
The logo consists of the letters 'CWC' in a bold, purple, sans-serif font. The letters are contained within a thin black rectangular border.

EMPLOYEE
BENEFITS &
RESPONSIBILITIES

The purpose of this booklet is to help define your responsibilities and describe the benefits provided for you by CUC. We hope it will give you a clearer understanding of your duties and privileges.

Of course, this booklet is merely a guide. Specific questions can be answered by your manager and by reference to materials available elsewhere.

March 1, 1966

This booklet is intended for use by Computer Usage Company, Inc. and certain of its subsidiaries.

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March 1, 1966

Company Objectives and Organization

CUC was organized in 1955. The concept then, as now, was to develop a company that would provide technical assistance to organizations using electronic data processing equipment. At that time there existed two types of service organizations in the EDPM field. First, service bureaus, that offered programming and analysis in conjunction with the sale of machine time. We felt that this approach restricted the flexibility of the services offered because it placed undue influence on the technical staff for use of their particular equipment. The second type of organization was the EDPM consultant whose contribution was primarily rendering advice on how to use data processing equipment. CUC felt direct assistance was needed more than advice and that, furthermore, only through the continued direct use of equipment could high technical competence be maintained. It is basically for these reasons that we created our analysis and programming services. The aim of CUC is to provide direct assistance in the use of any EDPM equipment.

In 1960 we formed our Computer Time Sales activity to make many different types of equipment available at reasonable cost.

The responsibility of CTS is to offset installation costs for those clients willing to sell excess time on their machines. In addition CTS provides the administrative and operating services necessary to make this economical for the client.

In 1965 and 1966, CUC was reorganized to provide greater flexibility in its continuing growth. Computer Usage Development Corporation was organized as the operating subsidiary responsible for analysis and programming. Computer Usage Education was organized to provide education service in the field. Computer Usage Business Services was formed to provide repetitive processing services using systems developed and owned by CUC.

The objectives of CUC simply stated are:

- . To serve our clients efficiently and effectively.
- . To build an unequalled reputation for quality services.
- . To provide a professional atmosphere for our employees.
- . To provide profits for our stockholders.

Regarding Your Job

Your Working Hours

Our basic work week is 40 hours divided into five days, eight hours each. At certain offices and under certain conditions, however, your working time may vary. Because of the nature of our services, it is sometimes necessary to work irregular hours. In any event, it is necessary that you account for at least the full number of working hours during each work period.

Employee Classifications

All regular employees are classified as either exempt or non-exempt. The classification is made according to type of job and salary level. Non-exempt employees are eligible for overtime pay; exempt employees are not.

When You Are Absent

Whenever you must be absent from work because of sickness or other emergency, get word to your supervisor as soon as possible. This will help him plan continuance of your work and avoid confusion.

Your Personnel Records

CUC maintains information that is vital to you as an employee. If this information is not correct, problems could arise concerning your taxes, your employee benefits, etc. Inform your manager without delay whenever there are any changes in your: home address, telephone number, marital status, life insurance beneficiary, number of dependents, military service status, and education.

Your Health

If you are injured or become ill while at work let someone know. If you are in a CUC office, contact your manager and he will get medical assistance if necessary or send you home. If necessary, he will send someone with you. You should not, under any circumstances, leave without letting your supervisor or manager know.

If you are working in a client's office, contact a co-worker. Then call, or have him call, your home office immediately.

Progress and Pay

For purposes of salary review and promotion all employees are treated according to the same philosophy. Compensation and recognition are based on performance. Some factors considered in evaluating your performance are: technical achievement, your relations with clients, your relations with fellow employees, and your economic contribution to the company.

At frequent intervals your performance will be reviewed by your manager and the supervisor who has worked with you and evaluated your work. If needed, they will help you develop your strengths and suggest areas of improvement.

Pay Days and Pay Checks

You will receive your pay check a few days after the period ends during which you earned compensation. This delay is necessary to allow time for our Accounting Department to process your time sheet.

Included with your check will be a "statement of earnings." On this statement you will find your earnings for the pay period with required and requested deductions from your salary. We are required by law to make certain deductions; these

might include such items as hospitalization for your dependents.

