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March 1, 2022

Amendment and Restatement of the Alyeska Life and Dismemberment Plan

Dear Plan Participant:

Alyeska Pipeline Services Company ("Alyeska") has amended and restated the Alyeska Life and Dismemberment Plan, plan number 521 (the "Plan"), effective March 1, 2022.

The Plan consists of the following coverages through the current carriers noted below.

- provided by MetLife:
 - Basic Term Life Insurance,
 - Supplemental Life Insurance
 - Voluntary Accidental Death and Dismemberment Insurance,
 - Critical Illness Insurance,
 - Accident Coverage Plan, and
 - Basic Life Insurance for Retirees.
- provided by National Union Fire Insurance Company:
 - Business Travel Accident Insurance.

The Plan is the successor of the ERISA plans numbered 504, 505 and 506, each of which was terminated effective December 31, 2014.

The attached document is the Plan document and, together with the materials identified in the Appendix, the Summary Plan Description (SPDs) for the Alyeska Life and Dismemberment Plan.

**The Alyeska Life and Dismemberment
Wrap Plan Document
and
Summary Plan Description
Effective March 1, 2022
(Plan Number 521)**

Contents

INTRODUCTION	4
PURPOSE OF THIS DOCUMENT	4
GENERAL INFORMATION ABOUT THE PLAN	4
IMPORTANT DISCLAIMER.....	5
ELIGIBILITY AND PARTICIPATION REQUIREMENTS.....	5
AVAILABLE BENEFITS.....	6
AMENDMENT OR TERMINATION OF PLAN	6
CIRCUMSTANCES THAT MAY AFFECT BENEFITS.....	7
PLAN OPERATION	7
CLAIM ADMINISTRATION	8
STATEMENT OF ERISA RIGHTS:.....	8
APPENDIX OF DOCUMENTS INCORPORATED BY REFERENCE	11

INTRODUCTION

Alyeska Pipeline Services Company (“Alyeska”) has amended and restated the Alyeska Life and Dismemberment Plan (the “Plan”), which provides basic and supplemental life, voluntary accident and dismemberment, accident, critical illness, and blanket accident insurance coverage to its eligible employees, and their spouses and dependents, as well as basic life insurance for eligible retirees. Benefits of the Plan are provided under insurance contracts entered into between the insurance companies listed in the Appendix (each an “Insurance Company” and together the “Insurance Companies”) and Alyeska. Benefits under the Plan are described in the certificate of insurance booklets, summary plan descriptions, and underlying insurance policies and contracts issued by the Insurance Companies, each of which is listed in the Appendix and incorporated herein by reference (“Insurance Booklets”). You must read the Insurance Booklets to understand your benefits.

PURPOSE OF THIS DOCUMENT

This document provides you with an overview of the Plan and addresses certain information that may not be included in the Insurance Booklets. This document, together with the Insurance Booklets and the “General Information” summary plan description, comprises the legal plan document and the Summary Plan Description (“SPD”) required by the Employee Retirement Income Security Act of 1974 (“ERISA”). This document is not intended to give you any substantive rights to benefits that are not already provided by the Insurance Booklets.

It is your responsibility to become familiar with this plan document and SPD and to ask questions if you do not understand how the requirements impact you.

GENERAL INFORMATION ABOUT THE PLAN

NAME OF PLAN: Alyeska Life and Dismemberment Plan

EFFECTIVE DATE: March 1, 2022

PLAN SPONSOR and EMPLOYER:

Name: Alyeska Pipeline Service Company

Address: 3700 Centerpoint Drive, P.O. Box 196660 MS 536, Anchorage, AK 99519-6660

Telephone Number: 907-787-8110

EMPLOYER IDENTIFICATION NUMBER: 92-0039154

PLAN NUMBER: 521 (formerly 504, 505, and 506)

TYPE OF PLAN: The Plan is an employee welfare benefit plan subject to ERISA.

FUNDING MEDIUM AND TYPE OF PLAN ADMINISTRATION: The Plan is fully insured. Benefits are provided under group insurance contracts entered into between Alyeska and the Insurance Companies. Claims for benefits are sent to the applicable Insurance Company.

The Insurance Companies (not Alyeska) are responsible for paying benefits. Note that the Insurance Companies and Alyeska share responsibility for administering the Plan.

Insurance premiums for the life and dismemberment benefits available to eligible employees and their families are paid in part by the Plan Sponsor out of its general assets and in part by employee after-tax payroll deductions.

Employee after-tax payroll deductions will be used in their entirety prior to using Plan Sponsor contributions to pay for premiums under this plan. Contact the Compensation & Benefits Coordinator if you need a copy of the schedule of premiums.

Insurance premiums for the retiree basic life insurance benefit are paid by the Plan Sponsor out of its general assets.

Any refund, rebate, dividend, experience adjustment, or other similar payment under the group insurance contract entered into between Alyeska and any Insurance Company will be allocated, consistent with the fiduciary obligations imposed by ERISA, to reimburse Alyeska for premiums that it has paid.

PLAN ADMINISTRATOR AND AGENT FOR LEGAL PROCESS:

Name: Alyeska Pipeline Service Company

Address: 3700 Centerpoint Drive, P.O. Box 196660 MS536, Anchorage, AK 99519-6660

Telephone Number: 907-787-8110

PLAN YEAR FOR EACH OF THE INSURANCE COVERAGES:

March 1 to the last day in February:

- Basic Term Life Insurance
- Supplemental Life Insurance
- Voluntary Accidental Death and Dismemberment Insurance
- Critical Illness Insurance
- Accident Coverage Plan
- Basic Life Insurance for Retirees
- Business Travel Accident Insurance

IMPORTANT DISCLAIMER

Benefits hereunder are provided solely pursuant to insurance contracts between the Plan Sponsor and the Insurance Companies. If the terms of this summary document conflict with the terms of any insurance contract, then the terms of the insurance contract will control, unless superseded by applicable law.

ELIGIBILITY AND PARTICIPATION REQUIREMENTS

In general, to determine whether you and your spouse/domestic partner and/or dependents are eligible to participate in the Plan, please read the eligibility information contained in the attached Insurance Booklets.

REQUIREMENTS FOR EMPLOYEE OR RETIREE ELIGIBILITY

The specific requirements for eligibility are included in the Insurance Booklets.

NEED FOR ENROLLMENT: TIME LIMITS

With respect to active employees, you must affirmatively enroll to receive benefits under this Plan. Eligible employees must complete an application form (available through the Compensation & Benefits Coordinator) to enroll yourself and/or your eligible spouse/domestic partner and dependents. New employees must generally enroll within certain time periods after being hired, as described in the attached Insurance Booklets. Thereafter, enrollment is generally limited to the annual open enrollment period that occurs of each year.

If you are eligible for the retiree life insurance benefit under this Plan, you will automatically be enrolled upon becoming an eligible retiree.

WHEN PARTICIPATION BEGINS

For information about when coverage begins, please read the eligibility and participation information contained in the Insurance Booklets.

WHEN PARTICIPATION ENDS

With respect to active employees, your coverage terminates on the last day of the month in which you terminate employment with Alyeska. Coverage also terminates if you fail to pay your share of the premium or if your hours drop below the required eligibility threshold, if you submit false claims, and for certain other reasons described in the Insurance Booklets. Coverage for your spouse and dependents ends (1) when your coverage ends, and (2) for other reasons specified in the attached Insurance Booklets (for example, divorce or a dependent's attaining age limit).

Coverage will also terminate if you submit false claims and for certain other reasons described in the Insurance Booklets. Coverage also ends for employees, retirees, spouses, and dependents upon termination of the Plan.

The Plan may recover overpaid benefits and erroneously paid benefits through its rights to subrogation and reimbursement. These Plan rights are described in each of the Insurance Booklets.

CONTRIBUTIONS

The Employer pays for the cost of Term Life Insurance coverage for employees, as well as the cost of the Basic Life Insurance coverage for retirees. For all other coverage you, as an active participant, contribute the cost of coverage for yourself and your spouse and dependents. More detailed information regarding the cost of specific coverage is available from the respective Insurance Company.

NO GUARANTEE OF EMPLOYMENT

The Plan is not an employment contract. Nothing contained in this plan document and SPD gives you the right to be retained in the service of the Employer or interferes with the right of the Employer to discharge you or to terminate your service at any time.

AVAILABLE BENEFITS

The Plan makes certain benefits available to eligible individuals (employees, retirees, spouses or domestic partners, and dependents, as applicable). These benefits are provided under group insurance contracts entered into between Alyeska and Insurance Companies. A summary of the benefits provided under the Plan is set forth in the Insurance Booklets listed in the Appendix. These Insurance Booklets describe the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. As noted above, you must read the booklet to understand your benefits.

AMENDMENT OR TERMINATION OF PLAN

The Plan Sponsor reserves the right to modify or terminate the Plan at any time for any reason. All amendments to the Plan shall be in writing, and any oral statements or representations made by the Plan Sponsor, the Plan Administrator, or any other individual or entity that alter, modify, amend, or are inconsistent with the written terms of the Plan shall be invalid and unenforceable and may not be relied upon by the employee, retiree, or any other individual or entity.

The Plan may be amended or terminated by the Plan Sponsor or its authorized designee, which includes taking any actions necessary to amend or terminate the Plan and to sign insurance contracts with any Insurance Company,

including amendments to those contracts. Note that the insurance contract, which is how benefits under the Plan are provided, is not necessarily the same as the Plan. Consequently, termination of the insurance contract does not necessarily terminate the Plan.

CIRCUMSTANCES THAT MAY AFFECT BENEFITS

PREEXISTING CONDITIONS AND OTHER EXCLUSIONS

Other circumstances that can result in the termination, reduction, loss or denial of benefits (including exclusions due to preexisting conditions and exclusions for certain medical procedures) are described in the Insurance Booklets. Please read them carefully.

ADMINISTRATIVE REQUIREMENTS AND TIMELINE

As described in the Insurance Booklets, there may be other reasons that a claim for benefits is not paid (or not paid in full). For example, claims must generally be submitted for payment within a certain period of time, and failure to submit within that time period may result in the claim being denied. Please read the Insurance Booklets carefully.

PLAN OPERATION

Because benefits are provided through insurance contracts, the Plan is administered by both Alyeska and the Insurance Companies.

PLAN ADMINISTRATION

Alyeska is the Plan Administrator. As the Plan Administrator, Alyeska is responsible for satisfying certain legal requirements under ERISA with respect to the Plan (for example, distributing SPDs and filing an annual report about the Plan with the government). The Compensation/Benefits Manager is the person who acts on behalf of the Plan Administrator. Alyeska has agreed to indemnify the Compensation/Benefits Manager for any liability that he or she incurs as a result of acting on behalf of the Plan Administrator, unless such liability is due to his or her gross negligence or misconduct.

The Plan Administrator shall be vested with the full discretionary power and authority necessary to supervise and control the operation of the Plan, including but not limited to interpreting Plan terms and determining eligibility and coverage of individuals under the Plan. The Plan Administrator may delegate to other individuals or entities (who also may be Employees of the Plan Sponsor) specific fiduciary responsibilities of the Plan Administrator in administering this Plan.

POWER AND AUTHORITY OF INSURANCE COMPANIES

The Plan is fully insured. Benefits are provided under group insurance contracts entered into between Alyeska and Insurance Companies. Claims for benefits are sent to each applicable Insurance Company. The Insurance Company, not Alyeska, is responsible for determining and paying claims.

Each Insurance Company is the Named Fiduciary for benefit claims and is responsible for—

- determining eligibility for a benefit and the amount of any benefits payable under the Plan; and
- providing the claims procedures to be followed and the claims forms to be used by eligible individuals pursuant to the Plan.

Each Insurance Company also has the authority to require eligible individuals to furnish it with such information as it determines is necessary for the proper administration of the Plan.

DETERMINING ELIGIBILITY TO PARTICIPATE

Alyeska is responsible for determining whether a particular individual is eligible to participate in the Plan.

YOUR QUESTIONS

If you have any general questions regarding the Plan (including, for example, whether you are eligible to participate in the Plan), please contact the Compensation & Benefits Coordinator.

If you have questions regarding eligibility for a benefit and/or the amount of any benefits payable under the Plan, please contact the applicable Insurance Company.

CLAIM ADMINISTRATION

BENEFICIARY DESIGNATIONS

In the event of the death of an employee or retiree, benefits will be paid to his or her designated beneficiary, or otherwise in accordance with the terms of the applicable Insurance Booklet(s).

BENEFIT CLAIMS

Each Insurance Company is responsible for evaluating all benefit claims under the Plan. The Insurance Company will decide your claim in accordance with its reasonable claims procedures, as required by ERISA and other applicable law. See the applicable Insurance Booklet issued by the Insurance Company for information about how to file a claim and for details regarding the Insurance Company's claims procedures.

APPEALING A DENIED CLAIM

If your claim is denied (that is, not paid in part or in full), you will be notified and you may appeal to the applicable Insurance Company for a review of the denied claim. The Insurance Company will decide your appeal in accordance with its reasonable claims procedures, as required by ERISA and other applicable law.

IMPORTANT APPEAL DEADLINES

If you do not appeal on time, you will lose your right to file suit in a state or federal court, as you will not have exhausted your internal administrative appeal rights (which generally is a condition for bringing suit in court). See the applicable Insurance Booklet for information about how to appeal a denied claim, and for details regarding the Insurance Company's appeals procedures.

NON-ALIENATION OF BENEFITS

No benefit, right, or interest of any Participant or beneficiary under the Plan shall be subject to anticipation, alienation, sale, assignment, transfer, process, or be liable for, or subject to, the debts, liabilities, or other obligations of such person, and no such attempted or purported anticipation, etc., will be recognized by the Plan, except as otherwise required by law.

STATEMENT OF ERISA RIGHTS:

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

Receive Information About Your Plan and Benefits:

- a. Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, 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.

- b. Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- c. 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, your union or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit under the plan 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 from the plan 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 federal court. If it should happen the 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 if, for example, it finds your Claim is frivolous.

Assistance with Your Questions:

If you have any questions about the 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 or 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.

IN WITNESS WHEREOF and as conclusive evidence of the adoption of the foregoing instrument comprising the Alyeska Life and Dismemberment Wrap Plan Document and Summary Plan Description (Plan Number 521) (the "Plan"), Alyeska Pipeline Service Company has caused this amendment and restatement of the Plan to be executed as of the Effective Date.

Alyeska Pipeline Service Company

By: 

Tim Adamczak
Compensation/Benefits Manager

APPENDIX OF DOCUMENTS INCORPORATED BY REFERENCE

INSURANCE COVERAGES UNDER THE PLAN FOR ACTIVE EMPLOYEES

MetLife

- Basic Term Life
- Supplemental Term Life
- Voluntary Accidental Death and Dismemberment
- Critical Illness
- Accident Coverage Plan

National Union Fire Insurance Company

- Business Travel Accident Insurance Summary Plan Description

INSURANCE COVERAGES UNDER THE PLAN FOR RETIREES

MetLife

- Basic Life Insurance for Retirees

The following attachments are brief summaries of the insurance coverages provided under the Plan. Copies of the applicable certificates of insurance are separately provided by Ayeska.

