

Life Insurance Company of North America

City of Albuquerque

LIFE INSURANCE
ACCIDENTAL DEATH &
DISMEMBERMENT INSURANCE

EFFECTIVE DATE: July 1, 2005

CN004
Policy No.: FLX-980032

This document printed May 4, 2006 takes the place of any documents previously issued to you which described your benefits.

Life Insurance Company of North America

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*Home Office: Philadelphia, Pennsylvania
Mailing Address: Philadelphia, Pennsylvania 19192*

LIFE INSURANCE COMPANY OF NORTH AMERICA

a CIGNA Company (called LINA) certifies that it insures certain Employees for the benefits provided by the following policy:

POLICYHOLDER: City of Albuquerque

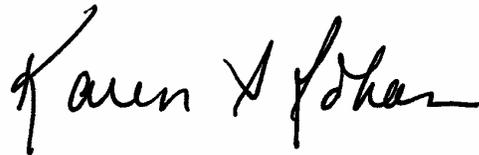
GROUP POLICY(S) – COVERAGE

FLX-980032 LIFE INSURANCE
FLX-980032 ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

EFFECTIVE DATE 07/01/2005

This certificate describes the main features of the insurance. It does not waive or alter any of the terms of the policy(s). If questions arise, the policy(s) will govern.

This certificate takes the place of any other issued to you on a prior date which described the insurance.



President

Life Insurance Company of North America

Explanation of Terms

You will find terms starting with capital letters throughout your certificate. To help you understand your benefits, most of these terms are defined in the Definitions section of your certificate.

THE SCHEDULE

The schedule is a brief outline of your maximum benefits which may be payable under your insurance. For a full description of each benefit, refer to the appropriate section listed in the Table of Contents.

Life Insurance Company of North America

Accident and Health Provisions

Claims

Notice of Claim

Written notice of claim must be given to LINA within 90 days after the occurrence or start of the loss on which claim is based. If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice was given as soon as was reasonably possible.

Claim Forms

When LINA receives the notice of claim, it will give to the claimant, or to the Policyholder for the claimant, the claim forms which it uses for filing proof of loss. If the claimant does not get these claim forms within 15 days after LINA receives notice of claim, he will be considered to meet the proof of loss requirements of the policy if he submits written proof of loss within 90 days after the date of loss. This proof must describe the occurrence, character and extent of the loss for which claim is made.

Proof of Loss

Written proof of loss must be given to LINA within 90 days after the date of the loss for which claim is made. If written proof of loss is not given in that time, the claim will not be invalidated nor reduced if it is shown that written proof of loss was given as soon as was reasonably possible.

Physical Examination

LINA, at its own expense, will have the right to examine any person for whom claim is pending as often as it may reasonably require.

Legal Actions

Where LINA has followed the terms of the policy, no action at law or in equity will be brought to recover on the policy until at least 60 days after proof of loss has been filed with LINA. No action will be brought at all unless brought within 3 years after the time within which proof of loss is required.

CG-05-CE1000.00
CLM-PRO

Eligibility – Effective Date

You will become eligible for insurance on the day you complete the waiting period if:

- you are in a Class of Eligible Employees; and
- you are an eligible, permanent, full-time Employee; and
- you normally work at least 20 hours a week.

Employees of all other entities, please refer to your Benefit Office for details.

Waiting Period

None

Classes of Eligible Employees

Each Employee as reported to the insurance company by your employer

Employee Insurance

This Plan is offered to you as an Employee.

Effective Date of Your Insurance

You will become insured on the first day of Active Permanent Employment.

If you are not in Active Service on the date you would otherwise become insured, you will become insured on the date you return to Active Service.

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ELG

Life Insurance Company of North America

Life Insurance

The Schedule

For You

Annual Basic Earnings	Amount of Life Insurance
Less than \$5,000	\$ 6,000
\$5,000 but less than \$6,000	\$ 8,000
\$6,000 but less than \$8,000	\$10,000
\$8,000 but less than \$10,000	\$12,000
\$10,000 but less than \$12,000	\$14,000
\$12,000 but less than \$15,000	\$17,000
\$15,000 but less than \$20,000	\$22,000
\$20,000 but less than \$25,000	\$28,000
\$25,000 but less than \$30,000	\$35,000
\$30,000 but less than \$35,000	\$40,000
\$35,000 but less than \$40,000	\$45,000
\$40,000 and over	\$50,000

Retirement Reduction

Regardless of your age, if you are retired your amount of Life Insurance will be 50% of amount of Life Insurance in effect on the last day of employment.

Changes in Amount of Life Insurance

Any change in your amount of Life Insurance due to a change in Basic Earnings will take place on the date your Basic Earnings change. If you are not in Active Service on that day, the increase in Basic Earnings will be considered effective after you have returned to Active Service for one full day. Any decrease in our amount of Life Insurance due to retirement will take place on your retirement date.