Time Off and Leave of Absence

If you ever need time off for personal reasons, talk it over with your manager. If it is a short leave, he can probably charge it as vacation or time without pay depending on the circumstances.

If your leave is longer than five days, you might require specific written approval by CUC management to protect some of your employee benefits.

If you are called for jury duty, your salary and all your benefits will continue during the required period.

If you are called for military reserve training, your salary and your benefits will continue during the period. However, your salary shall be reduced by the amount of military pay you receive and the maximum leave for this purpose shall be two weeks in any one year period.

If You Transfer

In the course of your career with CUC, you may be asked to transfer. CUC recognizes the difficulties involved for an employee and his family when he is asked to relocate. Generally, you will

be asked to move only when such a transfer will involve an opportunity for you to advance or to gain important new experience. If you are asked to move, we will pay such moving and living expenses as may be reasonable and necessary.

Education at CUC

There are many opportunities to learn at CUC. For example, whenever you are free from assignment, you will be given an opportunity to study material describing equipment and programming systems with which you are unfamiliar. Your supervisor or manager will assist you in this connection.

Office meetings are held periodically for the purpose of communicating technical and business information. You should make every effort to attend these meetings.

CUC has a plan to assist you in continuing your education. This will later be described in greater detail under Employee Benefits.

Location Control

It is, of course, essential that your supervisor and/or manager know where to reach you at all times. It also is necessary that your whereabouts be known so that mail and telephone messages may be relayed to you. For this reason, you should make sure to follow the system for location control used in your office.

Recording of Time

Because we are a service organization, costs and charges to clients are a function of time records. To keep accurate control of projects and be in a position to bill clients accurately, it is essential that time sheets be carefully and promptly submitted. Get in the habit of entering your time each day. It will make it a lot easier.

Return these sheets on the work day following the last day of the week and the work day following the last day of the month.

When You Travel

Due to the nature of our business, it is expected that a certain amount of travel is required.

Your Expense Report is a vital part of every trip you make. You can make life easier for yourself and for those who must approve and process the report by filling it out properly and turning it in promptly. Your home office will give you detailed instructions on how to fill it out, what expenses are allowable, and their limitations.

In general, CUC will reimburse you for all necessary and reasonable expenses. CUC will, usually, arrange for your transportation and lodgings in the case of trips lasting more than one day. Reimbursable

expenses include meals, tips, local transportation, car mileage, tolls and parking.

Non-reimbursable expenses include personal entertainment, gifts, magazines, newspapers, TV or radio rentals, beauty parlor charges, haircuts, shaves, shoeshines and other items of a personal nature.

Money can be a problem when you start out on a trip of any duration, but we can help to lessen this burden. If you feel that your trip will require more money than you have available, we will advance you a reasonable amount, based on an estimate of the trip's cost.

Regarding Your Benefits

CUC Vacation Plan

- . Employees accrue vacation on a monthly basis during those months in which they report a minimum of the basic number of work hours in the month for their office, excluding any uncompensated leave.
- . Any paid time off for personal business or a religious holiday is counted as a vacation day. With the exception of vacation days used for religious holidays or for purposes of personal business (with the manager's approval), you

are not entitled to a vacation until you are with CUC for one year. Should you terminate before one year's service, you lose your accrued vacation.

For employees with less than five years' service on October 1st of any given year, vacation entitlement shall accrue at the rate of fifteen days for the year beginning October 1st and ending September 30th.

CUC Holiday Plan

You receive eight CUC holidays during each year - New Year's Day, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Election Day (Presidential), Thanksgiving Day and Christmas Day.

In non-Presidential election years, management will select an alternative day as a CUC holiday. If one of the above holidays falls on a Saturday, the Friday preceding will be the holiday. If one of the above holidays falls on a Sunday, the following Monday will be the holiday.

If you wish to observe a religious holiday, such as Good Friday or Yom Kippur, you may do so without pay or by considering it a vacation period.

Tuition Refund

CUC will reimburse 1/3 of your tuition payment if you have been with us for less than one year and 2/3 thereafter, upon the successful completion of courses related to your work and approved by CUC.