Life Insurance

Life insurance is a cost-effective way to protect your family and your finances. It helps ensure your short- and long-term financial obligations could be met if something unforeseen happens to you.

Alyeska Pipeline Service Company

Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future.

Basic Term Life Insurance

Your employer provides you with Basic Term Life insurance coverage in the amount of 2 times your basic annual earnings, rounded to the next higher \$1,000, up to a maximum of \$500,000. Coverage for new hires is effective the first of the month following their hire date.

Supplemental Term Life Insurance Coverage Options

For You	For Your Spouse/Domestic Partner	For Your Dependent Children*
1 to 5 times your basic annual earnings, rounded to the next higher \$1,000, up to a maximum of the lesser of 5 times your basic annual earnings or \$800,000	Multiples of \$10,000, up to a maximum of the lesser of 50% of your Supplemental Life Benefits or \$100,000	\$10,000

*Child(ren)'s Eligibility: Dependent children ages from birth to 26 years old are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

What's Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Missouri, North Dakota and Colorado) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Missouri and North Dakota. If the group policy was issued in Massachusetts, the suicide exclusion does not apply to dependent life coverage. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Please note that a reduction schedule may apply. Please see your employer or certificate for specific details.

Accidental Death & Dismemberment (AD&D) coverage complements your Basic and Supplemental Life insurance coverage and helps protect you 24 hours a day, 365 days a year.

Voluntary Accidental Death & Dismemberment Coverage Options

This valuable coverage benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips. MetLife's Voluntary AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Voluntary AD&D Coverage Amounts for You:

- You also have the option to enroll for Voluntary AD&D insurance.
- **You can choose the Voluntary AD&D option that meets your needs:**
 - Option 1 - \$10,000
 - Option 2 - \$25,000
 - Option 3 - \$50,000
 - Option 4 - \$75,000
 - Option 5 - \$100,000
 - Option 6 - Multiples of \$50,000 up to a maximum of \$500,000



Life Insurance

Voluntary AD&D Coverage Amounts for Spouse/Domestic Partner and Child(ren):

- You can choose to cover your dependent spouse/domestic partner and child(ren) with AD&D coverage. Your dependents will be eligible for the following coverage:
- **Dependent Spouse and Child(ren):**
 - Spouse/Domestic Partner — 40% of your coverage amount
 - Child(ren) — 10% of your coverage amount
- **Dependent Spouse/Domestic Partner only:**
 - 50% of your coverage amount
- **Dependent Child(ren) only:**
 - 15% of your coverage amount

*Child(ren)'s Eligibility: Dependent children ages from birth to 19 years old, or 23 years old if a child is a full-time student, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the "Full Amount" and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount. **Standard Additional Benefits Include**

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Air Bag
- Seat Belt
- Common Carrier
- Child Care Center
- Child Education
- Spouse Education
- Hospitalization

What Is Not Covered by AD&D?

AD&D insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained or from food poisoning; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or active participation in a riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self-preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life Insurance

Additional Coverage Information

How to Apply*

- You can apply online at: <https://boonchapman.benselect.com/alyeska>

Note: Even if you wish to keep your existing level of coverage, you must complete an enrollment form.

*All applications are subject to review and approval by Metropolitan Life Insurance Company. Based on the plan design and the amount of coverage requested, a Statement of Health may need to be submitted to complete your application.

For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long as:

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had in the last year.

For New Hires

- The enrollment takes place within 60 days from the date you become eligible for benefits, and
- You are enrolling for coverage equal to/less than the lesser of 3 times your basic annual earnings or \$275,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

For Dependent Coverage†

You must be covered in order to obtain coverage for your spouse/domestic partner and child(ren).

Your spouse/domestic partner and dependent children do not need to provide medical information as long as:

†A domestic partner declaration may be required for those partners not registered with a government agency where such registration is available.

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had for your spouse/domestic partner and child(ren) in the last year.

For New Hires

- The enrollment takes place within 60 days from the date you become eligible for benefits, and
- You are enrolling for spouse/domestic partner coverage equal to/less than \$10,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse/domestic partner's and eligible children's coverage to take effect. In addition, your spouse/domestic partner and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the first of the month following the receipt of your completed application for all requests that do not require additional medical information. A request for your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse/domestic partner and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.



Life Insurance

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Basic and Supplemental coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.

Monthly Costs* for Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of your last birthday) as well as those for your spouse/domestic partner (based on your age as of your last birthday). Rates to cover your child(ren) are also shown.

Age	Monthly Cost Per \$1,000 of Employee Coverage	Monthly Cost Per \$1,000 of Spouse/Domestic Partner Coverage
Under 25	\$0.046	\$0.060
25 – 29	\$0.055	\$0.060
30 – 34	\$0.073	\$0.080
35 – 39	\$0.082	\$0.090
40 – 44	\$0.091	\$0.120
45 – 49	\$0.137	\$0.180
50 – 54	\$0.210	\$0.320
55 – 59	\$0.393	\$0.470
60 – 64	\$0.603	\$0.720
65 – 69	\$1.161	\$1.270
70 +	\$1.883	\$2.300
Cost for your Child(ren)†	\$0.184	

† Covers all eligible children

*Note: rates are subject to the policy's right to change premium rates, and the employer's right to change employee contributions.

Use the table below to calculate your premium based on the amount of life insurance you will need.

Example: \$100,000 Supplemental Life Coverage

1. Enter the rate from the table (example age 36)	\$0.082	\$ _____
2. Enter the amount of insurance in thousands of dollars (Example: for \$100,000 of coverage enter \$100)	\$100	\$ _____
3. Monthly premium (1) x (2)	\$8.20	\$ _____

Repeat the three easy steps above to determine the cost for each coverage selected.

Life Insurance

Monthly Cost for Accidental Death & Dismemberment (AD&D) Insurance

Voluntary Coverage	Monthly Cost Per \$1,000 of Coverage
Employee	\$0.038
Employee & Family	\$0.046

Once Enrolled, You have Access to MetLife AdvantagesSM — Services to Help Navigate What Life May Bring

Grief Counseling (all states except NY)¹ To help you, your dependents, and your beneficiaries cope with loss

You, your dependents, and your beneficiaries have access to grief counseling¹ sessions and funeral related concierge services to help cope with a loss — at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.¹ In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-888-319-7819 or log on to www.metlifegc.lifeworks.com (Username: metlifeassist; Password: support).

Download this helpful Funeral Planning Guide at <https://www.metlife.com/funeralplanning/funeral-guide/>.

Funeral Discounts and Planning Services²

Ensuring your final wishes are honored

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life — at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services — either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper — to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you.

Life Settlement Account⁵

For immediate access to death proceeds

The Total Control Account[®] (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

Travel Assistance⁶

A travel assistance benefit is available when you enroll in MetLife's AD&D coverage

Travel assistance services, offered on your AD&D coverage, offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home. Our travel assistance program offers virtual consultations with US board-certified physicians when non-urgent medical care is needed. It also offers a mobile app – making it easy to connect when it matters most. You also have access to political and natural disaster evacuation services. Please visit the AXA website for more information.

www.metlife.com/travelassist

Estate Planning Services^{8,11}



Life Insurance

To help ensure your decisions are carried out

When you enroll for Supplemental term life coverage, you will automatically receive access to Estate Planning Services at no extra cost to you. Estate Planning Service offers unlimited access to complete wills and other important estate planning documents quickly and easily online with access to online notary services, or work one-on-one with a MetLife Legal Plans' attorney, in-person or on the phone, to prepare or update a will, living will, or power of attorney.

Visit legalplans.com/estateplanning to get started.

Estate Resolution Services^{SM7} (ERS)

Personal service and compassion assistance to help probate your and your spouse's/domestic partner's estates.

MetLife Estate Resolution ServicesSM provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's spouse/domestic partner. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

WillsCenter.com⁹

Self-service online legal document preparation

Employees and spouses/domestic partners have access to WillsCenter.com, an online document service to prepare and update a will, living will, power of attorney, funeral directive, memorandum of wishes or HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages. Log on to www.willscenter.com to register as a new user.

Retirement Planning³

A four-part workshop series that offers you comprehensive retirement education. You also have the option to meet with a local financial professional to discuss your specific circumstances and individual goals.

Portability

So you can keep your coverage even if you leave your current employer

Should you leave Alyeska Pipeline Service Company for any reason, and your Basic and Supplemental and Dependent Term Life insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least \$10,000 up to a maximum of \$2,000,000.

Portability is also available on coverage you've selected for your spouse/domestic partner and dependent child(ren). The maximum amount of coverage for spouse/domestic partners is \$250,000; the maximum amount of dependent child coverage is \$25,000. Increases, decreases and maximums are subject to state availability.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your employer or certificate for specific details.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your employer for more information.

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family



Life Insurance

Accelerate Benefits Option¹⁰

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec. 101(g)).¹⁰

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses/domestic partners insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion

For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your employer for more information.

1- (Not available in NY) Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

2-Funeral Discounts Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral,



Life Insurance

cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. SCI offers planning services, expert assistance, and bereavement travel services to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

3-Beneficiary Claim Assistance, Transition Solutions and Retirement Planning MetLife administers the programs, but has arranged for specially-trained financial professionals offer financial education and, upon request, provide personal guidance to employees and former employees of companies providing these programs through MetLife.

5-Life Settlement Account The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife's general account and are subject to claims of MetLife's creditors. MetLife bears the investment risk of the assets backing TCAs, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

6-Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

7-MetLife Estate Resolution Services are offered by MetLife Legal Plans, Inc. Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

8. Will Preparation Services are offered by MetLife Legal Plans, Inc. Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

10-ABO The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, in which case the benefits will not be subject to federal taxation.

This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances.

Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

11-Digital Estate Planning is not available for customers situated in FL or located in GU, PR and VI. It is not included with dependent life coverages or certain GUL/GVUL policies. Domestic Partnerships are not currently supported however members in a domestic partnership may use a MetLife Legal Plans attorney for their planning needs. Online Notary is not available in all states. If you are unable to access the legalplans.com/estatplanning website, you can find a network attorney by calling MetLife Legal Plans at 1-800-821-6400, Monday through Friday, 8am-8pm EST. You will need to provide your company name, customer number and the last 4 digits of the policyholder's social security number. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Alyeska Pipeline Company and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates, when your employment ceases, when your Life and AD&D contributions cease or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

Critical Illness Insurance

**Alyeska Pipeline
Company**

Benefits that may help cover costs such as those not covered by your medical plan.

Critical Illness Insurance

Eligible Individual	Initial Benefit	Requirements
Coverage Options		
Employee	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ¹
Spouse/Domestic Partner²	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹
Dependent Child(ren)³	100% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ¹

Benefit Payment

Your **Initial Benefit** provides a lump-sum payment upon the first verified diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit⁴ for the following Covered Conditions: Heart Attack⁵, Stroke,⁶ Coronary Artery Bypass Graft,⁷ Full Benefit Cancer⁸ and Partial Benefit Cancer.⁸ A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$45,000 or \$90,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer ⁸	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer ⁸	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack ⁵	100% of Initial Benefit	50% of Initial Benefit
Stroke ⁶	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft ⁷	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁹	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit ¹⁰	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable



Critical Illness Insurance

22 Listed Conditions

MetLife Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one benefit payment for one Listed Condition in his/her lifetime. The Listed Conditions are Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$15,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$45,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack — first verified diagnosis	Initial Benefit payment of \$15,000 or 100%	\$30,000
Heart Attack — second verified diagnosis, two years later	Recurrence Benefit payment of \$7,500 or 50%	\$22,500
Kidney Failure — first verified diagnosis, three years later	Initial Benefit payment of \$15,000 or 100%	\$7,500

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

In most states there is a preexisting condition limitation. If advice, treatment or care was sought, recommended, prescribed or received during the three months prior to the effective date of coverage, we will not pay benefits if the covered condition occurs during the first six months of coverage. The preexisting condition limitation does not apply to heart attack or stroke.

Supplemental Benefits

MetLife provides coverage for the Supplemental Benefits listed below. This coverage does not count towards the Total Benefit Amount payable for the previously mentioned Covered Conditions.

Health Screening Benefit¹²

After your coverage has been in effect for 1 month, MetLife will provide an annual benefit* of \$50 or \$100 per calendar year for taking one of the eligible screening/prevention measures. MetLife will pay only one health screening benefit per covered person per calendar year.

*The Health Screening Benefit amount depends upon the Initial Benefit Amount selected. Employees would receive a \$50 benefit with the \$15,000 initial benefit amount or a \$100 benefit with the \$30,000 Initial Benefit Amount.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at <https://boonchapman.benselect.com/alyeska>

Q. Who is eligible to enroll?

A. Regular active full-time employees working 20+ hours who are actively at work along with their spouse/domestic partner and dependent children can enroll for MetLife Critical Illness Insurance coverage.¹



Critical Illness Insurance

Q. How do I pay for coverage?

A. Coverage is paid through payroll deduction

Q. If I Leave the Company, Can I Keep My Coverage?¹³

A. Under certain circumstances, you can take your coverage with you if you leave. You must make a request in writing within a specified period after you leave your employer. You must also continue to pay premiums to keep the coverage in force.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800-GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Insurance Rates

MetLife offers competitive group rates and convenient payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Monthly Premium/\$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse + Children
<25	\$0.30	\$0.59	\$0.68	\$0.98
25-29	\$0.31	\$0.63	\$0.70	\$1.01
30-34	\$0.43	\$0.84	\$0.82	\$1.23
35-39	\$0.63	\$1.19	\$1.01	\$1.58
40-44	\$0.95	\$1.79	\$1.34	\$2.18
45-49	\$1.45	\$2.70	\$1.84	\$3.09
50-54	\$2.18	\$3.97	\$2.57	\$4.36
55-59	\$3.14	\$5.62	\$3.52	\$6.01
60-64	\$4.56	\$8.09	\$4.95	\$8.48
65-69	\$6.96	\$12.22	\$7.35	\$12.60
70-74	\$10.32	\$18.39	\$10.71	\$18.77
75-79	\$15.11	\$27.56	\$15.50	\$27.95
80-84	\$22.71	\$42.15	\$23.10	\$42.53
85+	\$29.73	\$56.42	\$30.12	\$56.81

Rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. Rates are subject to change. Please refer to the Disclosure Statement or Outline of Coverage/Disclosure Document for more information including the exclusions and limitations which apply to coverage.



Critical Illness Insurance

- ¹ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.
- ² Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.
- ³ Dependent Child coverage varies by state. Please contact MetLife for more information.
- ⁴ We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.
- ⁵ The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- ⁶ In certain states, the covered condition is Severe Stroke.
- ⁷ In certain states, the Covered Condition is Coronary Artery Disease.
- ⁸ Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-sitused cases and NH residents, there is an initial benefit of \$100 for All Other Cancer.
- ⁹ Please review the Outline of Coverage for specific information about Alzheimer's disease.
- ¹⁰ In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details.
- ¹² The Health Screening Benefit is not available in certain states. In some states, there is a separate mammogram benefit. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.
- ¹³ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most plans, there is a preexisting condition exclusion. After a covered condition occurs, there is a benefit suspension period during which benefits will not be paid for a recurrence, except in the case of individuals covered under a New York certificate. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. A more detailed description of the benefits, limitations, and exclusions applicable can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.