NOTE: Retirement reduction only applies to City of Albuquerque employees. For Employees of participating entities, the policy terminates at the end of employment or on retirement date.

Life Insurance Company of North America

Life Insurance

Death Benefit

LINA will pay the amount of your Life Insurance when it receives due proof that you died while insured for this benefit. The amount payable is determined from The Schedule and the other terms of the policy.

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Extension During Total Disability

If while insured, you terminate Active Service:

- before age 60; and
- because of Total Disability;

and if no premium is paid for you; your Life Insurance will be extended while you remain continuously Totally Disabled, but for no more than one year from the date your Active Service ends.

If you die while your insurance is being extended, no death claim will be paid unless LINA receives, within one year after your death, proof that your Total Disability was continuous from the date your Active Service ended until you died.

If you submit due proof to LINA that you became Totally Disabled prior to your 60th birthday and have remained continuously Totally Disabled for 9 months or more, your Life Insurance will be extended, without further payment of premiums for you, for a period of one year from the date that proof is received by LINA.

The required proof must be submitted to LINA no later than one year from the date your Active Service ends because of Total Disability. After that, your insurance will be extended, without payment of premiums for you, for further periods of one year if:

- you remain continuously Totally Disabled; and
- you submit to LINA, during the three months before the end of each such one year period, proof of the continuation of Total Disability.

Total Disability or Totally Disabled

You will be considered Totally Disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness.

NOTE: All City of Albuquerque employees are eligible for Total Disability. All other participating entities are not eligible.

Death While Totally Disabled

If you die while your insurance is being extended, the amount payable will be determined from The Schedule which was in effect on your last day of Active Service, taking into account any age or retirement reductions shown in that Schedule. Any retirement reductions will apply as of your normal retirement date. No death claim will be paid unless written notice of your death is received by LINA within one year from the date of death.

Extension During Total Disability

If a converted life policy has been issued to you, your insurance will not be extended unless the converted policy is returned to LINA without claim (except for the return of any premium paid for that converted policy).

If your insurance under this section ceases, you will be Entitled to Convert under the terms of the "Conversion Privilege for Life Insurance" section.

At any time while the insurance is extended, LINA will have the right to:

- require proof of the continuing Total Disability; and
- have a physician of its choice examine you.

When Extension Ceases

The insurance which is being extended will automatically cease:

- when you are no longer Totally Disabled (except that if you return to Active Service as an eligible Employee, your insurance will be continued if premium is paid for you).
- if you do not submit to any physical examination required by LINA.
- if you fail to give proof of continuous Total Disability.

NOTE: All City of Albuquerque employees are eligible for Total Disability, All other participating entities are not eligible.

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LIF/DIS

Life Insurance Company of North America

What You Should Do And Expect if You Have a Claim

When you are eligible to receive benefits under the Plan, you must request a claim form or obtain instructions for submitting your claim telephonically or electronically, from the Plan Administrator/ Insurance Company. All claims you submit must be on the claim form or in the electronic or telephonic format provided by the Insurance Company. You must complete our claim according to directions provided by the Insurance Company. If these forms or instructions are not available, you must provide a written statement of proof of loss. After you have completed the claim form or written statement, you must submit it to the Plan Administrator/Insurance Company.

The Plan Administrator has appointed the Insurance Company as the named fiduciary for adjudicating claims for benefits under the Plan, and for deciding any appeals of denied claims. The Insurance Company shall have the authority, in its discretion, to interpret the terms of the Plan, to decide questions of eligibility for coverage or benefits under the Plan, and to make any related findings of fact. All decisions made by the Insurance Company shall be final and binding on Participants and Beneficiaries to the full extent permitted by law.

What Your Beneficiary Should Do and Expect if He/She Has a Claim

The Insurance Company has 90 days from the date it receives your beneficiary's claim to determine whether or not benefits are payable to your beneficiary in accordance with the terms and provisions of the Policy. Under special circumstances, the Insurance Company may require more time to review the claim. If this should happen, the Insurance Company must notify your beneficiary in writing that its review period has been extended for an additional 90 days. If the extension is made because your beneficiary must furnish additional information, this 90-day period will begin when the additional information is received.

If additional information is required, the Insurance Company must notify your beneficiary, in writing stating the information needed and explaining why it is needed.

If the claim is approved, your beneficiary will receive the appropriate benefit from the Insurance Company.

If the claim is denied, in whole or in part, your beneficiary must receive a written notice from the Insurance Company within the 90-day review period (or within 180 days if the review period was extended). The Insurance Company's written notice must include the following information:

1. the specific reason(s) the claim was denied.
2. specific reference to the Policy provision(s) on which the denial was based.

3. any additional information required for the claim to be reconsidered, and the reason this information is necessary.
4. a statement informing your beneficiary of his/her right to appeal the decision, and an explanation of the appeal procedure, as outlined below.

