew, H-2](#)

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any covered accident incurred while on the business of the employer during the course of a business trip, including certain accidents while traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

### [Personal Deviation and Side Trip Coverage](#)

You will receive coverage if you undertake a personal deviation, non-business activity while on the business of the policyholder during a business trip; and/or a non-business travel of a personal nature side-trip that: 1) is incidental to the business trip; 2) would not have been taken if not for the business trip; 3) is taken during the course of the business trip; and 4) is limited to 120 hours.

### [Exposure and Disappearance Coverage](#)

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, we will presume that you lost your life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay your benefit amount, subject to all policy terms. If you are exposed to weather because of an accident and this results in a loss of life, We will pay your benefit amount, subject to all policy terms and conditions.

### [Family Traveling With Employee on Business and/or Relocation Trips Coverage](#)

Your legally married spouse/domestic partner and/or eligible dependent children may be covered for certain injuries incurred while traveling with you on business and/or relocation trips authorized and paid for by the Employer. Your spouse/domestic partner could be covered for up to \$25,000 and your eligible dependent children for up to \$10,000.

## Benefits Provided

If you have an accident that results in any of the following losses, Zurich American Insurance Company may pay certain benefit amounts shown within 365 days of the date of the accident to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

| Loss of:   | Benefit Amount         |
|--|------------------------|
| (1) Life .....   | 100% of benefit amount |
| (2) Both hands or both feet .....                        | 100% of benefit amount |
| (3) One hand and one foot .....                          | 100% of benefit amount |
| (4) One hand or one foot plus the sight of one eye ..... | 100% of benefit amount |
| (5) Sight of both eyes .....                             | 100% of benefit amount |
| (6) Speech and Hearing .....                             | 100% of benefit amount |
| (7) Speech or Hearing .....                              | 50% of benefit amount  |
| (8) One hand, one foot, or sight of one eye .....        | 50% of benefit amount  |
| (9) Thumb and index finger of the same hand .....        | 25% of benefit amount  |

| Plegia   | Benefit Amount         |
|--|------------------------|
| (1) Quadriplegia (total paralysis of all four Limbs) .....                                 | 100% of benefit amount |
| (2) Triplegia (total paralysis of three Limbs) .....                                       | 75% of benefit amount  |
| (3) Paraplegia (total paralysis of both lower Limbs) .....                                 | 75% of benefit amount  |
| (4) Hemiplegia (total paralysis of upper and lower Limbs .....<br>on one side of the body) | 50% of benefit amount  |
| (5) Uniplegia (total paralysis of one Limb) .....  | 25% of benefit amount  |

### Coma Benefit

If you sustain a covered injury within 365 days of a covered accident and such injury causes you to be in a coma for at least 31 consecutive days, you may receive a monthly benefit equal to 1% of your benefit amount for up to 100 months.

## Additional Benefits through the Plan

### Carjacking Benefit

If you suffer a covered loss of life as a direct result of an accident that occurs during a carjacking of a private passenger automobile that you were operating, getting into or out of, or riding in as a passenger, we may pay an additional benefit equal to 10% of your benefit amount to a maximum of \$10,000.

### Home Alteration and Vehicle Modification Benefit

If you suffer an injury and receive a benefit under the Accidental Dismemberment Benefit of the policy, you may be entitled to an additional benefit equal to the lesser of 10% of your benefit amount to a maximum of \$25,000 for the one time cost of alterations to your primary residence to make it wheelchair accessible and habitable; and the one time cost of modifications necessary to your motor vehicle to make the vehicle accessible or drivable.

### Rehabilitation Benefit

If you suffer an injury which causes you to receive an Accidental Dismemberment Benefit under the policy, you may be entitled to receive an additional benefit for the Reasonable and Customary expenses actually incurred for a prescribed Rehabilitation Training program by a licensed physician that is required due to your injury which will prepare you for an occupation which you would not have engaged in except for the injury in an amount equal to the lesser of the actual expenses that are incurred within two years from the date of your covered accident for the Rehabilitation Training; \$10,000; or 10% of your benefit amount.