Profit Sharing Plan

In order to provide for the long term financial security of CUC employees, the company has established a Profit Sharing Plan. The company contributes to the Plan each year such amount as the Board of Directors may determine up to 15% of the net profits of the company, but not in excess of 15% of the total compensation paid to all employees covered under the Plan. The amounts contributed are paid over by the company to a trust fund and held by an independent corporate trustee. To be eligible to participate under the Plan, you must first have completed three years of continuous service as of the 30th day of September in any year. Thereafter, you shall continue to be eligible with respect to each full year of continuous service completed by you. Your continuous service shall not be deemed to be interrupted when you are on authorized leave of absence for not more than one year or in the military

service. Once you become eligible under the Plan, that proportion of each year's contribution to the Plan which your compensation bears to the total compensation paid to all employees covered under the Plan is allocated to your account. At the end of the first year after you become eligible to participate, 20% of the amount allocated to your account vests in you absolutely, in the next year 40%, the next year 60%, until at the end of 5 years 100% of all amounts allocated to your account vests in you absolutely. Your benefits under the plan become payable to you upon termination of employment, death, or retirement at age 65. If you should terminate your employment at any time before your interest under the Plan has vested in you to the extent of 100%, that portion of your interest which has not vested shall be allocated proportionately among the other participants. During those years when you are eligible under the Plan, you share not only in the contributions made by the company, but also in the income and profits of the trust fund.

FOREWORD

The health insurance benefits provided under the CUC Plan have been designed specifically for you and your family. The result is an excellent plan that will go far in relieving you of many of the financial problems associated with health care. However, you have a responsibility to help keep the plan in good condition by using it wisely and protecting the benefits from abuse.

Before you or any member of your family has an operation, it is well to discuss the charge for the operation with your doctor. Have a clear understanding on what his fee will be for the operation. Your doctor will welcome the opportunity to discuss this with you and a frank talk may well avoid unpleasant misunderstandings.

Rely on your doctor's judgment as to whether you need hospital care and when you should go home. Many procedures such as diagnostic work can be done equally well in the doctor's office, in a clinic or in the out-patient department of a hospital. And when your doctor does advise hospital care, you can probably save yourself money by occupying a semi-private room, rather than a private room.

Attention to these small but very important details will assure you of excellent care, yet help protect the plan.

The benefits payable under this plan are being underwritten by the Provident Life and Casualty Insurance Company of Chattanooga, Tennessee.

SCHEDULE OF BENEFITS

The provisions and limitations of the plan applying to the benefits outlined below are described on the following pages.

EMPLOYEE LIFE INSURANCE -

Payable to your beneficiary in the event of your death from any cause

Employees with five or more years of active service with CUC An amount equal to 200% of the Employee's Base Annual Earnings Rate adjusted to the next higher multiple of \$1,000.00 if not already a multiple thereof, subject to a maximum of \$50,000.00.

Employees with less than five years of active service with CUC An amount equal to 100% of the Employee's Base Annual Earnings Rate adjusted to the next higher multiple of \$1,000.00 if not already a multiple thereof, subject to a maximum of \$50,000.00.

The amount of life insurance for Employees becoming insured on or after their sixty-fifth birthday and for insured Employees upon the attainment of their sixty-fifth birthday will be reduced 20% and will be further reduced on each anniversary of the original reduction by an amount equal to 20% of the amount in force prior to the initial reduction, provided the amount of insurance will not be reduced to less than \$2,000.00.

"Base Annual Earnings Rate" means the rate of annual earnings from the Employer exclusive of overtime, bonuses and other special compensation for the twelve month period ending on the preceding December 31. Increases in amounts of insurance become effective on the first day of January coinciding with or following the date of changes in earnings, except that no increase in amounts of insurance shall become effective unless you are actively at work as defined on a following page.

EMPLOYEE AND DEPENDENT COMPREHENSIVE MEDICAL BENEFITS -

For virtually all types of medical expenses, as defined under "Covered Expenses" on a following page, incurred as follows:

For Class I Expenses - 100% of hospital's charge for its greatest number of two-bed rooms for the first 120 days of confinement, and 80% of such expenses thereafter. Plus 80% of other Class I hospital expenses.