Accident Insurance

Alyeska Pipeline
Service Company

Coverage that helps pay for expenses that may not be covered under your medical plan.

Accident Insurance Benefits

Benefit Type	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Injuries		
Fractures ²	\$50 – \$3,000	\$100 – \$6,000
Dislocations ²	\$50 – \$3,000	\$100 – \$6,000
Second- and Third-Degree Burns	\$50 – \$5,000	\$100 – \$10,000
Concussions	\$200	\$400
Cuts/Lacerations	\$25 – \$200	\$50 – \$400
Eye Injuries	\$200	\$300
Medical Services & Treatment¹		
Ambulance	\$200 – \$750	\$300 – \$1,000
Emergency Care	\$25 – \$50	\$50 – \$100
Non-Emergency Care	\$25	\$50
Physician Follow-Up	\$50	\$75
Therapy Services (including physical therapy)	\$15	\$25
Medical Testing Benefit	\$100	\$200
Medical Appliances	\$50 – \$500	\$100 – \$1,000
Inpatient Surgery	\$100 – \$1,000	\$200 – \$2,000
Hospital³ Coverage (Accident)		
Admission	\$500 (non-Intensive Care Unit (ICU)) – \$1,000 (ICU) per accident	\$1,000 (non-ICU) – \$2,000 (ICU) per accident
Confinement	\$100 a day (non-ICU) — up to 30 days \$200 a day (ICU) — up to 30 days	\$200 a day (non-ICU) — up to 30 days \$400 a day (ICU) — up to 30 days
Inpatient Rehabilitation (paid per accident)	\$100 a day, up to 15 days	\$200 a day, up to 15 days



Accident Insurance

Benefit Type	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Accidental Death		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$25,000 \$75,000 for common carrier ⁵	\$50,000 \$150,000 for common carrier ⁵
Dismemberment, Loss & Paralysis		
Dismemberment, Loss & Paralysis	\$250 – \$10,000 per injury	\$500 - \$50,000 per injury
Other Benefits		
Lodging ⁶ —Pays for lodging for companion— up to 30 days per calendar year	\$100 per night— up to 30 days	\$200 per night— up to 30 days

Benefit Payment Example

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a Computed Tomography scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for two follow-up treatments, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event ¹	Benefit Amount
Ambulance (ground)	\$300
Emergency Care	\$100
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,350

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage at <https://boonchapman.benselect.com/alyeska>

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members!⁸ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. Who do I call for assistance?⁷**A.** Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: mybenefits.metlife.com.



Accident Insurance

Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance		Monthly Cost to You	
Coverage Options	Low Plan	High Plan	
Employee	\$12.47	\$23.99	
Employee & Spouse	\$18.66	\$35.22	
Employee & Child(ren)	\$23.69	\$44.60	
Employee & Spouse/Child(ren)	\$30.55	\$57.59	

¹ Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

² Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

³ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

⁵ Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

⁶ The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

⁸ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. Children may be covered to age 26. There are benefit reductions that may begin at age 65.

¹⁹ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.]

METLIFE'S ACCIDENT AND HOSPITAL INDEMNITY INSURANCE POLICIES ARE LIMITED BENEFIT GROUP INSURANCE POLICIES. The policies are not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policies or their provisions may vary or be unavailable in some states. Prior hospital confinement may be required to receive certain benefits. There may be a preexisting condition limitation for hospital sickness benefits, if applicable. MetLife's Accident and Hospital Indemnity Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

ALYESKA PIPELINE SERVICE COMPANY

**Basic Life Insurance for
Retirees**

Summary of Benefits

January 1, 2021

Table of Contents

	Page
TERM LIFE INSURANCE PLAN	1
Summary of Benefits	1
Term Life Insurance for Retirees	Error! Bookmark not defined.
Overview	2
Claim Submission.....	3
ADDITIONAL INFORMATION.....	4
Official Plan Text	4
Modification of Plan	4
Collective Bargaining Unit	4

BASIC TERM LIFE INSURANCE PLAN FOR RETIREES

Summary of Benefits

This Plan provides eligible retirees with Basic Term Life Insurance that is completely paid for by Alyeska. This benefit is designed to provide cash to your Beneficiary if you die, either accidentally or from natural causes.

The Plan is a component under the Alyeska Life and Dismemberment Plan, plan number 521.

Alyeska's Group Life Insurance Plan				
	What Is Covered	Amount	Who Pays the Premium	Dependent Coverage
Retiree Term Life Insurance	Death	\$ 25,000	Alyeska	None

Words with the first letter capitalized within a sentence that are not proper names signify they are defined in the Glossary of Terms section of the "General Information" booklet.

Overview

Basic Life Insurance pays a benefit in the amount of \$25,000 to your designated Beneficiary when you die. The cost of this benefit is paid entirely by Alyeska.

Who Is Eligible?

Effective September 1, 1993, a Retiree will be eligible for a Term Life Insurance policy with a flat amount of \$25,000, regardless of the amount of coverage prior to retirement. For example, if you retire with a Base Pay of \$45,000, here is how your coverage would change:

Example of Continuing Life Insurance for a Retiree	
Pre-retirement Basic Life Insurance	Retiree Basic Life Insurance
\$45,000	\$25,000

For employees who retired prior to September 1, 1993, the amount of the Retiree's basic life insurance stayed in force for one year. Beginning at age 66, and for each following year, it will be reduced by 10% of the original coverage amount – but never to less than 40%.

“Retiree” means a former Employee who was hired or rehired by the Company prior to January 1, 2021 and:

- 1) Has terminated employment with the Company (other than by reason of such former Employee's gross misconduct); and
- 2) Prior to January 1, 2017, earned at least 10 years of Benefit Service and has reached age 55 or older; or
- 3) On and after January 1, 2017, has at the time of termination of employment at least 15 years of Benefit Service and has reached age 60 or older.

This Plan is frozen to new participants effective January 1, 2021. If you were hired or rehired (and not previously retired) on or after January 1, 2021, you are not eligible to participate in this Plan.

Claim Submission

To submit a claim under the Plan, complete the appropriate claim form and submit any required additional documentation directly to MetLife. Contact Alyeska Pipeline Human Resources (907-787-8110) for an insurance claimant form.

Initial Determination

After MetLife receives a claim for Benefits, MetLife will review it and notify the claimant of its decision to approve or deny the claim. The notification will be provided to the claimant within a reasonable period, not to exceed 90 days from the date MetLife received the claim, unless MetLife notifies the claimant within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

If MetLife denies the claim in whole or in part, the notification will state the reason why the 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 notification 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 the claimant's right to bring a civil action if the claim is denied after an appeal.

Appealing the Initial Determination

In the event the claim has been denied in whole or in part, if applicable, the beneficiary can request a review of the claim by MetLife. This request for review should be sent in writing to Group Insurance Claims Review at the address of the MetLife office that processed the claim within 60 days after the beneficiary received notice of denial of the claim. When requesting a review, please state the reason the beneficiary believe the claim was improperly denied and submit in writing any written comments, documents, records or other information the beneficiary deem appropriate. Upon written request, MetLife will provide 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 the beneficiary will be notified of the decision. The notification will be provided within a reasonable period not to exceed 60 days from the date MetLife receives the request for review, unless MetLife notifies 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 a final written decision that states the reason(s) why the claim 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 the claimant's right to bring a civil action if the claim is denied after an appeal. Upon written request, MetLife will provide the claimant free of charge with copies of documents, records and other information relevant to the claim.

ADDITIONAL INFORMATION

Official Plan Text

This document provides a summary of your benefits; not every provision has been covered and some have been simplified. Full details are contained in the official Plan document, the Alyeska Life and Dismemberment Wrap Plan Document and SPD and/or insurance contract applicable to these benefits, which are the legal texts governing the operation of the Plan. With the exception of the eligibility requirements described in this document, if there are any inconsistencies between this document and the official Plan texts, the official Plan texts govern.

If you want the official Plan texts mailed to you, send a written request to: Human Resources, Alyeska Pipeline Service Company, P.O. Box 196660, MS 536, Anchorage, Alaska 99519-6660.

Modification of Plan

Alyeska expects to continue the Basic Life Insurance coverage for Retirees indefinitely, but may at any time — at Alyeska's discretion — amend, modify, revoke or terminate the Plan. Any changes to the Plan — to the extent allowed by law — may affect active and former Employees, as well as beneficiaries and alternate payees.

Collective Bargaining Unit

Should you become represented by a collective bargaining unit, you will be eligible to participate in the this Plan only if your participation is specifically provided for in a labor contract negotiated with Alyeska.

This is a summary of the Group Term Life Insurance Plan and does not provide a complete restatement of all conditions, provisions, and limitations of the Plans. In the event of any conflict between this summary and the policy contracts, the policy contracts will apply.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BLANKET ACCIDENT INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder for whom premium is paid (herein called Insured Person(s)) against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insured Persons are all persons described in the Classification of Eligible Persons section of the Declarations section of this Policy.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the Declarations section.

This Policy begins on the Policy Effective Date shown in the Declarations section and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates in effect at the time of renewal.

This Policy is governed by the laws of Alaska.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa witness this Policy:



President



Secretary

PLEASE READ THIS POLICY CAREFULLY.

THIS IS AN ACCIDENT ONLY POLICY. IT DOES NOT COVER SICKNESS OR DISEASE.

TABLE OF CONTENTS

Declarations	DP1
Definitions	3
Policy Effective and Termination Dates	5
Insured's Effective and Termination Dates	5
Insured Dependent's Effective and Termination Dates	5
Premium	6
Benefits.....	6
Principal Sum	6
B-1 Accidental Death Benefit	6
B-2 Accidental Dismemberment and Paralysis Benefit.....	6
Exposure and Disappearance	7
Limitations.....	8
Limitation on Multiple Benefits	8
Limitation on Multiple Hazards	8
Aggregate Limit	8
General Exclusions	9
Claims Provisions	10
General Provisions.....	11

DECLARATIONS

1. Identification of Policyholder:

Name of Policyholder: Alyeska Pipeline Service Company
Address of Policyholder: 3700 CenterPoint Dr., Anchorage, AK 99503
Type of Business or Purpose of Organization: Pipelines
Covered Affiliates(s) or Subsidiary(ies): As on file with the Policyholder
Policy Number: GTP 0009159597

Newly Acquired Corporations, Partnerships, or Sole Proprietorships. The premium for this Policy applies only to the Policyholder as constituted on the Policy Effective Date (or any renewal date of this Policy). However, any corporation, partnership, or sole proprietorship consisting of 100 lives or greater acquired by the Policyholder after the Policy Effective Date (or the renewal date) will be considered a part of the Policyholder, or a Covered Affiliate or Subsidiary, as of the date of the acquisition, but only if the following conditions are both met by the Policyholder within a reasonable time after the acquisition date: (1) it must report to the Company, in writing, the name of the newly acquired entity and all underwriting information the Company deems necessary to determine any additional premium required; and (2) it must agree to, and must pay, any required additional premium (or an appropriate portion thereof as agreed upon with the Company). If both conditions are not met within a reasonable time after the acquisition date, the newly acquired entity will not be considered a part of the Policyholder, or a Covered Affiliate or Subsidiary, and the employees from the newly acquired entity will not be considered as employees of the Policyholder or a Covered Affiliate or Subsidiary for Policy purposes, until the date both conditions are met.

2. Classification of Eligible Persons:

Class	Description of Class
I	All Employees of the Policyholder.
II	All Eligible Spouses, who are traveling with the Employee at the direction of the Policyholder, who are not in any other Class.
III	All Eligible Dependent Children, who are traveling with the Employee at the direction of the Policyholder, who are not in any other Class.

Eligible Spouse - as used above, means the Insured's legal spouse.

Eligible Dependent Children - as used above, means the Insured's unmarried children, including natural children from the moment of birth, step or foster children, or adopted children from the moment of placement in the home of the Insured, under age 26 and primarily dependent on the Insured for support and maintenance.

Any unmarried Eligible Dependent Children of the Insured covered under the Policy before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under the Policy beyond that age limit for as long as the Policy is in force, but only if they remain continuously covered under the Policy. The Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s incapacity and dependency to the Company within 60 days before the Eligible Dependent Child(ren) reach the age limit specified above. If the Insured fails to furnish the requested proof before the Eligible Dependent Child(ren) reach the age limit, coverage for the Eligible Dependent Child(ren) will not be extended past the age limit. If coverage is extended, the Company may request that the Insured submit satisfactory proof of the Eligible Dependent Child(ren)'s continued incapacity and dependency to the Company on an annual basis. If the Insured fails to furnish

the requested proof within 31 days of the request, coverage for the Eligible Dependent Child(ren) will terminate at the end of that 31-day period.

Continuation of Eligibility. If premium payments are continued on a basis that precludes individual selection, an Insured who ceases to be a member of eligible class as described above may still be regarded as in eligible class as follows: (1) if the Insured is on temporary lay-off or leave of absence (other than an authorized family or medical leave), for the full period of the lay-off or leave, but not for more than three months in a row; or (2) if the Insured is absent from work due to an authorized family or medical leave, for the full period of the leave, but not for more than three months in a row unless a longer period is agreed to by the Company and the Policyholder.

3. Principal Sums, Hazards, Benefits and Other Riders and Endorsements for Eligible Persons:

Any Benefit shown in any row of the chart below applies only to an eligible person in a Class shown in that row, only with respect to an accident that occurs under the circumstances described in a Hazard shown in that row as to such person. Any other Rider or Endorsement shown in any row of the chart below applies only with respect to the Classes, Hazards, and Benefits shown in that row.

Section 3A.

Class	Principal Sum
I	5 times the Insured's Annual Salary, rounded to the next highest \$1,000 if not already a multiple thereof, subject to a maximum of \$500,000.
II	\$50,000
III	\$25,000

"Annual Salary" means the Insured's base annual salary exclusive of overtime, bonuses, tips, commission, and special compensation.

Section 3B.

Class	Hazard(s)	Benefit(s) and Benefit Riders	Other Endorsement(s)	Rider(s) and
I	H-12, H-22, H-34, H-37, H-39	B-1, B-2, B-4, B-6, B-7, B-13, B-16, B-24, B-25, B-26, B-28, B-29, B-42, B-44, B-45, B-46, B-59, B-60		
II	H-39, H-43, H-44	B-1, B-2, B-4, B-6, B-7, B-13, B-16, B-25, B-26, B-28, B-29, B-42, B-44, B-45, B-46, B-59, B-60		
III	H-39, H-43, H-44	B-1, B-2, B-4, B-6, B-7, B-13, B-16, B-25, B-26, B-28, B-29, B-42, B-44, B-45, B-46, B-59, B-60		

4. Aggregate Limit: \$5,000,000 per Air accident

5. **Hazards, Benefits and Benefit Riders, Other Riders and Endorsements, and Attachments Made Part of this Policy:**

a. The following Hazards are made part of the Policy as of the Policy Effective Date:

FORM NUMBER	HAZARD NUMBER	DESCRIPTION
C11875(Rev 3/13)DBG	H-12	24-Hour Accident Protection While On A Trip (Business Only)
C11881(Rev 3/13)DBG-AK	H-22	24-Hour Violent Crime on a Trip (Business Only)
C11893DBG	H-34	On-Premises Bomb Scare
C11896(Rev 8/16)DBG-AK	H-37	Hijacking (Business Only)
C11898(Rev 3/13)DBG-AK	H-39	War Risk (Business Only)
C11902DBG	H-43	24-Hour on a Family Relocation Trip (Insured Dependents Only)
C11903DBG	H-44	Family Accompanying the Insured (Insured Dependents Only)

b. Check one and only one:

- B-1 Accidental Death Benefit Only
- B-1 and B-2 Both Accidental Death and Accidental Dismemberment and Paralysis Benefits

The following Benefits and Benefit Riders /Endorsements are attached to and made part of the Policy as of the Policy Effective Date. Each Benefit Rider/Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by that Benefit Rider/Endorsement.