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LIF CLM

Appeal Procedure for Denied Claims

Whenever a claim is denied, your beneficiary has the right to appeal the decision. Your beneficiary (or his/her duly authorized representative) must make a written request for appeal to the Insurance Company within 60 days from the date your beneficiary receives the denial. If he/she does not make this request within that time, he/she will have waived his/her right to appeal.

Once the request has been received by the Insurance Company, a prompt and complete review of the claim must take place. During the review, your beneficiary (or his/her duly authorized representative) has the right to review any documents that have a bearing on the claim, including documents which establish and control the Plan. Your beneficiary may also submit issues and comments that he/she feels might affect the outcome of the review.

The Insurance Company has 60 days from the date it receives the request to review the claim and notify your beneficiary of its decision. Under special circumstances, the Insurance Company may require more time to review the claim. If this should happen, the Insurance Company must notify your beneficiary, in writing, that its review period has been extended for an additional 60 days. Once its review is complete, the Insurance Company must notify your beneficiary, in writing, of the results of the review and indicate the Plan provisions upon which it based its decision.

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LIF APL

Conversion Privilege

When your Life Insurance ceases, you may apply to LINA for an individual converted life policy. It will be issued to you if you are Entitled to Convert and if you apply in writing and pay the first premium to LINA within 31 days after the date your Life Insurance ceases. Evidence of good health is not needed.

Life Insurance Company of North America

Entitled to Convert

You are Entitled to Convert your Life Insurance only if: your insurance ceases because you are no longer in Active Service or no longer eligible for Life Insurance.

- your insurance ceases or is reduced because of retirement, age or a change in class.
- the policy is cancelled for your class of Employees and you have been insured under the policy for at least five years before it is cancelled.

The amount of Life Insurance that you are Entitled to Convert will not be more than the amount of group Life Insurance that you lose. If all insurance under the policy is cancelled on the class of Employees to which you belong, the amount of insurance under the converted life policy will be the smaller of: (a) the amount of your insurance which ceases less any amount of group life insurance for which you become eligible within 31 days after the insurance ceases; or (b) \$10,000.

The converted policy will be one of LINA's current offerings based on its rules for converted life policies. It will be issued at your attained age for the premium that applies to the class of risk to which you then belong. It will take effect on the 32nd day after your Life Insurance ceases. Neither term insurance nor disability benefits are offered under the converted life policy.

Extension of Conversion Period

If you are eligible for conversion insurance and are not notified of this right at least 15 days prior to the end of the 31 day conversion period, the conversion period will be extended. You will have 15 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 90 days. Notice, for the purpose of this section, means written notice presented to you by the Employer or mailed to your last known address as reported by the Employer.

Payment During Conversion Period

If you die during the 31 days in which you may convert to an individual life policy, LINA will pay to the Beneficiary designated under your group policy, the amount of insurance you could have converted, whether or not you applied for an individual life policy or paid the first premium for an individual life policy. In this case, no payment will be made under the converted policy.

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Life Insurance Company of North America

Accidental Death and Dismemberment Insurance

The Schedule

For You

This insurance provides benefits for accidental death or dismemberment. The amount that may be payable is based on your Amount of Principal Sum.

Annual Basic Earnings	Amount of Principal Sum
Less than \$5,000	\$ 6,000
\$5,000 but less than \$6,000	\$ 8,000
\$6,000 but less than \$8,000	\$10,000
\$8,000 but less than \$10,000	\$12,000
\$10,000 but less than \$12,000	\$14,000
\$12,000 but less than \$15,000	\$17,000
\$15,000 but less than \$20,000	\$22,000
\$20,000 but less than \$25,000	\$28,000
\$25,000 but less than \$30,000	\$35,000
\$30,000 but less than \$35,000	\$40,000
\$35,000 but less than \$40,000	\$45,000
\$40,000 and over	\$50,000

Changes in Amount of Life Insurance

Any change in your amount of Principal Sum due to a change in Basic Earnings will take place on the date your Basic Earnings change. If you are not in Active Service on that day, the increase in Basic Earnings will be considered effective after you have returned to Active Service for one full day.

NOTE: When you retire, regardless of your age, your Accidental Death and Dismemberment Benefits will terminate.

Life Insurance Company of North America

Accidental Death and Dismemberment Benefits

For You

LINA will pay the Benefit Amount when it receives due proof that:

- you received an accidental bodily injury while insured for this benefit; and
- as a direct result of that injury, independently of all other causes, you sustained any loss shown in the Table of Losses and Benefits; and
- the loss occurred within 180 days after the date of that injury.

Benefit Amount

The Benefit Amount for each loss will be your amount of Principal Sum determined from The Schedule multiplied by the percentage shown in the Table of Losses and Benefits for that loss. The maximum that will be paid for all losses resulting from injuries you receive in any one accident will be your amount of Principal Sum.