For Class II and III Expenses For Surgical & Other Covered Expenses - 80% of such expenses which are incurred after satisfaction of the Deductible Amount (\$100.00) during each calendar year.

See definitions of "Classes of Expenses, Deductible Amount, Basic Benefits" and special provisions for psychiatric care on following pages.

Maximum Benefit \$15,000.00

MATERNITY BENEFITS -

For confinement of a female employee or the dependent wife of a male employee for delivery of a child or children or miscarriage, in lieu of any other benefits under the plan, as follows:

For delivery of a child or children (other than caesarean)	200.00
For caesarean delivery of a child or children	300.00
For expenses in connection with a miscarriage (not to exceed hospital and surgical expenses incurred)	100.00

These benefits apply to dependent wives of male employees and to female employees who are insured under the plan with respect to dependents, subject to any waiting period given under "Maternity Benefits" on a following page.

SCHEDULE OF BENEFITS

(Continued)

MONTHLY CONTRIBUTION FOR DEPENDENT MEDICAL COVERAGE

	<u>California Employees</u>	<u>All other Employees</u>
For one dependent	\$10.50	\$ 8.85
For more than one dependent	16.85	13.95

For your convenience, your contribution for your dependents will be deducted from your earnings. CUC pays the entire cost of your Life Insurance and Comprehensive Medical Benefits.

Individual Certificate of Insurance

The more important provisions of the plan applying to your insurance are described in this booklet. You will be issued an individual certificate of insurance giving a more detailed description of the provisions of the plan that apply to the coverage for you and your dependents.

BECOMING INSURED
UNDER THE PLAN

Are You Eligible

The insurance described in this booklet is available to regular full time employees of the company who are regularly scheduled to work at least thirty hours per week.

Employees in service on the effective date of the plan are enrolled immediately. Employees entering service thereafter become eligible on the first day of the calendar month coinciding with or following their date of employment.

The effective date of the plan is January 1, 1966.

When May You Become Insured

You will be insured on the date you become eligible as provided above if you are actively at work on that date as defined on the following page.

Coverage For Your Dependents

If you have an eligible dependent or dependents and elect to cover them the insurance will apply to your dependents on the date you become insured except for any dependent then hospitalized.

Eligible dependents include your wife or husband and your unmarried children (including step children, foster children and other children who are living with you in a regular parent-child relationship) under nineteen years of age. Unmarried children continue to be eligible up to age twenty-three years so long as they are regularly attending school on a full time basis. No person eligible for coverage as an employee may be included as a dependent.

If You Do Not Enroll Promptly

If you do not elect coverage for your dependents within one month after they first become eligible, coverage for them under the plan may not be obtained without first furnishing satisfactory medical evidence of insurability and meeting certain waiting period requirements.

BECOMING INSURED
UNDER THE PLAN

Reporting Changes in
Eligibility of Dependents

If you acquire eligible dependents who are not included in the classification for which you are then making the required contribution (see classifications and employee contributions in the Schedule of Benefits), such additional dependents will be covered only if you notify the office promptly to change your dependency class and increase your contribution accordingly. If you are already insured in the classification covering all eligible dependents, you do not need to notify the office when you acquire additional dependents.

You should also notify the office promptly when dependents become ineligible, so that any necessary change in your classification and contribution may be made promptly.

If You Are Away From Work or
a Dependent is Hospitalized

If you are not actively at work on the date you would otherwise become insured, you will be insured on the date you return to active work. For this purpose, "active work" or "being actively at work" means performing for a full normal work day the regular duties of your occupation or employment at your employer's place of business or at another location to which you may be required to travel in the performance of your duties.

If you are eligible for more than \$28,000.00 of life insurance and you have been absent from work due to injury or sickness during the three week period immediately preceding the date your insurance is to become effective, the amounts of life insurance will be limited to \$28,000.00 until the end of a period of three weeks during which you have not been absent from work because of injury or sickness.