FORM NUMBER	BENEFIT NUMBER	DESCRIPTION
C11911(Rev 3/13)DBG-AK	B-4	Bereavement and Trauma Counseling Benefit
C11913DBG	B-6	Carjacking Benefit (Percentage of Principal Sum Amount)
C11914(Rev 7/12)DBG-AK	B-7	Coma Benefit
C11920(Rev 8/16)DBG-AK	B-13	Emergency Evacuation With Family Travel Benefit
C11923(Rev 3/13)DBG	B-16	Home Alteration and Vehicle Modification Benefit
C11931DBG-AK	B-24	Permanent Total Disability Benefit (Single Payment)
C11932(Rev 3/13)DBG-AK	B-25	Rehabilitation Benefit
C11933(Rev 8/16)DBG-AK	B-26	Repatriation of Remains Benefit
C11935DBG	B-28	Seat Belt and Air Bag (Percentage of Principal Sum Amount) Benefit
C11936DBG	B-29	Severe Burn Benefit
C36048DBG-AK	B-42	Security Evacuation Benefit
C36159(Rev 8/16)DBG-AK	B-44	Out Of Country Medical Expense Benefit
C36161(Rev 8/16)DBG-AK	B-45	Attendor Benefit
C36182(Rev 1/20)DBG-AK	B-46	Bedside Visit Benefit
C36467NUFIC-AK	B-59	Medical and Non-Medical Repatriation Benefit
C30475NUFIC-AK	B-60	Severe Infectious Disease Outbreak Benefit

c. The following attachments are made part of the Policy as of the Policy Effective Date:

C11948DBG	E-2	Modified Payment of Claims Endorsement
U40015		Domestic Partnerships Endorsement
89644 6-13-1		Economic Sanctions Endorsement

6. **Premiums:**

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

\$18,948.00, due and payable for the Policy Term.

7. **Data Furnished by Policyholder:** The Policyholder agrees to submit all requested exposure as a condition of any renewal.

In regards to Hazard H-39, War Risk, the Policyholder will also provide a list of all travel to Designated War Risk Territories by Insured Persons for the previous 12 months as a condition of the War Risk Audit that is due. This list must include the Employee's name, Class, Salary (if Principal Sum is a multiple of salary), Destination and Dates of Travel.

This information will be audited based on the factors for each specific time period.

Any additional premium above the Minimum & Deposit included in the previously bound premium will be invoiced at that time.

No War Risk coverage will be extended to travel to the following listed countries unless the trips is first reported to the Company prior to the departure date of the Insured Person and an additional charge has been approved and invoiced: Afghanistan, Iraq, Ukraine.

8. **Coverage Effective Date:**

Subject to the Policy provisions regarding the effective date of coverage for individuals, insurance will become effective as to each eligible person in consideration of the required premium payment on the later of (a) date he or she becomes eligible or (b) the date he or she completes any waiting period required by the Policyholder.

A change in coverage will become effective on the latest of the following dates: (1) if the change requires a change in premium, the date the first changed premium is paid when due; or (2) the date of the change. However, a changed Principal Sum applies only with respect to accidents that occur on or after the effective date of the change.

9. **Policy Term:**

Policy Effective Date:	March 1, 2022
Policy Anniversary Date:	March 1, 2025
Policy Termination Date:	March 1, 2025

DEFINITIONS

Airworthiness Certificate - means the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States of America or its equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of registry.

Civilian Aircraft - means a civil or public aircraft having a current and valid Airworthiness Certificate and piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft. A Civilian Aircraft does not include a Policyholder Aircraft.

Immediate Family Member - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Injury - means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under this Policy is in force; (2) which occurs under the circumstances described in a Hazard applicable to that person; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss under a Benefit applicable to such Hazard.

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; (2) for whom premium has been paid; and (3) while covered under this Policy. However, an Insured does not include any person covered under this Policy solely as an Insured Dependent.

Insured Dependent - means an Insured Spouse or an Insured Dependent Child.

Insured Dependent Child - means the Insured's Eligible Dependent Child as described in the Classification of Eligible Persons section of the Declarations section of this Policy: (1) for whom premium has been paid; and (2) while covered under this Policy.

Insured Person - means an Insured or an Insured Dependent.

Insured Spouse - means the Insured's Eligible Spouse as described in the Classification of Eligible Persons section of the Declarations section of this Policy: (1) for whom premium has been paid; and (2) while covered under this Policy.

Military Air Transport Aircraft - means an aircraft having a current and valid Airworthiness Certificate; piloted by a person who has a current and valid medical certificate and pilot certificate with appropriate ratings for the aircraft; and operated by the United States of America, or by the similar air transport service of any duly constituted governmental authority of any other recognized country.

Passenger - means a person not performing as a pilot, operator or crew member of a conveyance.

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

Policyholder Aircraft - means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the Policyholder.

Sojourn and Personal Deviation, Sojourn or Personal Deviation - means non-business travel or activities undertaken While on the Business of the Policyholder but unrelated to furthering the business of the Policyholder.

Specialized Aviation Activity - means an aircraft while it is being used for one or more of the following activities:

- acrobatic or stunt flying
- racing
- any endurance tests
- any flight on a rocket-propelled or rocket-launched aircraft
- crop dusting
- crop seeding
- crop spraying
- fire fighting
- any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.
- exploration
- pipe line inspection
- power line inspection
- any form of hunting
- bird or fowl herding
- aerial photography
- banner towing
- any test or experimental purpose

Trip – means a trip taken by an Insured which begins when the Insured leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last), and is deemed to end when the Insured returns from the trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the Insured is on an authorized leave of absence or vacation or travel to and from the Insured's place of regular employment. "Trip" does not include the Insured's trip to a location that extends for more than 365 days. Such a trip will be deemed to change the Insured's residence or place of regular employment to the new location.

While on the Business of the Policyholder – means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time: (1) while the Insured Person is working at his or her regular place of employment; (2) during the course of everyday travel to and from work; or (3) during an authorized leave of absence or vacation. If an Insured's assignment to a location exceeds 365 days, such assignment will be deemed to change the Insured's residence and regular place of employment to the new location.

While On-Premises of the Policyholder - means while and in consequence of performing any assigned occupational duties for which compensation is received at the Insured Person's regular place of employment with the Policyholder or elsewhere directly in or on the premises of the Policyholder, but does not include during the course of everyday travel to and from work.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Declarations section of this Policy at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. Either the Company or the Policyholder may terminate this Policy on any Policy Anniversary Date by giving 45 days advance written notice to the other party. This Policy may also, at any time, be terminated by mutual written consent of the Company and the Policyholder. This Policy terminates automatically on the earlier of: 1) the Policy Termination Date shown in the Declarations section of this Policy; or 2) the premium due date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; or (3) the Coverage Effective Date described in the Declarations section of this Policy.

Termination Date. An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated; (2) the premium due date if premiums are not paid when due; or (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured Dependent's coverage under the Policy begins on the latest of: (1) the date the Insured's coverage under the Policy begins; (2) the date the person becomes a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy; or (3) the Coverage Effective Date described in the Declarations section of this Policy.

Termination Date. An Insured Dependent's coverage under the Policy ends on the earliest of: (1) the date the Insured's coverage under the Policy ends; (2) the premium due date if premiums for the Insured Dependent are not paid when due; or (3) the date the Insured Dependent ceases to be a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of this Policy.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Declarations section of this Policy. The Company may change the required premiums due on any Policy anniversary date after the third Policy anniversary date, as measured annually from the Policy Effective Date, by giving the Policyholder at least 45 days advance written notice. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any coverage change affecting premiums is made in this Policy.

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will not be terminated for nonpayment of premium during the Grace Period if the Policyholder pays all premiums due by the last day of the Grace Period. This Policy will terminate on the last day of the period for which all premiums have been paid if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section. In such case, the Policyholder will be liable to the Company for any unpaid premiums for the time this Policy is in force, plus all costs and expenses (including, but not limited to, reasonable attorney fees, collection fees and court costs) incurred by the Company in the collection of all overdue amounts.

No grace period will be provided if the Company receives notice to terminate this Policy prior to a premium due date.

BENEFITS

Principal Sum. As applicable to each Hazard and Benefit for each Insured Person, Principal Sum means the amount of insurance in force under this Policy on that person for that Hazard and Benefit as described for the Insured Person's eligible class in the Principal Sums, Hazards and Benefits section of the Declarations section of this Policy.

B-1. Accidental Death Benefit. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Benefit with respect to each class of Insured Persons and each hazard. If Injury to the Insured Person results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Principal Sum.

B-2. Accidental Dismemberment and Paralysis Benefit. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Benefit with respect to each class of Insured Persons and each hazard. If Injury to the Insured Person results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Principal Sum shown below for that Loss:

<u>For Loss of</u>	<u>Percentage of Principal Sum</u>
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%

Thumb and Index Finger of Same Hand.....	25%
Quadriplegia.....	100%
Paraplegia.....	75%
Hemiplegia.....	50%
Uniplegia.....	25%

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

“Quadriplegia” means the complete and irreversible paralysis of both upper and both lower limbs. “Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. “Uniplegia” means the complete and irreversible paralysis of one limb. “Limb” means entire arm or entire leg.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured Person's coverage is in force under this Policy, the Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured Person has suffered accidental death within the meaning of this Policy.

LIMITATIONS

Limitation on Multiple Benefits. If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit, Permanent Total Disability Benefit.

Limitation on Multiple Hazards. If an Insured Person's Injury is caused by an accident that occurs under the circumstances described in more than one Hazard applicable to that person as shown in the Principal Sums, Hazards and Benefits section of the Declarations section of this Policy, for Policy purposes the Principal Sum for that Insured Person for that accident will be determined as though the accident occurred under the circumstances described in only one such Hazard, the Hazard with the largest Principal Sum: H-12, H-22, H-34, H-37, H-39, H-43, H-44.

Aggregate Limit. The maximum amount payable under this Policy may be reduced if more than one Insured Person suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following Benefits provided by this Policy: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Coma Benefit, Permanent Total Disability Benefit. The maximum amount payable for all such losses for all Insured Persons under all those Benefits combined will not exceed the amount shown as the Aggregate Limit in the Declarations section of this Policy. If the combined maximum amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured Person for all such losses under all those Benefits combined. NOTE: If the Declarations section of this Policy states that an Aggregate Limit is restricted in its applicability to certain eligible classes or certain Hazards, this Aggregate Limit provision applies only to Insured Persons in those eligible classes or to whom that Hazard applies.

GENERAL EXCLUSIONS

No coverage shall be provided under this Policy and no payment shall be made for any loss resulting from any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member, unless specifically provided by this Policy.
3. declared or undeclared war, or any act of declared or undeclared war, unless specifically provided by this Policy.
4. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these.
5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after an Insured Person's loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company at A&H Claims Department, PO Box 25987, Shawnee Mission, KS 66225, with information sufficient to identify the Insured Person, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of the loss. If the loss is one for which this Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured Person will be made to the Insured Person's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured Person suffering the loss. If an Insured Person dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, and any application or attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder will be considered representations and not warranties.

No change in this Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Incontestability. The validity of this Policy will not be contested after it has been in force for two year(s) from the Policy Effective Date, except as to nonpayment of premiums.

Certificates of Insurance. The Company, when required, will provide certificates of insurance for distribution to each Insured describing the coverage provided, any limitations, reductions, and exclusions applicable to the coverage, and to whom benefits will be paid.

Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) so named by the Insured for the Policyholder's group life insurance policy as shown on the Policyholder's records kept on that policy, unless the Insured has named a beneficiary specifically for this Policy as shown on the Policyholder's records kept on this Policy. The Insured Dependent's beneficiary is the Insured unless the Insured has named a different beneficiary(ies) for the Insured Dependent's coverage as shown on the Policyholder's records kept on this Policy.

An Insured over the age of majority and legally competent may change his or her beneficiary designation or the beneficiary designation for an Insured Dependent's coverage at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies) or the Insured Dependent, by providing the Policyholder with a written request for change. When the request is received by the Policyholder, whether the Insured or the Insured Dependent is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment made by it prior to receipt of the request.

If there is no designated beneficiary for an Insured's coverage or no designated beneficiary for the Insured's coverage is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If no beneficiary for an Insured Dependent's coverage is living on the date of the Insured Dependent's death, the beneficiary is the Insured's estate.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of Alaska is hereby amended to conform to the minimum requirements of those statutes.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured Person if that insurance would otherwise have been in effect nor extend the insurance of any Insured Person if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may assign all of his or her rights, privileges and benefits under this Policy without the consent of his or her designated beneficiary. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of this Policy.

New Entrants. This Policy will allow from time to time, that new eligible Insured Persons of the Policyholder be added to the class(es) of Insured Persons originally insured under this Policy.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

HAZARD H-12 24-HOUR ACCIDENT PROTECTION WHILE ON A TRIP (Business Only)

Hazard H-12 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person:

1. While on the Business of the Policyholder; and
2. during the course of any Trip, including a Sojourn or Personal Deviation taken during the course of the Trip, made by such person.

With respect to a Sojourn or Personal Deviation, Hazard H-12 applies only where the Sojourns or Personal Deviations if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than a total of 14 day(s).

With respect to any period of time such Insured Person is traveling on a conveyance during the course of any such trip, Hazard H-12 applies only with respect to Injury sustained by the person:

1. while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - a. any such conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member and while the Insured Person is performing as an operator or crew member on any such conveyance; or
 - b. any such conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including getting in or out of, or on or off of) for the transportation of passengers or property for hire, profit or gain; or
2. while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - a. any Civilian Aircraft; or
 - b. any Military Air Transport Aircraft; or
3. by being struck or run down by any aircraft.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person traveling or flying in or on (including getting in or out of, or on or off of) any aircraft other than as expressly described in this Hazard, unless otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for Specialized Aviation Activity(ies).

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

HAZARD H-22 24-HOUR VIOLENT CRIME ON A TRIP (Business Only)

Hazard H-22 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person as a result of a Criminal Act of Violence:

1. that is not an act of the Insured Person;
2. While on the Business of the Policyholder; and
3. that occurs during the course of any Trip, including a Sojourn or Personal Deviation taken during the course of the Trip, made by such person; and
4. that is not a moving violation as defined under the applicable state motor vehicle laws, unless purposely directed at the Insured Person.