### Safety Device Benefit

If you suffer a covered loss and the injury which caused your accidental death directly resulted from an accident, you may receive an additional benefit equal to 10% of your benefit amount to a maximum of \$25,000, provided you were operating or riding as a passenger in or on any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities; and wearing or protected by, as per manufacturer's instructions, a safety device (including, but not limited to a seat belt, lap and should restraint, air bag, flotation device and/or helmet) as defined in the policy.

### Therapeutic Counseling Benefit

If you suffer a covered injury which requires Therapeutic Counseling by a licensed therapist or counselor who is registered or certified to provide psychological treatment or counseling, we will reimburse the charges for such counseling up to a maximum of \$1,000, for your incurred expense, provided: 1) all terms and conditions of the policy are met; 2) Therapeutic Counseling begins within ninety (90) days of the covered accident; and 3) Therapeutic Counseling must be received within one (1) year from the date of the covered loss.

### Travel Assistance Coverage

A comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your residence. You can access Zurich Travel Assist<sup>®</sup> services by calling, toll-free, 1-800-263-0261 and referencing policy number GTU 4380727 or logging on to their web site at [www.zurichna.com/travelassist](http://www.zurichna.com/travelassist). Services provided include medical, informational, legal, and personal assistance.

### To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 4380727.

### Beneficiary Designation

Benefits for your loss of life will be payable to the beneficiary or beneficiaries designated in writing by you and on file with the policyholder; otherwise the beneficiary or beneficiaries designated under the Group Life insurance policy issued to the policyholder, otherwise, we will pay the benefit to your survivors in the following order:

- 1) your spouse/domestic partner;
- 2) your children;
- 3) your parents;
- 4) your brothers or sisters;
- 5) your estate.

### Exclusions

A loss will not be a covered loss if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service. Reserve or National Guard active duty training is not excluded, unless it extends beyond thirty-one (31) consecutive days. For purposes of this exclusion, orders to active military service for sixty (60) days or less will not be considered involvement in active military service.

4. illness or disease, medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for accidental ingestion of contaminated foods;
5. participation in the commission or attempted commission of any felony;
6. being intoxicated while operating a motor vehicle.
  - a. An insured will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated, if operating a motor vehicle.
  - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the insured's intoxication.
7. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
8. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy;
9. flying as a pilot or crew member of any aircraft;
10. any aircraft owned or controlled by, or under lease to the policyholder;
11. any aircraft owned or controlled by, or under lease to an insured or a member of an insured's family or household;
12. any aircraft operated by the policyholder or one of the policyholder's employees including members of an employee's family or household;
13. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, aerial photography, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, hang gliding, endurance tests, exploration, fire fighting, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, hunting, parachuting or skydiving, pipe line inspection, power line inspection, racing, skywriting, or test or experimental purpose;
14. any conveyance used for tests or experimental purposes, or in a race or speed test .

## Limitations

The **Aggregate Limit of Liability** per covered accident is \$5,000,000.

**Aggregate Limit of Liability** means the total benefits we will pay for a covered accident or covered accidents set forth in the Schedule or Coverages section of the policy. For purposes of the Aggregate Limit of Liability provision, covered accident or covered accidents will include a covered loss or covered losses arising out of a single event or related events or originating cause and includes a resulting covered loss or covered losses. If the total benefits under the Aggregate Limit of Liability is not enough to pay full benefits to each Insured, We will pay each one a reduced benefit based upon the proportion that the Aggregate Limit of Liability bears to the total benefits which would otherwise be paid.

## Important

This is a brief description of the coverage provided through the business travel Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

Zurich

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The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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Intuit, Inc.

Underwritten by Zurich American Insurance Company  
Version: August 2011