Dependents who are hospitalized on the date they would otherwise become insured will not be insured until the day following the date of discharge from the hospital, except that this requirement does not apply to new born children. New born children are covered on the date they become eligible under the section headed "Coverage For Your Dependents" on the preceding page, even if hospitalized on that date, provided you are then making the required contribution for coverage for dependent children (see classifications and employee contributions in the schedule of benefits).

=====COMPREHENSIVE MEDICAL BENEFITS=====

For You and Your Dependents

Introduction.

Comprehensive medical expense insurance provides broad and extensive coverage to help you pay the costs of virtually all types of medical care. It is particularly effective in providing the coverage you need in connection with the expensive types of treatment required for care of the more serious illnesses and injuries to which we are all exposed.

Definitions

To understand clearly how the coverage works and the benefits provided for you and your dependents, it is necessary that you know the meaning of the following terms:

Covered Expenses - The term "Covered Expenses" refers to the various items of medical expense for which comprehensive medical benefits are payable. The specific items of medical expense included as Covered Expenses are given on a following page.

For purposes of determining benefits payable under the plan, Covered Expenses are classified as follows:

Class I Expenses - Hospital charges for room and board and services and supplies necessary for treatment while a bed-patient, or while an out-patient for a surgical operation or for treatment of bodily injuries within one week after an accident, and charges for local professional ambulance service in connection with such Hospital care.

Class II Expenses - Charges by Physicians for surgical operations and charges by anesthetists not employed by Hospitals for administration of anesthetics in connection with surgery.

Class III Expenses - Charges for any other Covered Expenses as listed on a following page.

Hospital - "Hospital" means only a legally operating institution which is primarily engaged in providing for compensation from its patients, in-patient medical and surgical facilities for diagnosis and treatment of injury or illness, or for the care of pregnancy and which:

===== COMPREHENSIVE MEDICAL BENEFITS =====

For You and Your Dependents

Definitions (Continued)

- (1) is operated under the supervision of a staff of Physicians and continuously provides twenty-four hours of everyday nursing service by registered graduate nurses, and
- (2) is not, other than incidentally, a rest home, nursing home, home for the aged, or an institution primarily engaged in the care and treatment of drug addicts or alcoholics.

Physician - "Physician" means a legally licensed Doctor of Medicine, Osteopathy, or Podiatry.

Injury or Illness - "Injury or Illness" means bodily injury, sickness or disease, including mental infirmity, which requires treatment by a Physician. Injury or Illness excludes pregnancy, delivery of a child or children (caesarean or otherwise) and miscarriage, but includes abdominal operations for extra-uterine pregnancy, complications of pregnancy requiring intra-abdominal surgery after termination of pregnancy, pernicious vomiting of pregnancy and toxemia with convulsions. (Maternity benefits for delivery and miscarriage are provided separately as described on a following page.)

Deductible Amount - "Deductible Amount" shall mean the first \$100.00 of Class II and Class III Covered Expenses incurred by an Employee for himself or on behalf of a dependent during each calendar year in connection with all sickness or disease, except that any Class III Covered Expenses incurred prior to the beginning of a period of three consecutive months during which Class II and Class III Covered Expenses totaling at least \$100.00 are incurred shall not apply toward the Deductible Amount. The Deductible Amount shall not apply in connection with bodily injuries.

Only Covered Expenses incurred during a period of three consecutive months may be applied toward satisfaction of the deductible.

The Deductible Amount applies separately to Covered Expenses incurred by each member of your family (except as provided under "Family Limit" below) once during each calendar year even though expenses may be incurred for several Injuries or Illnesses during the year.

===== COMPREHENSIVE MEDICAL BENEFITS =====
For You and Your Dependents
Definitions (Continued)

In order that a deductible not be applied late in one year and soon again in the following year, any Covered Expenses which apply toward the deductible in the last three months of a calendar year (whether or not the deductible is fully satisfied) may also be applied toward the Deductible Amount for the following calendar year, subject to the three months' limit for satisfying the Deductible Amount.

Family Limit - Normally, the Deductible Amount applies separately to each member of the family. However, after you have satisfied the Deductible Amount for yourself and two of your dependents, or for three of your dependents, Covered Expenses incurred by or on behalf of any other members of your family during the remainder of the calendar year will not be subject to Deductible Amounts. In other words, in no case will more than three Deductible Amounts apply to Covered Expenses incurred by you for yourself and on behalf of your dependents during any one calendar year.