With respect to a Sojourn or Personal Deviation, Hazard H-22 applies only where the Sojourns or Personal Deviations if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than a total of 14 day(s).

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However, unless otherwise provided by this Policy that Exclusion is not waived with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is:

1. riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.
2. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
3. riding as a Passenger in a Policyholder Aircraft or an aircraft owned, leased or operated by the Insured Person's employer.

All other exclusions in the General Exclusions section of this Policy apply.

Criminal Act of Violence - as used in this Hazard, means any willful or unlawful use of force in connection with the commission of or the attempt to commit a crime (including, but not limited to, robbery, theft, kidnapping, hostage-taking, hijacking, assault, battery, sniping, murder, manslaughter, riot, or insurrection) that: (1) results in Injury to the Insured Person; and (2) is a felony or a misdemeanor in the jurisdiction in which it occurs.

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Policy Number: GTP 0009159597

HAZARD H-34 ON-PREMISES BOMB SCARE

Hazard H-34 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person as a result of a Bomb Scare which is directed at the Policyholder or its property or assets and:

1. that is not an act of the Insured Person; and
2. that occurs While On-Premises of the Policyholder.

Exclusions. All exclusions in the General Exclusions section of this Policy apply with respect to this Hazard.

Bomb - as used in this Hazard, means any explosive device fused to detonate and placed with the intent to cause injury, damage or fear.

Bomb Scare - as used in this Hazard, means: (1) any report of the presence of a Bomb (whether or not there actually is a Bomb) that requires both evacuation of the Policyholder's premises and an organized search for such Bomb; or (2) any explosion of a Bomb, whether or not reported in advance.

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HAZARD H-37 HIJACKING (Business Only)

Hazard H-37 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person as a result of a Hijacking of any land, water or air conveyance, except a private automobile, where the Hijacking:

1. occurs while the Insured Person is riding as a Passenger in or on (including getting in or out of, or on or off of) such conveyance While on the Business of the Policyholder; and
2. While on the Business of the Policyholder and during the course of any Trip, including a Sojourn or Personal Deviation taken during the course of the Trip, made by such person; and
3. is not an act of the Insured Person, or an individual who resides with the Insured Person on a permanent basis.

With respect to a Sojourn or Personal Deviation, Hazard H-37 applies only where the Sojourns or Personal Deviations if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than a total of 14 day(s).

This Hazard will not duplicate coverages under any other Hazards provided by this Policy.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However, unless otherwise provided by this Policy, that Exclusion is not waived with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is:

1. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
2. riding as a Passenger in a Policyholder Aircraft or an aircraft owned, leased or operated by the Insured Person's employer.

Exclusion 3 in the General Exclusions section of this Policy is also waived but only with respect to Injury sustained by such person (a) under the circumstances described in this Hazard and (b) outside the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of the United States of America.

All other exclusions in the General Exclusions section of this Policy apply.

Hijacking - as used in this Hazard, means taking unlawful possession of a conveyance by means of force or threats against the person(s) then rightfully occupying such conveyance.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

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HAZARD H-39 WAR RISK (Business Only)

Hazard H-39 applies only with respect to an Insured Person in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person While on the Business of the Policyholder and as a result of an act of declared or undeclared war within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory (but not such an act in which the Insured Person is an active participant).

Changes in Premium. The Company may change the premium rate for the inclusion of Hazard H-39 under this Policy at any time if (1) war risk conditions change in the Designated War Risk Territory(ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory(ies); or (3) the Policyholder's exposure to war risk in the Designated War Risk Territory(ies) changes in any way. The Company will give the Policyholder written notice of any change in the premium rate for the inclusion of Hazard H-39 at least 45 days in advance of the effective date of the change.

Termination Date. Hazard H-39 ceases to apply with respect to this Policy on the earliest of: (1) the date the Policy terminates; or (2) the date the Company receives written notice from the Policyholder of the Policyholder's intent to terminate the applicability of Hazard H-39 (or on the date specified in the written notice, if later); or (3) the date specified in the Company's written notice to the Policyholder of the Company's intent to terminate the applicability of Hazard H-39 (or 45 days after the date the written notice is received by the Policyholder, if later).

If the applicability of Hazard H-39 terminates prior to the end of a period for which premium has been paid, any unearned premium attributable to Hazard H-39 will be returned.

Termination of the applicability of Hazard H-39 will not affect a claim for a covered loss that occurred while Hazard H-39 was still applicable.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However, unless previously consented to in writing by the Company, that Exclusion is not waived, and this Hazard does not apply, with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is:

1. riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.
2. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
3. riding as a Passenger in a Policyholder Aircraft or an aircraft owned, leased or operated by the Insured Person's employer.

Exclusion 3 in the Exclusions section of the Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard, and only where the accident occurs within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory.

All other exclusions in the General Exclusions section of this Policy apply.

Reporting Requirements. The Policyholder agrees to report, in writing, exposure of Insured Persons in the Designated War Risk Territory(ies) annually. The report must include the name of each Insured Person exposed, his or her specific itinerary and destination(s) in the Designated War Risk Territory(ies), the effective and termination dates of his or her exposure, and his or her Principal Sum with respect to Hazard H-39 during the period of exposure.

Changes in Terms and Conditions. The terms and conditions of Hazard H-39, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in the opinion of the Company, constitute a change in the Policyholder's war risk exposure.

Designated War Risk Territory(ies) means worldwide. A Designated War Risk Territory does not include the United States of America or the Insured Person's country of permanent residence.

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HAZARD H-43 24-HOUR ON A FAMILY RELOCATION TRIP (Insured Dependents Only)

Hazard H-43 applies only with respect to an Insured Dependent in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such person during the course of any Family Relocation Trip made by such person.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Dependent to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. However, unless otherwise provided by this Policy that Exclusion is not waived with respect to the person traveling or flying in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the accident causing such Injury occurs while the person is:

1. riding as a Passenger in any aircraft not intended and/or licensed for the transportation of Passengers.
2. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
3. riding as a Passenger in a Policyholder Aircraft or an aircraft owned, leased or operated by the Insured Dependent's employer.

All other exclusions in the General Exclusions section of this Policy apply.

Family Relocation Trip - as used in this Hazard, means a Trip made by an Insured Dependent in connection with the Insured's transfer or proposed transfer by the Policyholder to a new worksite. The Trip must be authorized by, or taken at the direction of, the Policyholder and/or must be paid for in whole or in part by the Policyholder.

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Policy Number: GTP 0009159597

HAZARD H-44 FAMILY ACCOMPANYING THE INSURED (Insured Dependents Only)

Hazard H-44 applies only with respect to an Insured Dependent in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy, and only with respect to Injury sustained by such Insured Dependent:

1. while he or she is accompanying the Insured or on his or her way to join the Insured; and
2. when the Trip is authorized by and/or paid for in whole or in part by the Policyholder; and
3. while the Insured is covered during the course of the circumstances described in, and subject to the exclusions and other terms and conditions of any Hazards for which the Insured is covered under this Policy.

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BENEFIT B-4 BEREAVEMENT AND TRAUMA COUNSELING BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Bereavement and Trauma Counseling Benefit. If an Insured Person suffers an accidental death or an accidental dismemberment or paralysis for which an Accidental Death or Accidental Dismemberment and Paralysis benefit is payable under the Policy, or if he or she goes into a coma for which a Coma benefit is payable under the Policy, the Company will pay Covered Bereavement and Trauma Counseling Expenses that are due to his or her death or dismemberment or paralysis or coma. The Covered Bereavement and Trauma Counseling Expenses must be incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$150 per session for up to 10 sessions for the Insured Person and all of his or her Immediate Family Members combined with respect to all such losses caused by the same accident.

Covered Bereavement and Trauma Counseling Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Bereavement or Trauma Counseling Session for the Insured Person and/or one or more of his or her Immediate Family Member(s) provided under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar counseling sessions in the geographic area where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed. Benefits will be calculated using the 80th percentile or greater of Usual and Customary Charges in the geographic area where the expense is incurred, based on information obtained from Fair Health.

The Insured Person is responsible for charged amounts in excess of the usual level of charges.

Medically Necessary Bereavement or Trauma Counseling Session - as used in this Rider, means any individual, joint or family mental health counseling session that is determined by the attending Physician to be essential to assist the Insured Person and/or one or more Immediate Family Members in coping with the loss for which it is provided and that is ordered by that attending Physician.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Covered Bereavement and Trauma Counseling Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under: 1) any Workers' Compensation Act or similar law; or 2) the Out-of-Country Medical Expense Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

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Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-6

CARJACKING BENEFIT (PERCENTAGE OF PRINCIPAL SUM AMOUNT) RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to Carjackings that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Carjacking Benefit. The Company will pay a benefit under this Rider when the Insured Person suffers one or more losses for which benefits are payable under the Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit or Coma Benefit provided by the Policy as a result of a Carjacking of an Automobile while the Insured Person is operating, or riding as a passenger in, (including getting in or out of) such Automobile.

The amount payable under this Rider is the lesser of: (1) \$25,000; or (2) 10% of the largest benefit payable under any one of the Benefits specified above due to the Carjacking. Only one benefit is payable under this Rider for all losses as a result of the same Carjacking.

Verification of the Carjacking must be a part of an official report of the Carjacking or be certified, in writing, by the investigating officer(s).

Automobile - as used in this Rider, means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Carjacking - as used in this Rider, means taking unlawful possession of an Automobile by means of force or threats against the person(s) then rightfully occupying such Automobile.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

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**BENEFIT B-7 (Rev)
COMA BENEFIT RIDER**

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Coma Benefit. If Injury renders an Insured Person Comatose within 365 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Insured Person's Principal Sum. This benefit is payable monthly for 11 months if the Insured Person remains Comatose due to that Injury. If the Insured Person remains Comatose through the 11th month, any residual portion of that Insured Person's Principal Sum will become payable on the first day of the 12th month during which the Insured Person remains Comatose. If the Insured Person ceases to be Comatose due to the Injury any time during the first 11 months, the monthly benefit will end. No benefit is provided for the first 30 days of Coma. No benefit is payable after the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

Coma/Comatose - as used in this Rider, means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-13

EMERGENCY EVACUATION WITH FAMILY TRAVEL BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Emergency Evacuation Benefit. The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to a maximum of \$2,500,000 for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured Person's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

Family Travel Benefit. Following an Emergency Evacuation for which an Emergency Evacuation benefit is payable under the Policy, the Company will pay for expenses reasonably incurred:

1. to return to their current place of primary residence, with an attendant if necessary, any of the Insured Person's Children who were accompanying the Insured Person when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person; and
2. to bring one person chosen by the Insured Person to and from the hospital or other medical facility where the Insured Person is confined if the Insured Person is alone and if the place of confinement is outside a 100 mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance. In the event it is not reasonably possible to contact Travel Guard Group, Inc. in advance, benefits are limited to the amount the Company would have paid had Travel Guard Group, Inc. been contacted. The General Exclusions section of the Policy, and the Exclusions section of each Hazard to which this Rider applies, do not apply with respect to this Rider.

Children - as used in this Rider, means unmarried children, including natural, step, foster or adopted children from the moment of placement in the Insured Person's home, under age 25 and primarily dependent on the Insured Person for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

Covered Emergency Evacuation Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the geographic area where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed. . Benefits will be calculated using the 80th percentile or greater of Usual and Customary Charges in the geographic area where the expense is incurred, based on information obtained from Medical Data Research (MDR).

The Insured Person is responsible for charged amounts in excess of the usual level of charges.

Emergency Evacuation - as used in this Rider, means, if warranted by the severity of the Insured Person's Injury or Emergency Sickness: (1) the Insured Person's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured Person's Transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies. For purposes of this Rider, any references to "Injury" in such a Hazard are deemed to be references to "Injury or Emergency Sickness."

Medically Necessary Emergency Evacuation Service - as used in this Rider, means any Transportation, medical treatment, medical service or medical supply that is determined by the attending Physician to be: (1) an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; and (2) either is ordered by that Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured Person.

Transportation - as used in this Rider means moving the Insured Person during an Emergency Evacuation by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

**BENEFIT B-16
HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT RIDER**

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Home Alteration and Vehicle Modification Benefit. If an Insured Person:

1. suffers an accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy;
2. did not, prior to the date of the accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$50,000 for all such losses caused by the same accident.

Covered Home Alteration and Vehicle Modification Expenses - as used in this Rider, means one-time expenses that:

1. are charged for:
 - (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
 - (b) modifications to a motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or driveable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:

1. made on behalf of the Insured Person;
2. recommended by a nationally-recognized organization providing support and assistance to wheelchair users;

3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Covered Home Alteration and Vehicle Modification Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-24

PERMANENT TOTAL DISABILITY (SINGLE PAYMENT) BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Permanent Total Disability Benefit (Not Applicable to Insured Persons Age 70 or Older on the Date of the Accident). If, as a result of an Injury, the Insured Person is rendered Permanently Totally Disabled within 365 days of the accident that caused the Injury, the Company will pay 100% of the Principal Sum at the end of 12 consecutive months of such Permanent Total Disability.

Permanently Totally Disabled/Permanent Total Disability - as used in this Rider, means that the Insured Person is permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training. However, with respect to an Insured Person for whom an occupational definition of Permanently Totally Disabled/Permanent Total Disability is not appropriate, Permanently Totally Disabled/Permanent Total Disability means, as used in this Rider, that the Insured Person is permanently unable to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured Person immediately prior to the accident.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-25 REHABILITATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Rehabilitation Benefit. If an Insured Person suffers an accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy, the Company will reimburse the Insured Person for Covered Rehabilitative Expenses that are due to the Injury causing the dismemberment or paralysis. The Covered Rehabilitative Expenses must be incurred within two years after the date of the accident causing that Injury, up to a maximum of \$50,000 for all Injuries caused by the same accident.

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; or (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Medically Necessary Rehabilitative Training Service - as used in this Rider, means any medical service, medical supply, medical treatment or Hospital confinement (or part of a Hospital confinement) that is determined by the attending Physician to be essential for physical rehabilitative training due to the Injury for which it is prescribed or performed and that is ordered by that Physician.

Covered Rehabilitative Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Rehabilitative Training Service of the Insured Person performed under the care, supervision or order of a Physician; (2) does not exceed the usual level of charges for similar treatment, supplies or services in the geographic area where the expense is incurred (for a Hospital room and board charge, does not exceed the most common charge for Hospital semi-private room and board in the Hospital where the expense is incurred); and (3) does not include charges that would not have been made if no insurance existed. Information concerning the usual level of charges will be obtained from

Fair Health. Benefits will be based on the calculation of the percentile of the usual level of charges.

The Insured Person is responsible for charged amounts in excess of the usual level of charges.

Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Covered Rehabilitative Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under: (1) any Workers' Compensation Act or similar law; or (2) the Out-of-Country Medical Expense Benefit Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-26 REPATRIATION OF REMAINS BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to losses of life that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Repatriation of Remains Benefit. If an Insured Person suffers loss of life due to Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, up to a maximum of \$2,500,000.

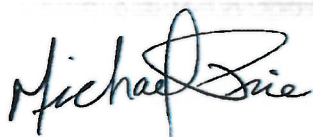
Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance. In the event it is not reasonably possible to contact Travel Guard Group, Inc. in advance, benefits are limited to the amount the Company would have paid had Travel Guard Group, Inc. been contacted.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies. For purposes of this Rider, any references to "Injury" in such a Hazard are deemed to be references to "Injury or Emergency Sickness".

The General Exclusions section of the Policy, and the Exclusions section of each Hazard to which this Rider applies, do not apply with respect to this Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-28

SEAT BELT AND AIR BAG (PERCENTAGE OF PRINCIPAL SUM AMOUNT) BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Seat Belt Benefit. The Company will pay a benefit under this Rider when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt. The amount payable under this Rider is the lesser of: (1) \$50,000; or (2) 10% of the Insured Person's Principal Sum.

Air Bag Benefit. The Company will pay an additional benefit under this Rider if a Seat Belt Benefit is payable under this Rider and if the Insured Person is positioned in a seat protected by a properly functioning, original, factory-installed Supplemental Restraint System that inflates on impact. The additional amount payable under this Rider is the lesser of: (1) \$50,000; or (2) 10% of the Insured Person's Principal Sum.

Verification of the actual use of the seat belt, at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact, must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

Automobile - as used in this Rider, means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Supplemental Restraint System - as used in this Rider, means an air bag which inflates for added protection to the head and chest areas.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-29 SEVERE BURN BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Severe Burn Benefit. If an Insured Person suffers an Injury that is a Severe Burn, the Company will pay a benefit as described in this Rider. The benefit payable is based on the Maximum Percentage of Principal Sum shown below with respect to the Specified Body Area shown below:

<u>Specified Body Area</u>	<u>Maximum Percentage of Principal Sum</u>
Face and Neck and Head	99%
Hand and Forearm Below Elbow Joint (Right)	22.5%
Hand and Forearm Below Elbow Joint (Left) ..	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left).....	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%
Thigh Below Hip Joint to Knee Joint (Right)	9%
Thigh Below Hip Joint to Knee Joint (Left).....	9%
Foot and Lower Leg Below Knee Joint (Right).....	27%
Foot and Lower Leg Below Knee Joint (Left).....	27%

If only one of the Insured Person's Specified Body Areas is Severely Burned in an accident:

1. and 100% of the surface of that Specified Body Area is Severely Burned, the benefit payable is 100% of the Maximum Percentage of Principal Sum shown for that Specified Body Area.
2. and a lesser proportion of the surface of that Specified Body Area is Severely Burned, the benefit payable is that same lesser proportion of the Maximum Percentage of Principal Sum shown above for that Specified Body Area.

(For example: The Maximum Percentage of Principal Sum shown for the "foot and lower leg below knee joint (right)" Specified Body Area is 27%. If 100% of the surface of that Specified Body Area is Severely Burned, the benefit payable is 100% of 27%, or 27%, of the Principal Sum. If 50% of that surface is Severely Burned, the benefit payable is 50% of 27%, or 13.5%, of the Principal Sum. If 1/3 of that surface is Severely Burned, the benefit payable is 1/3 of 27%, or 9%, of the Principal Sum.)

If more than one of the Insured Person's Specified Body Areas is Severely Burned as a result of the same accident, the benefit payable is the lesser of: (1) the sum of the benefit amounts calculated separately, according to the above rules, with respect to each such Specified Body Area; or (2) 100% of the Principal Sum.

The determination of whether or not a Specified Body Area is Severely Burned, and what proportion of its surface is Severely Burned, must be made by a Physician. The Company has a right, at its own expense, to have the determination verified by a Physician of the Company's choice.

Severe Burn/Severely Burned - as used in this Rider, means cosmetic disfigurement of the surface of a body area due to an Injury that is a full-thickness or third-degree burn, as determined by a Physician. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-42 SECURITY EVACUATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Declarations section of the Policy for the applicability of this Rider with respect to each class of Covered Persons and each Hazard.

If, as a result of an Occurrence that takes place during an Insured Person's Period of Coverage and while traveling outside his or her Home Country, an Insured Person requires a Security Evacuation, the Company will pay benefits to Transport the Insured Person to the Nearest Place of Safety. The determination that an Insured Person requires a Security Evacuation must be made by a Designated Security Consultant and all arrangements must be made by Travel Guard Group, Inc.

Benefits will be payable for eligible expenses up to a Maximum of \$100,000. Eligible expenses are for Transportation and Related Costs to the Nearest Place of Safety necessary to ensure the Insured Person's safety and well-being as determined by the Designated Security Consultant. Security Evacuation benefits are payable only once per Occurrence.

Benefits will also be payable for Transportation and Related Costs within 7 days of the Security Evacuation to either of these locations as chosen by the Designated Security Consultant:

- (1) back to the Host Country if return is safe and permitted; or
- (2) the Insured Person's Home Country; or
- (3) where the Insured Person is currently permanently assigned by the Policyholder.

This benefit is subject to the overall Maximum stated above.

Benefits will be payable for consulting services by Designated Security Consultant for seeking information on Missing Person or kidnapping cases if the Insured Person is deemed kidnapped or a Missing Person by local or international authorities. This benefit is subject to the overall Maximum stated above.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance of any benefits being payable. Travel Guard Group, Inc. is not responsible for the availability of Transport services. In the event it is not reasonably possible to contact Travel Guard Group, Inc. in advance, benefits are limited to the amount the Company would have paid had Travel Guard Group, Inc. been contacted. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation becomes viable.

Right of Recovery

If, after a Security Evacuation is completed, it becomes clear that the Insured Person was an active participant in the events that led to an Occurrence, the Company has the right to recover all Transportation and Related Costs from the Insured Person. Beginning with the date that any such overpayment is discovered, the Company must initiate such recovery proceedings within the time period set forth in the Policy's Proof of Loss provision.

Changes in Terms and Conditions

The terms and conditions of this Rider, including but not limited to the definition of Excluded Countries, may be changed at any time to reflect conditions that, in the opinion of the Company, constitute a change in the Policyholder's security evacuation exposure. The Company will give the Policyholder written notice of any change in the terms and conditions of this rider at least 45 days in advance of the effective date of the change.

Definitions

Advisory means a formal recommendation by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country or citizens of the Host Country leave the Host Country.

Appropriate Authority(ies) means the government authority(ies) in the Insured Person's Home Country or the government authority(ies) of the Host Country.

Designated Security Consultant means an employee of a security firm under contract to Travel Guard Group, Inc. or a Travel Guard Group, Inc. designated service provider who is experienced in security and measures necessary to ensure the safety of the Insured Person(s) in his or her care.

Excluded Countries means the following countries from which Security Evacuations are not available under this Rider: any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL (OFAC).

Home Country means the country of citizenship of the Insured Person. If the Insured Person has dual citizenship, for the purposes of this Rider, his or her Home Country is the country of the passport he or she used to enter the Host Country.

Host Country means any country, other than an Excluded Country, in which an Insured Person is traveling while covered under the Policy.

Imminent Physical Danger means the Insured Person is subject to possible physical injury or sickness that could result in grave physical harm or death.

Missing Person means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

Natural Disaster means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:

1. is due to natural causes; and
2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

Nearest Place of Safety means a location determined by the Designated Security Consultant where:

1. the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and

2. the Insured Person has access to transportation; and
3. the Insured Person has the availability of temporary lodging, if needed.

Occurrence means any of the following situations in which an Insured Person finds him or her self while covered by the Policy:

1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
3. Natural Disaster within 5 days of an event;
4. Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
5. the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found.

Period of Coverage means the period of time during which the Policy is in force with respect to the Insured Person.

Related Costs means food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety.

Security Evacuation means the extrication of an Insured Person from the Host Country due to an Occurrence which results in the Insured Person being placed in Imminent Physical Danger.

Transport/Transportation means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the Insured Person's common carrier tickets will be used.

Verified Physical Attack means deliberate physical harm of the Insured Person confirmed by documentation or physical evidence.

Verified Threat of Physical Attack means a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence.

Exclusions

No benefits are payable under this Rider for charges, fees or expenses:

1. payable under any other provision of, or Rider to, the Policy to which this Rider is attached;
2. that are recoverable through the Insured Person's employer;
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured Person, acting alone or in collusion with others;
4. arising from or attributable to an alleged:
 - a. violation of the laws of the Host Country by an Insured Person; or
 - b. violation of the laws of the Insured Person's Home Country;unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured Person;
5. due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas;

6. arising from an Occurrence which took place in an Excluded Country;
7. for repatriation of remains expenses;
8. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
9. for medical services;
10. for monies payable in the form of a ransom if a Missing Person case evolves into a kidnapping;
11. arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
12. arising from or attributable, in whole or in part to non-compliance by the Insured Person with regard to any obligation specified in a contract or license;
13. due to military or political issues if the Insured Person's Security Evacuation request is made more than 7 days after the Appropriate Authority(ies) Advisory was issued.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-44 (Rev1) OUT OF COUNTRY MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to a Medical Emergency that occurs on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Person and each Hazard.

I Out of Country Medical Expense Benefit. If, while traveling outside of his or her country of permanent residence, during the course of any Trip of not more than 365 days and While on the Business of the Policyholder, an Insured Person suffers an Injury or contracts a Sickness that requires him or her to be treated by a Physician, the Company will pay, subject to the Out of Country Medical Expense Limitations noted below, the Usual and Customary Charges incurred for Covered Medical Services received due to that Injury or Sickness up to \$250,000 per Insured Person for that Injury or Sickness. This benefit is payable for such charges incurred outside the Insured Person's country of permanent residence and within 52 weeks after the date of the accident causing the Injury or the onset of the Sickness.

Covered Medical Service(s) - as used in this Rider, means any of the following services, if the service is Medically Necessary:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof; physical therapy and occupational therapy;
8. rental of Durable Medical Equipment;
9. artificial limbs, artificial eyes or other prosthetic appliances; or
10. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Definitions. As used in this Rider, the following terms are defined as follows:

Ambulatory Medical Center - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Durable Medical Equipment - refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Medical Emergency - means a condition caused by an Injury or Sickness which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies.

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Sickness - means any disease, illness, or infection of an Insured Person that begins while coverage under the Rider is in force as to the Insured Person.

Medically Necessary - refers to a Covered Medical Service that that is determined by the attending Physician to be essential for diagnosis, treatment or care of the condition for which it is prescribed or performed, and that is ordered by that Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - means a charge that: (1) is made for a Covered Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the geographic area where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed. Benefits will be calculated using the 80th percentile or greater of Usual and Customary Charges in the geographic area where the expense is incurred, based on information obtained from Medical Data Research (MDR).

The Insured Person is responsible for charged amounts in excess of Usual and Customary Charges.

Out of Country Medical Expense Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Out of Country Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of the Injury or Sickness not to exceed \$250 per tooth per accident.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless the Injury or Sickness has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of sight.
4. new hearing aids or hearing examinations unless the Injury or Sickness has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if Out of Country Medical Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Medical Expense in lieu of such rental expense).
6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
7. any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

II Medical Emergency Guarantee Charge Expense Benefit. If, while traveling outside of his or her country of permanent residence, an Insured Person suffers a Medical Emergency for which Out of Country Medical Expense benefits become payable under this Rider and such person incurs a Hospital Admission Guarantee Charge and/or a Medical Expense Guarantee Charge, the Company will pay the actual expenses incurred for guarantee of the payment to the Hospital or the medical provider up to a maximum of \$10,000.

- **Hospital Admission Guarantee Charge** means any charge or expense made by a Hospital prior to and as a condition of an Insured Person's admission to that Hospital.
- **Medical Expense Guarantee Charge** means any charge or expense made by a medical provider other than a Hospital prior to and as a condition of an Insured Person's being provided with the medical service or treatment by that provider.

Any maximum payable under the Out of Country Medical Expense Benefit will be reduced by any amounts paid or payable under this Medical Emergency Guarantee Charge Expense Benefit.

Exclusions:

Any exclusions in the Policy or any Rider or any Endorsement attached thereto pertaining to sickness or disease are hereby waived with respect to an Insured Person to whom this Benefit Rider applies, but only with respect to a loss incurred by such person under the circumstances described in this Rider and solely with

respect to the benefits provided under this Rider. All other exclusions in the Policy or any Rider or any Endorsement attached thereto apply with respect to this Rider.

IMPORTANT NOTICE

This Out of Country Medical Expense Benefit is intended to fill gaps in coverage that may exist under a separate employee welfare benefit plan that provides benefits for covered medical expenses. This benefit does not satisfy the "minimum essential coverage" requirements under the Affordable Care Act.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-45 (Rev) ATTENDOR BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to losses of life that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Attendor Benefit. If a Repatriation of Remains benefit becomes payable under the Policy, the Company will also pay for expenses reasonably incurred for one person (referred to as the Attendor) to accompany the deceased Insured Person's remains from the place where death occurred to the deceased Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. The Company will also pay for the Attendor's lodging and meals for up to 7 days, but: (a) only while the Attendor is away from his or her place of primary residence in connection with accompanying the deceased Insured Person's remains as described above; and (b) not to exceed \$500 per day for lodging and meals.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for this benefit to be payable. In the event it is not reasonably possible to contact Travel Guard Group, Inc. in advance, benefits are limited to the amount the Company would have paid had Travel Guard Group, Inc. been contacted.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304
(212) 458-5000
(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company
Policy Number: GTP 0009159597

BENEFIT B-46 (Rev)
BEDSIDE VISIT BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Bedside Visit Benefit. If the Insured Person is confined to a Hospital or other medical facility for 3 days or more due to an Illness or Injury; the Company will pay for expenses reasonably incurred to bring one person chosen by the Insured Person to and from the Hospital or other medical facility where the Insured Person is confined if the place of confinement is outside a 100 mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. The Company will also pay for lodging and meals for up to 3 days for such person in the area of such place of confinement, but: (a) only while the Insured Person remains so confined; and (b) not to exceed \$300 per day for lodging and \$100 per day for meals.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance. In the event it is not reasonably possible to contact Travel Guard Group, Inc. in advance, benefits are limited to the amount the Company would have paid had Travel Guard Group, Inc. been contacted.

Definitions. As used in this Rider, the following terms are defined as follows:

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Illness – means any disease, sickness, or infection of an Insured Person that begins while coverage under the Rider is in force as to the Insured Person.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-59

MEDICAL and NON-MEDICAL REPATRIATION BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Medical Repatriation

If, while he or she is outside a 100 mile radius from his or her current place of primary residence, an Insured Person who has suffered an Injury or Sickness, has sufficiently recovered to travel, to, at the option of the Insured Person, his or her current place of primary residence or Home Country or a location selected by the Insured Person with minimal risk to his or her health, the Company will pay for Covered Medical Repatriation Expenses reasonably incurred for a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel to return such Insured Person to, at the option of the Insured Person, his or her current place of primary residence or Home Country or a location selected by the Insured Person. Any such Medical Repatriation must be recommended by the attending Physician. Benefits will be payable, up to a maximum of \$2,500,000 for all Medical Repatriations due to all Injuries from the same accident or all Sicknesses from the same or related causes.