Benefits Payable

When you incur Covered Expenses for yourself or on behalf of a dependent, you will become entitled to benefits as follows:

For Class I Expenses - (Expenses for Hospital Room and Board) 100 per cent of the hospital's charge for its greatest number of two-bed rooms for the first 120 days of confinement (successive periods of confinement due to the same or related causes are considered as one period unless separated by at least six months), and 80 per cent of such expenses thereafter. 80 per cent of other Class I hospital expenses, and

For Class II and Class III Expenses - 80% of such expenses which are incurred after satisfaction of the Deductible Amount.

Benefits for psychiatric treatment or consultation shall not exceed 50% of physicians covered expenses other than convulsive therapy unless the treatment is received while the employee or dependent is confined as a bed-patient in a hospital. However, in the event the employee or dependent is confined as a bed-patient in a hospital for at least three consecutive months for psychiatric treatment, benefits for covered expenses incurred for psychiatric treatment during the period of twelve consecutive months following discharge from the hospital shall be payable on the basis of 80% of such covered expenses.

===== COMPREHENSIVE MEDICAL BENEFITS =====
For You and Your Dependents

Benefits Payable (Continued)

In no event will benefits payable to or on behalf of any covered person exceed the Maximum Benefit.

Maximum Benefit

The amount of the Maximum Benefit is \$15,000.00. It applies separately to Covered Expenses incurred by you for yourself and on behalf of each of your dependents.

After you have incurred for yourself, or on behalf of a dependent, Covered Expenses entitling you to benefits for yourself or the dependent equal to at least twenty per cent of the amount of the Maximum Benefit shown in the Schedule of Benefits, application may be made for reinstatement of the full Maximum Benefit by submission of satisfactory evidence of insurability.

Regardless of whether reinstatement is applied for or granted, any used portion of the Maximum Benefit will be restored on the first day of January each year that insurance under the plan with respect to you or the dependent remains in effect, not to exceed \$1,000.00 per year.

Covered Expenses

Covered Expenses are charges for the following services and supplies, which are certified by the attending Physician to be necessary for treatment, to the extent that the charges do not exceed reasonable and customary charges generally made in the same locality under similar conditions:

1. Hospital Care. Hospital room, board and general nursing care, and charges for other Hospital services and supplies necessary for treatment of Injury or Illness, except services furnished by outside agencies and supplies not used while confined in the Hospital.
2. Physicians' and surgeons' fees for medical care and surgical operations, except that any Physicians' charges for psychiatric treatment (other than convulsive therapy) in excess of (a) \$20.00 per treatment and (b) \$1,200.00 during any calendar year are excluded, unless the psychiatric treatment is received while a bed-patient in a Hospital.

=====COMPREHENSIVE MEDICAL BENEFITS=====
For You and Your Dependents

Covered Expenses (Continued)

3. Charges of a registered graduate nurse, or a practical nurse licensed by any competent state or local authority, for medical care of Injury or Illness.
4. Charges for any of the items named below when certified as necessary by the attending Physician:
 - (a) Drugs and medicines lawfully obtainable only upon the written prescription of a Physician.
 - (b) Artificial limbs or eyes (excluding their replacement), casts, splints, trusses, braces or crutches.
 - (c) Rental of wheel chair, hospital-type bed, iron lung or other durable equipment used exclusively for treatment of Injury or Illness.
 - (d) Anesthetics and their administration.
 - (e) Diagnostic laboratory services.
 - (f) Services of a physiotherapist or laboratory technician.
 - (g) Use of x-ray, radium and other radioactive substances.
 - (h) Oxygen and rental of equipment for administration of oxygen.
 - (i) Services of dentists for treatment of accidental injury to natural teeth (including their replacement) and for setting of a fractured jaw if the injury or fracture results from an accident occurring while insured.
 - (j) Transportation by railroad or scheduled commercial air-line to but not from a Hospital equipped to furnish special treatment for the Injury or Illness (excluding any transportation from or to points outside the continental limits of the United States and Canada).