Non-Medical Repatriation

If, while he or she is outside a 100 mile radius from his or her current place of primary residence, an Insured Person who has suffered an Injury or Sickness, has sufficiently recovered to travel, to, at the option of the Insured Person, his or her current place of primary residence or Home Country or a location selected by the Insured Person with minimal risk to his or her health, the Company will pay for Covered Non-Medical Repatriation Expenses reasonably incurred for a regularly scheduled economy class air flight without special equipment or personnel to return such Insured Person to, at the option of the Insured Person, his or her current place of primary residence or Home Country or a location selected by the Insured Person. Any such Non-Medical Repatriation must be recommended by the attending Physician. Benefits will be payable, up to a maximum of \$2,500,000 for all Non-Medical Repatriations due to all Injuries from the same accident or all Sicknesses from the same or related causes.

Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance. In the event it is not reasonably possible to contact Travel Guard Group, Inc. in advance, benefits are limited to the amount the Company would have paid had Travel Guard Group, Inc. been contacted.

The General Exclusions section of the Policy, and the Exclusions section of each Hazard to which this Rider applies, do not apply with respect to this Rider.

Covered Medical Repatriation Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medical Repatriation that meets the Company's criteria for scheduling, mode of Transportation and any special equipment and/or personnel; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is

incurred; (3) must be recommended by the attending Physician, and (4) does not include charges that would not have been made if no insurance existed.

Covered Non-Medical Repatriation Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Non-Medical Repatriation, including the increase in cost to change the travel date on the return air flight and/or for an upgrade in the seating; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; (3) must be recommended by the attending Physician and (4) does not include charges that would not have been made if no insurance existed.

Transportation - as used in this Rider means moving the Insured Person during any Medical or Non-Medical Repatriation by an air conveyance.

Home Country - means a country from which the Insured Person holds a passport. If the Insured Person holds passports from more than one country, his or her Home Country will be the country that he or she has declared to the Company in writing to be his or her Home Country.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Executive Offices: 1271 Ave of the Americas FL 37, New York, NY 10020-1304

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

BENEFIT B-60 SEVERE INFECTIOUS DISEASE OUTBREAK BENEFIT RIDER

This Rider is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Aggregate Limit

\$1,000,000

Severe Infectious Disease Evacuation Benefit. If a Severe Infectious Disease Outbreak occurs within a 30 mile radius of the Insured Person's location while he or she is outside a 100 mile radius from his or her current place of primary residence, the Company will pay the cost of Transportation to evacuate the Insured Person from his or her location to the Nearest Place of Safety as recommended by Travel Guard Group, Inc.

All Transportation arrangements made for the evacuation must be by the most direct and economical conveyance and route possible. Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance. In the event it is not reasonably possible to contact Travel Guard Group, Inc. in advance, benefits are limited to the amount the Company would have paid had Travel Guard Group, Inc. been contacted.

Benefits will also be payable for Transportation and Related Costs within 14 days of the Severe Infectious Disease Evacuation to return the Insured Person to either of these locations:

- (1) back to the Host Country if return is safe and permitted; or
- (2) the Insured Person's Home Country.

Travel Guard Group, Inc. is not responsible for the availability of Transport services. Where a Severe Infectious Disease Evacuation becomes impractical because of inaccessible or dangerous conditions, Travel Guard Group, Inc. will endeavor to maintain contact with the Insured Person until a Severe Infectious Disease Evacuation becomes viable.

Quarantine Benefit. If an Insured Person is ordered into Quarantine while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for lodging and meals for up to 14 days for such person in the area of the place of confinement, but: (a) only while the Insured Person remains so confined; and (b) not to exceed \$200 per day for lodging and \$75 per day for meals.

Definitions. As used in this Rider, the following terms are defined as follows:

Aggregate Limit – means the maximum amount payable under this Rider if more than one Insured Person suffers a loss as a result of the same Outbreak and if amounts are payable for those losses under one or more of the following Benefits provided by this Rider: Severe Infectious Disease Evacuation Benefit, Quarantine Benefit. The maximum amount payable for all such losses for all Insured Persons under all those Benefits combined will not exceed the amount shown as the Aggregate

Limit above. If the combined maximum amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured Person for all such losses under all those Benefits combined.

Appropriate Authorities – means a recognized government authority, their authorized deputies, or their medical examiners.

Excluded Countries – means OFAC Countries.

Exposed/Exposure – means the Insured Person has been informed that they were in direct contact with the cause of, or that they possess the characteristics that are determinant of an exposure to a specific Severe Infectious Disease by Appropriate Authorities.

Home Country - means the country of citizenship of the Insured Person. If the Insured Person has dual citizenship, for the purposes of this Rider, his or her Home Country is the country of the passport he or she used to enter the Host Country.

Host Country - means any country, other than an Excluded Country, in which an Insured Person is traveling while covered under the Policy.

Outbreak – means a material increase of a Severe Infectious Disease in excess of normal expected incidence in a particular time and location, as identified and designated by Appropriate Authorities, provided such identification and designation are made for a particular location after the Insured Person's departure for that location.

Nearest Place of Safety - means the Insured Person's Home Country if safe and permitted or a location recommended by Travel Guard Group, Inc. where:

1. the Insured Person can be presumed safe from the Outbreak that precipitated the Insured Person's Severe Infectious Disease Evacuation; and
2. the Insured Person has access to transportation; and
3. the Insured Person has the availability of temporary lodging, if needed.

Quarantine – means a directive by a Physician, or by an Appropriate Authority enabled by an order, notice, regulation, statute or statutory instrument, that an Insured Person be mandatorily confined due to the Insured Person having been Exposed to a Severe Infectious Disease, infection or contamination.

Related Costs – means reasonable food, lodging and, if necessary, physical protection expenses for the Insured Person during the Transport to the Nearest Place of Safety.

Severe Infectious Disease – means a disease that: (1) is declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization; and (2) has either: a) newly and suddenly appeared in a population or new geographic area where it has never occurred before, or b) been known but was previously absent from a community and is suddenly and rapidly increasing in that community; and (3) for which at the time of the Outbreak a vaccine is not widely available.

Item 2 and item 3 does not apply to Covid 19, Ebola Virus, Lassa Fever, Crimean-Congo Haemorrhagic Fever (CCHF), Yellow Fever, Zika, Chikungunya, Avian and other Zoonotic Influenza, Seasonal Influenza, Pandemic Influenza, Middle East Respiratory Syndrome (MERS), Cholera, Minkeypox, Plague, Leptospirosis, Meningococcal Meningitis and any other infectious disease listed on the World Health Organization's publication of Pandemic and Epidemic Diseases or been declared a Public Health Emergency of International Concern (PHEIC) by that same body.

Transport/Transportation - means the most efficient available method of conveyance by land, water or air. In all cases, where practical, economy fare will be utilized. If possible, the Insured Person's tickets will be used.

EXCLUSIONS

Any exclusions in the Policy or any Endorsement attached thereto pertaining to sickness or disease are hereby waived with respect to an Insured Person to whom this Benefit Rider applies, but only with respect to a loss incurred by such person under the circumstances described in this Rider and solely with respect to the benefits provided under this Rider.

Additionally, no benefits will be payable under this Rider for any loss incurred by an Insured Person while in an Excluded Country.

All other exclusions in the Policy or any Endorsement attached thereto apply with respect to this Rider.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

ENDORSEMENT E-2 MODIFIED PAYMENT OF CLAIMS ENDORSEMENT

This Endorsement is attached to and made part of the Policy effective March 1, 2022. It applies only with respect to benefits payable under the Policy on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Endorsement. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Endorsement with respect to each class of Insured Persons and each Hazard.

Modified Payment of Claims. With respect to losses suffered by Insured Persons whose permanent, current place of primary residence is outside the United States of America or Canada, the Company will pay any benefits that may become payable under the Policy to the Policyholder, who:

1. will hold such payment in trust for the sole use and benefit of the Insured Person or his or her beneficiary or other person to whom such benefits are payable (the Payee), as described in the Payment of Claims provision of the Claims Provisions section of the Policy;
2. will transmit such payment to such Payee in accordance with the Payment of Claims, Time of Payment of Claims, and Beneficiary Designation and Change provisions of the Claims Provisions and General Provisions sections of the Policy;
3. agrees that any such payment made by the Company to the Policyholder constitutes a full discharge of the Company's liability with respect to the claim for which payment is made;
4. will alone assume full responsibility for the proper application or distribution of such payment;
5. will indemnify, defend and hold harmless the Company for any claims, demands, judgments, losses, costs, expenses, liabilities and damages whatsoever, including interest, penalties and legal fees, arising from or relating in any way to such payment or to the amount, application or distribution thereof; and
6. with respect to any application or disbursement of such payment in foreign currency, will use the foreign exchange rate in effect at the Policyholder's payor bank on the date the benefits become payable to convert United States of America dollar-denominated currency into foreign currency.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY

Policyholder: Alyeska Pipeline Service Company

Policy Number: GTP 0009159597

Effective Date: March 1, 2022

DOMESTIC PARTNERSHIPS ENDORSEMENT

This Endorsement is issued in consideration of the premium paid and is attached to and made part of the Policy or Certificate as of the Effective Date shown above at 12:01 AM Standard Time at the address of the Policyholder. It applies only with respect to coverages that are in effect on or after that date. Any changes in the premium apply as of the first premium due date on or after the effective date of this Endorsement. It is subject to all of the provisions, benefits, limitations, and exclusions of the Policy or Certificate except as they are specifically modified by this Endorsement. If there is a conflict between the Policy or Certificate and this Endorsement, the terms of this Endorsement will govern. This Endorsement amends the Policy or Certificate in the following manner:

- The following definitions are added to and made a part of the Policy or Certificate. They replace any definitions pertaining to Domestic Partnership that may already be contained in the Policy or Certificate.

Domestic Partner means a person who has entered into a Domestic Partnership.

Domestic Partnership means an arrangement whereby two persons of the same or opposite sex have established a domestic or civil union relationship pursuant to any controlling legal authority or, in the absence of such authority, an arrangement whereby two persons:

- (a) who are not related to each other to a degree of closeness that would prohibit a legal marriage; and
- (b) who are both at least the age of consent in the state in which they reside; and
- (c) who are not married to anyone else, nor have any other Domestic Partner, Civil Union Partner or Registered Domestic Partner, and
- (d) who meet any additional requirements that the Policyholder may impose, and

who have entered into domestic partner relationship. The Company may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

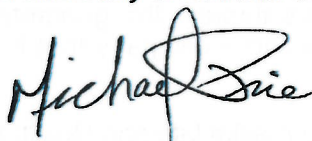
- The definitions, terms, conditions or any other provisions of the Policy, including any Application, the Certificate, and/or any Riders and Endorsements to which this Endorsement is attached are hereby amended and superseded as follows:

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 Domestic Partnership.

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 Domestic Partnership.

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 Domestic Partnership.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa., witness this Endorsement:



President



Secretary

**NOTICE OF PROTECTION PROVIDED BY
ALASKA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

Summary Concerning Coverage, Limitations, and Exclusions under the Alaska Life and Health Insurance Guaranty Association Act

A resident of Alaska who purchases life insurance, annuities, or accident and health insurance should know that an insurance company licensed in this state to write these types of insurance is a member of the Alaska Life and Health Insurance Guaranty Association. The purpose of this association is to assure that a policyholder will be protected within statutory limits if a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state, and in some cases, to keep coverage in force. However, the valuable extra protection provided by these insurers through the guaranty association is not unlimited. This protection is not a substitute for your care in selecting a company that is well managed and financially stable.

The state law that provides for this safety net coverage is called the Alaska Life and Health Insurance Guaranty Association Act. The full text of the act can be found in AS 21.79.010 – 21.79.990. Provided below is a brief summary of this law's coverages, exclusions, and limits. This summary does not cover all provisions of the law, nor does it in any way change your rights or obligations under the act or the rights or obligations of the guaranty association.

COVERAGE

Generally, an individual will be protected by the life and health insurance guaranty association if the individual lives in Alaska and holds a life or health insurance contract or annuity contract, or if the insured is insured under a group insurance contract issued by a member insurer. The beneficiary, payee, or assignee of an insured person is protected as well, even if a non-resident of Alaska.

EXCLUSIONS FROM COVERAGE

The association does not protect a person holding a policy if:

- the individual is eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state; or
- the policy is issued by an organization that is not a member of the Alaska Life and Health Insurance Guaranty Association.

The association does not provide coverage for:

- a policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- a policy of reinsurance (unless an assumption certificate was issued);
- an interest rate yield that exceeds an average rate;
- a dividend;
- a credit given in connection with the administration of a policy by a group contract holder;
- an employer's plan to the extent that it is self-funded (that is, not insured by an insurance company, even if an insurance company administers the plan);

- an unallocated annuity contract issued to an employee benefit plan protected under the United States Pension Benefit Guaranty Corporation;
- that part of an unallocated annuity contract not issued to a specific employee, union, association of natural persons benefit plan, or a government lottery;
- any portion of a policy or contract to the extent that the required assessments are preempted by federal or state law;
- an obligation that does not arise under the express written terms of the policy or contract issued by the insurer;
- certain obligations to provide a book value accounting guaranty for defined contribution benefit plan participants; or
- that part of a policy or contract that provides for interest or other changes in value to be determined by the use of an index or other external reference stated in the policy or contract.

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the association is obligated to pay. The association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, no matter how many policies or contracts were issued by the same company, even if such contracts provided different types of coverages, the association will pay a maximum of:

- \$300,000 in net life insurance death benefits and no more than \$100,000 in net cash surrender and net cash withdrawal values for life insurance;
- for health insurance benefits, \$100,000 for coverages not defined as disability income, health benefit plans or long-term care insurance, including any net cash surrender and net cash withdrawal values;
- \$300,000 for disability income insurance and long-term care insurance;
- \$500,000 for health benefit plans;
- \$250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal value;
- with respect to a structured settlement annuity, \$250,000 in present value annuity benefits, in the aggregate, including net cash surrender and net cash withdrawal values;
- \$250,000 in the aggregate, of present-value annuity benefits, including net cash surrender and net cash withdrawal values with respect to an individual participating in a governmental retirement plan established under 26 U.S.C. 401, 26 U.S.C. 403(b), or 26 U.S.C. 457 and covered by an unallocated annuity contract, or to a beneficiary of the individual if the individual is deceased; or
- \$5,000,000 in unallocated annuity contract benefits, irrespective of the number of contracts held by that contract holder, with respect to any one contract holder or plan sponsor whose plan owns, directly or in trust, one or more unallocated annuity contracts.

Note to benefit plan trustees or other holders of unallocated annuities (GICs, DA Cs, etc.) covered by the act: for unallocated annuities that fund governmental retirement plans under sections 401(k), 403(b), or 457 of the Internal Revenue Code, the limit is \$250,000 in present value of annuity benefits including net cash surrender and net cash withdrawal per participating individual. In no event shall the association be liable to spend more than \$300,000 in the aggregate per individual. For covered unallocated annuities that fund other plans, a special limit of \$5,000,000 applies to each contract holder, regardless of the number of contracts held with the same company or number of persons covered. In all cases the contract limits also apply.