===== COMPREHENSIVE MEDICAL BENEFITS =====
For You and Your Dependents

Covered Expenses (Continued)

- (k) Local professional ambulance service to and from the nearest Hospital where care and treatment of the Injury or Illness can be given.

Charges for services received by any employee or dependent which are performed by a member of the immediate family of the employee or of the employee's spouse shall not be considered Covered Expenses.

A charge is considered to have been incurred as of the date on which the service or supply for which the charge is made is rendered or obtained.

Limitations and Exclusions

Benefits will not be payable under the plan for:

- Expenses in connection with Injuries arising from or in the course of any employment or in connection with Illnesses for which benefits are provided under any workmen's compensation act or similar law
- Expenses due to pregnancy except as shown under "Injury or Illness"
- Expenses for medical examinations not necessary for the treatment of an Injury or Illness
- Expenses for eye refractions, eye glasses, the fitting of eye glasses, hearing aids or the fitting of hearing aids
- Cosmetic surgery, except operations necessary to repair disfigurement due to an accident occurring while insured, and except for treatment of a congenital anomaly in a child born while the parents are insured under the plan
- Dental fees, except as provided under Covered Expenses
- Treatment of Injury or Illness which is occasioned by war, declared or undeclared
- Charges incurred outside the United States or Canada, unless the employee or dependent is a resident of the United States or Canada and the charges are incurred while traveling on business or for pleasure
- Charges for services or supplies received from or in facilities owned or operated by the United States Government, or for services and supplies for which no charge is made that you are required to pay

==== COMPREHENSIVE MEDICAL BENEFITS ====
For You and Your Dependents

Limitations and Exclusions (Continued)

- Expenses for treatment of alcoholism or narcotic habits
- For the usual and ordinary nursery and pediatric care of a new born child

No benefits are payable for expenses due to any Injury or Illness beginning before the effective date of the insurance with respect to the employee or dependent. This exclusion will not apply, however, after the end of any three month period during which no Covered Expenses are incurred in connection with the Injury or Illness, and in any event will cease to apply after the insurance with respect to the employee or dependent has been in continuous force for twelve months.

MATERNITY BENEFITS

For Dependent Wives and For Female
Employees Insured With Respect To Dependents

Benefits Payable

If confinement of a female employee who is insured with respect to dependents, or the dependent wife of a male employee, is for delivery of a child or children or for the care of a miscarriage, benefits will be payable as provided in the Schedule of Benefits in lieu of any other benefits under the plan.

These benefits are not subject to the deductible, and maximum benefit provisions of the plan. Benefits for the complications of pregnancy specified under "Injury or Illness" on a preceding page are covered on the same basis as treatment of any other "Injury or Illness".

Waiting Period

These benefits are not payable in connection with the care and treatment of a pregnancy existing on the date the female employee's insurance with respect to dependents becomes effective or on the date a dependent wife is covered under the plan.

===== MEDICAL CARE EXPENSES COVERED =====
BY OTHER PLANS

The purpose of this plan, which provides broad extensive coverage for nearly all types of medical care and treatment, is to help you pay your medical bills.

It is not intended that benefits exceed the medical expenses you incur. For this reason, if you are also covered under another "plan" as defined below and total benefits would exceed the actual medical expenses you incur, the medical care benefits described in this booklet will be reduced so that the total benefits you receive do not exceed your medical expenses.

For this purpose, the word "plan" means any plan providing benefits or services for or by reason of medical or dental care or treatment, which benefits or services are provided by

- (i) group, blanket or franchise insurance coverage,
- (ii) hospital service prepayment plan, medical service prepayment plan, group practice and other prepayment coverage, except that for which the subscription charge or premium payment is made directly by the person covered to the organization providing the coverage,
- (iii) any coverage under labor-management trustee plans, union welfare plans, employer organization plans, or Employee benefit organization plans,
- (iv) any coverage under governmental programs, and any coverage required or provided by any statute, and
- (v) in the case of a child, any coverage sponsored by, or provided through, a school or other educational institution.