COMPLAINTS AND COMPANY FINANCIAL INFORMATION

A written complaint to allege violation of any provision of the Alaska Life and Health Insurance Guaranty Association Act must be filed with the Division of Insurance, 550 West Seventh Avenue, Suite 1560, Anchorage, Alaska, 99501-3567; telephone (907) 269-7900. Financial information for an insurance company, if the insurance information is not proprietary, is available at the same address and telephone number. The guaranty association should not be contacted regarding the financial information of an insurance company.

The association is not an agency of the State of Alaska nor are there any guarantees by the State of Alaska regarding the payment of claims by the association. The guaranty association is not your insurance company.

Alaska Life and Health Insurance Guaranty Association
P.O. Box 220207
Anchorage, Alaska 99522-0207
(907) 243-2311

Division of Insurance
550 West Seventh Avenue, Suite 1560
Anchorage, Alaska 99501-3567
(907) 269-7900

**IMPORTANT NOTICE TO OUR CUSTOMERS
REGARDING THE
OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

The United States imposes economic sanctions against countries, groups and individuals, such as terrorists and narcotics traffickers. These sanctions prohibit US persons from dealing with these sanctioned parties. The purpose of this notice is to inform you that we cannot violate US sanctions by engaging with sanctioned countries or people.

WHAT IS OFAC?

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers
- Proliferators of Weapons of Mass Destruction

PROHIBITED ACTIVITY

- OFAC enforces certain embargoes and sanctions against designated countries. No U.S. business or person may enter into transactions involving designated "sanctioned" countries.
- OFAC publishes on its website a list known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may enter into transactions involving any person or entity named on the SDNBP list.

Additional information about OFAC Sanctions Programs and Countries can be found at:

<http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>

OBLIGATIONS PLACED ON US BY OFAC

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations, we must block or "freeze" property and payment of any funds transfers or transactions.

POTENTIAL ACTIONS BY US

1. We shall not be deemed to provide cover when it would violate any applicable sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.

2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any trade or economic sanctions, laws or regulations of the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any trade or economic sanctions, laws or regulations of the United States of America.

YOUR RIGHTS AS A POLICYHOLDER

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See

<https://www.treasury.gov/resource-center/sanctions/Pages/forms-index.aspx>

Edition Date: 5/2016

FACTS**Why?****WHAT DOES AMERICAN INTERNATIONAL GROUP, INC. (AIG) DO WITH YOUR PERSONAL INFORMATION?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIG chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AIG share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

For AIG Insurance Companies: Call 866-244-4786; Fax: 212-458-7081 or E-Mail: CIPrivacy@aig.com

For Pet insurance sold by AIG Insurance Companies: Call 866-937-7387 or E-Mail: CIPrivacy@aig.com

For LiveTravel, Inc., Travel Guard Group, Inc. or AIG Travel Assist, Inc.: Call 866-244-4786 or E-Mail: CIPrivacy@aig.com

Who we are

Who is providing this notice? The insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, life insurance and related services and certain marketing subsidiaries of AIG listed below.

What we do

How does AIG protect my personal information? To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.

How does AIG collect my personal information? We collect your personal information, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or give us your income information
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing? Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes- information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates Companies related by common ownership or control. They can be financial and nonfinancial companies.

Nonaffiliates Companies not related by common ownership or control. They can be financial and nonfinancial companies.

Joint marketing A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.*

Other important information

This notice is provided by American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; AIG Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; (collectively the "AIG Insurance Companies"). This notice is also provided by certain marketing subsidiaries of AIG, including Morefar Marketing, Inc., LLC, Travel Guard Group, Inc., AIG Travel Assist, Inc. and LiveTravel, Inc. who market insurance or non-insurance products and services to consumers.

For Vermont Residents only. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents Only. We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. You may contact the applicable customer service department using the contact information above or by writing to us at Privacy Officer, 1271 Ave of the Americas, FL 37, New York, NY 10020-1304.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: Privacy Officer, CIPrivacy@aig.com.

NOTICE OF AVAILABILITY OF HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS PROVIDED TO YOU FOR INFORMATIONAL PURPOSES ONLY. YOU ARE NOT REQUIRED TO CALL OR TAKE ANY ACTION IN RESPONSE TO THIS NOTICE.

The Notice applies to the insurance products that provide payment for the cost of medical care as issued by the following companies (the "Company"):

American General Life Insurance Company¹
The United States Life Insurance Company in the City of New York
National Union Fire Insurance Company of Pittsburgh, Pa.

In accordance with the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule, we are required to notify you of the availability of our HIPAA Notice of Privacy Practices.

If you would like to receive a paper copy of the HIPAA Notice of Privacy Practices, please contact us at:

<p><i>HIPAA Privacy Officer</i> 2919 Allen Parkway L3-20 Houston, TX 77019 hipaaquestions@aig.com</p>	
Phone Numbers:	
American General Life Insurance Company (AGL) and The United States Life Insurance Company in the City of New York (US Life)	1-800-888-2452
AIG's Group Benefits	1-800-346-7692 please follow prompt for claims
Long Term Care	1-888-565-3769
National Union Fire Insurance Company of Pittsburgh, Pa.	1-866-244-4786

¹ This Company does not solicit business in New York.

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 15th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT # 1

This endorsement, effective 12:01 A.M. March 1, 2022 forms a part of Policy No. GTP 0009159597 issued to Alyeska Pipeline Service Company by National Union Fire Insurance Company of Pittsburgh, Pa.

ECONOMIC SANCTIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under the trade or economic sanctions, laws or regulations of the United States of America.



President



Secretary

POLICYHOLDER NOTICE

Thank you for purchasing insurance from a member company of American International Group, Inc. (AIG). The AIG member companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG member companies to brokers and independent agents in the United States by visiting our website at www.aig.com/producer-compensation or by calling 1-800-706-3102.

Travel Guard Group, Inc. Services

Subject to the conditions described herein, Travel Guard Group, Inc.(herein called the "Company") makes the following services (herein called "Services") available for the policyholder or the participating organization, where indicated, and to those eligible insureds described in the policy (herein called "Eligible Persons").

I. EFFECTIVE DATE OF SERVICES

Services shall be provided effective at 12:01 A.M. Standard Time at the policyholder's or participating organization's address as of the date the policy takes effect (herein the "Effective Date") and shall continue in force until the termination of the policy.

II. CONDITIONS OF AVAILABILITY OF SERVICES

The Company will provide the Services within the countries where such Services are available and are lawful to be provided.

III. DESCRIPTION OF SERVICES

TRAVEL MEDICAL ASSISTANCE

Emergency medical evacuation transportation assistance - If a customer suffers an injury or illness that requires medical treatment or hospitalization, we will coordinate and arrange emergency medical transportation to the nearest most appropriate medical facility. Once the customer is stabilized, our agents coordinate his/her return to a hospital near home.

Physician/hospital/dental/vision referrals- The customer will be provided with a list of physicians, dentists and optometrists in the area in which they are traveling.

Repatriation of mortal remains – We will arrange for the preparation and air transportation of a traveler's mortal remains to their country of domicile in the event of death while traveling.

Return travel arrangements – In the event of hospitalization, arrangements will be made for unattended minors traveling with the client to be flown home.

Emergency prescription replacement - If medications are lost or stolen, we will assist the customer in obtaining new prescriptions and also in shipping to the customer at their current location.

Dispatch of doctor or specialist – We will arrange for a medical consultation or doctor visit if the client is unable to visit a doctor.

In-patient and out-patient medical case management- If the customer is hospitalized, when traveling away from home, our medical advisors monitor the case from initial admission until discharge by maintaining close contact with the patient's attending physician, family doctor, and family. Our medical advisors also help determine if adequate care is available locally and if necessary, facilitate the evacuation of the customer to the nearest appropriate medical facility.

Qualified liaison for relaying medical information to family members – We will facilitate communications between the client and their family if the client is unable to do so.

Arrangements of visitor to bedside of hospitalized insured – Arrangements for relatives or visitors to travel to the client's bedside can be made through our 24-hour assistance center.

Eyeglasses and corrective lens replacement assistance - We will locate a service provider to replace eyeglasses or corrective lenses that may have been misplaced, stolen or damaged.

Direct billing to medical providers - We will coordinate with the medical provider to arrange direct billing, when available.

Medical cost containment/expense recovery and overseas investigation - We work directly with service providers to achieve significant discounts, audits medical expenses and will pursue an investigation if a resolution cannot be achieved between us and the service provider.

Medical bill audits- We assess all medical bills to ensure services provided are appropriate to the medical treatment needed and all that charges are reasonable and customary.

Shipment of medical records- We can provide assistance in shipping of needed medical records to the attending facility of the patient.

Medical equipment rental/replacement- Travel Assist will locate a facility or provider that would have medical equipment available to the traveler and coordinate between the two parties.

EMERGENCY TRAVEL ASSISTANCE

Flight re-bookings – We are available 24/7 to help customers rebook flights in the event of a flight cancellation, delay or schedule change.

Hotel re-bookings- We can assist in re-booking current reservations in the event of a flight cancellation, delay or schedule change.

Rental vehicle booking- We are available 24/7 to assist the customer in booking car rentals domestically and internationally.

Emergency return travel arrangements- In the event of an emergency we are available to assist 24/7 with making hotel, flight and car rental arrangements to assist the customer in returning home.

Roadside Assistance - We can assist in dispatching a tow truck or other appropriate roadside event (lock-out, gas, batter, etc) to the customer's location in the event of a roadside emergency.

Rental Vehicle Return – If a customer is traveling and has to abandon a rental due to an emergency, we will arrange for the vehicle's return to a location designated by the rental company.

Guaranteed hotel check-in- In the event of a travel delay, we can assist in calling the customer's hotel to guarantee a late arrival check-in. We will also guarantee a hotel in the event the customer has had their credit card stolen/lost.

Worldwide Travel Assistance

Lost baggage search; stolen luggage replacement assistance – We can assist with the return of lost luggage by coordinating efforts with the commercial carrier. In the event that an item is lost while traveling, we will assist the customer in the search for the lost item. We will coordinate getting the luggage to their current destination or home.

Lost passport/travel documents assistance - Travel Assist will assist in the replacement of lost or stolen travel documents, passports or visas.

ATM locator-We can locate the specific ATM locations worldwide that accept the caller's credit card or other card requirements.

Emergency cash transfer assistance - We will help members obtain cash advances in local or US currency for medical emergencies or other travel needs.

Travel information including visa/passport requirements – We can provide the customer with information such as passport/visa requirements and assist in expediting the procurement of these documents.

Emergency telephone interpretation assistance - We provide emergency telephone translation services in all major languages and offers referrals to interpreter services.

Urgent message relay to family, friends or business associates – We will assist with contacting family or friends in the event of an emergency situation while the customer is traveling

Up-to-the-minute travel delay reports- We can assist in providing the most up-to-date travel delay reports and information.

Long-distance calling cards for worldwide telephoning- We can provide information and assistance on purchasing long-distance calling cards for worldwide telephoning.

Inoculation information- We will provide the caller with inoculation recommendations that may be needed prior to traveling to their destination.

Embassy or Consulate Referral - Embassies and consulates are excellent sources for information and assistance to customers while traveling. We will provide the customer the address and phone number of the local embassy or consulate.

Currency conversion or purchase- We can provide foreign exchange rates throughout the world and assist with the purchase of foreign currency.

Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures- We will provide the most up-to-date information regarding medical advisories, epidemics, immunizations and preventative measures in the desired location.

Up-to-the-minute travel supplier strike information- We will provide the latest information available regarding travel supplier strikes and how it may affect the traveler.

Legal referrals/bail bond assistance - We will provide the customer with convenient legal referrals in their general area.

Worldwide public holiday information- We will provide customer with local worldwide public holiday information for the desired location.

CONCIERGE SERVICES

Restaurant referrals and reservations - Worldwide dining referrals and reservations made on behalf of the customer, based on availability.

Event Ticketing - Assistance with obtaining tickets to sporting, theater, concert and other events, based on availability.

Ground transportation coordination – Coordination of car or limo arrangements including transportation to and from the airport, hotel, meetings and more.

Golf tee time reservations and referrals - Assistance with scheduling tee times and making course recommendations, based on availability.

Wireless device assistance- Assistance with cell phones, personal digital assistants (PDAs) and other wireless devices, such as locating carrier stores, technicians, repair shops, replacement services when device is lost, stolen, or inoperable

Latest worldwide weather and ski reports- 24/7 update on destination weather as well as ski conditions throughout the world
Floral Services - Coordination of flower delivery for birthdays, anniversaries, holidays and other special occasions.

Private air charter assistance- Coordination with Private air charters to gain access, availability and booking.

Cruise charter assistance- Assistance with establishing availability and booking of cruise charters.

Latest sports scores- 24/7 updates on sports scores.

Find, wrap, and deliver one-of-a-kind gifts- Assistance in finding unique gifts for friends and family, including gift wrapping and delivery

Movie and theater information- Assistance with obtaining information about movie or theater events playing within a specific area. Travel Assist also obtains the tickets to theater or movie events, based on availability.

Latest stock quotes- Up-to-the-minute stock quotes

Special occasion reminders and gift ideas- Never miss a birthday, anniversary or special day while traveling. All special occasions are kept within Travel Guard Client Services database and a reminder is sent 48 hours prior to the day. Coordination of finding unique gifts for friends and family, including gift wrapping and delivery are included.

Lottery results- Up-to-the-minute lottery results

Local activity recommendations- Worldwide local activity referrals and reservations made on behalf of customer, based on availability.

PERSONAL SECURITY

Security Evacuation – If an Insured Person while traveling outside their Home Country requires a Security Evacuation, the Company will coordinate the transportation of the Insured Person to the Nearest Place of Safety.

Immediate 24 hour support services - employees and their families can receive support and information 24/7/365 during an incident involving personal security and/or safety; in-language support available. Services available on-line, via phone or e-mail.

Security and safety advisories, - receive up-to-the-minute information on current situations and threats from security specialists

Urgent Message Alerts and Relays- after providing travel itinerary details or locations of special interest, receive alerts on evolving situations in those areas that would impact travel to them

Confidential Storage of Personal Profile - provide a secure database of relevant customer data (medical data, credit card information and others) and transmit this information to requested contacts.

IV. LIMITATION

The Company reserves the right to suspend, curtail, or limit any or all of the Services at any time in the event of war, riot, insurrection, opposition by legal and administrative authorities of the country in which the Eligible Person becomes ill or is injured, or acts of God. The Company will, however, provide services to the best of its ability during such occurrence.

The Company reserves the right to suspend, curtail, or limit any or all of the Services at any time with written notice to the policyholder or the participating organization if the Company determines that to provide or continue to provide the Services would put the Company in violation of any applicable laws, regulations or ordinances.

V. DISCLAIMER

In all cases, the medical professional or any attorney suggested by the Company shall act in a medical or legal capacity on behalf of the Eligible Person only. The Company assumes no responsibility for any medical advice or legal counsel given by the medical profession or attorney. The Eligible Person shall not have any recourse to Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

VI. SUBROGATION

The Company shall be subrogated, up to the value of the Services it has provided, to the rights and causes of action of the Eligible Person against any party responsible for acts giving rise to injury or sickness for which the Company renders assistance or for any other matter for which the Company incurs costs in providing Services under this Agreement.