LIFE INSURANCE

For You

Benefits Payable

The amount of life insurance determined from the Schedule of Benefits is payable to your beneficiary in the event of your death from any cause while insured. The insurance may be payable in a lump sum or in installments if you desire.

Beneficiary

You may designate anyone you wish as your beneficiary and change your beneficiary at any time by giving written notice. If there is no designated beneficiary at your death, the insurance will be payable to your estate.

Insurance During Disability Before Age Sixty

If you become totally disabled by injury or sickness before age sixty, so as to be unable to perform any work for compensation or profit, your life insurance under the plan will continue in force so long as you remain so disabled provided proofs of disability are furnished as required. The first proof should be furnished as soon as possible after disability has lasted for nine months and must be filed not later than one year from the date premium payments for your insurance are discontinued. Subsequent proofs must be furnished annually thereafter. Any insurance being continued in this manner will be reduced whenever you reach an age for which a reduced amount is specified in the Schedule of Benefits.

Individual Insurance Available After Termination

If you leave CUC, you may convert your insurance to an individual policy on any plan then being written by the Insurance Company, except term insurance, by making application directly to the Insurance Company and paying the required premium within thirty-one days after termination of your insurance. The individual policy will be issued without medical examination.

GENERAL PROVISIONS

Claim Payments

Notify your Office Manager in the event you or a dependent are hospitalized or need surgery, or if Covered Expenses in excess of the Deductible Amount are incurred.

It will be necessary for you to submit proof of each charge for which you file claim so it is extremely important that you secure copies of bills for all charges. All bills should be itemized and if the plan provides coverage for prescription drugs used other than during hospitalization, drug store bills for prescription items should include the prescription number, name of the person for whom provided and the name of the doctor.

The claim forms which will be furnished to you should be completed promptly and returned to the person from whom you obtained them so that you may be paid the benefits to which you are entitled.

Termination of Insurance

All insurance under the plan will terminate if the group policies are terminated. The insurance with respect to your dependents will terminate while the group policies remain in effect at the end of the period for which your last contribution is made if you should request discontinuance of coverage, or upon termination of your employment subject to the "Extended Benefits After Termination" explained on the following page.

Medical Benefits with respect to your dependents will terminate if you request discontinuance of coverage. Both you and your dependents medical benefits will terminate upon termination of your employment subject to the "Extended Benefits After Termination" explained on the following page. Upon termination of your employment your life insurance will terminate but may be converted as previously explained.

GENERAL PROVISIONS

Termination of Insurance (Continued)

The insurance with respect to any dependent will terminate when the dependent ceases to be eligible under the definition of dependents except that if cessation of eligibility is due to attaining the limiting age in the definition and the dependent is an unmarried child who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapable prior to attainment of age nineteen and who is chiefly dependent upon the Employee, the insurance with respect to such dependent may be continued in effect beyond the limiting age provided the Employee submits proof of such incapacity within one month after the date the dependent attains the limiting age.

Insurance being continued under this provision with respect to an incapacitated dependent will terminate when the Employee's insurance under the policy with respect to dependents is terminated, when the dependent ceases to be incapacitated, at the end of a period of thirty-one days after the Insurance Company requests that proof of continued incapacity of the dependent be furnished if the Employee fails to submit such proof within the thirty-one day period, or when the dependent otherwise ceases to be eligible under the definition of dependents above.

GENERAL PROVISIONS

Extended Comprehensive Medical
Benefits After Termination

If coverage terminates during a period of total disability and Covered Expenses are then being incurred, benefits are extended to Covered Expenses incurred after termination for continued treatment of that Injury or Illness, but in no case will benefits be payable for expenses incurred after recovery from total disability or after the end of the calendar year following the calendar year during which insurance terminates. This extension of benefits ceases to apply as of the date you or the dependent become covered under any other similar group plan provided by the Insurance Company or any other insurer.

Extended Maternity Benefits

The Maternity Benefits under the plan will be payable in the case of any pregnancy existing at the time of termination of insurance with respect to a covered dependent wife or a female employee who was insured with respect to dependents.

In no event, however, will this provision extend beyond the date of termination of the group policy.