Table of Losses and Benefits

	% of Principal Sum
Loss of Life	100%
Loss of One Hand by Severance at or above the Wrist	50%
Loss of One Foot by Severance at or above the Ankle	50%
Entire and Irrecoverable Loss of Sight in One Eye	50%
Loss of more than one of the above in one Accident	100%

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Limitations

Death and Dismemberment Benefits will not be paid for a loss which in any way results from:

- suicide or intentionally self-inflicted injury, while sane or insane.
- sickness, disease, bodily infirmity, or bacterial or viral infection, even if contracted by accident. This exclusion does not apply to bacterial infection that is the natural and foreseeable result of an accidental external cut or wound.
- declared or undeclared war, or an act of war.

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AD EXC

What You Should Do And Expect if You Have a Claim

When you are eligible to receive benefits under the Plan, you must request a claim form or obtain instructions for submitting your claim telephonically or electronically, from the Plan Administrator/ Insurance Company. All claims you submit must be on the claim form or in the electronic or telephonic format provided by the Insurance Company. You must complete your claim according to directions provided by the Insurance Company. If these forms or instructions are not available, you must provide a written statement of proof of loss. After you have completed the claim form or written statement, you must submit it to the Plan Administrator/Insurance Company.

The Plan Administrator has appointed the Insurance Company as the named fiduciary for adjudicating claims for benefits under the Plan, and for deciding any appeals of denied claims. The Insurance Company shall have the authority, in its discretion, to interpret the terms of the Plan, to decide questions of eligibility for coverage or benefits under the Plan, and to make any related findings of fact. All decisions made by the Insurance Company shall be final and binding on Participants and Beneficiaries to the full extent permitted by law.

Life Insurance Company of North America

The Insurance Company has 90 days from the date it receives your claim to determine whether or not benefits are payable to you in accordance with the terms and provisions of the Policy. Under special circumstances, the Insurance Company may require more time to review your claim. If this should happen, the Insurance Company must notify you in writing that its review period has been extended for an additional 90 days. If this extension is made because you must furnish additional information, this 90-day period will begin when the additional information is received.

During the review period, the Insurance Company may require a medical examination of the Insured, at its own expense; or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify you of the date and time of the examination and the Physician's name and location. It is important that you keep any appointments made since rescheduling examinations will delay the claim process. If additional information is required, the Insurance Company must notify you, in writing, stating the information needed and explaining why it is needed.

If your claim is approved, you will receive the appropriate benefit from the Insurance Company.

If your claim is denied, in whole or in part, you must receive a written notice from the Insurance Company within the 90-day review period (or within 180 days if the review period was extended). The Insurance Company's written notice must include the following information:

1. the specific reason(s) the claim was denied.
2. specific reference to the Policy provision(s) on which the denial was based.
3. any additional information required for your claim to be reconsidered, and the reason this information is necessary.
4. a statement informing you of your right to appeal the decision, and an explanation of the appeal procedure, as outlined below.

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AD CLM

Appeal Procedure for Denied Claims

Whenever a claim is denied, you have the right to appeal the decision. You or your duly authorized representative must make a written request for appeal to the Insurance Company within 60 days from the date you receive the denial. If you do not make this request within that time, you will have waived your right to appeal.

Once your request has been received by the Insurance Company, a prompt and complete review of your claim must take place. During the review, you or your duly authorized representative has the right to review any documents that have a bearing on the claim, including the documents which establish and control the Plan. You may also submit issues and comments that you feel might affect the outcome of the review.

The Insurance Company has 60 days from the date it receives your request to review your claim and notify you of its decision. Under special circumstances, the Insurance Company may require more time to review your claim. If this should happen, the Insurance Company must notify you, in writing, that its review period has been extended for an additional 60 days. Once its review is complete, the Insurance Company must notify you, in writing, of the results of the review and indicate the Plan provisions upon which it based its decision.

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AD CLM APL

Life Insurance Company of North America

Payment of Benefits

To Whom Payable

Any benefits for loss of your life will be paid to your named Beneficiary.

Any amount of your loss of life benefits for which there is no designated or surviving Beneficiary will be paid at LINA's option, to any of your following living relatives: spouse, child or children, mother, father, brothers or sisters, or to the executors or administrators of your estate. LINA will also have the right to make payment in such manner, if it is not able, within what it considers a reasonable period of time to locate your Beneficiary. Further, we may pay up to \$2,000 to any person appearing to be entitled by reason of incurring funeral expenses or other expenses incident to the last illness. This good faith payment satisfies our legal duty to the extent of that payment.

All dismemberment benefits that are payable will be paid to you.

If you die while dismemberment benefits remain unpaid, LINA may, at its option, make direct payment to any of your following living relatives: spouse, child or children, mother, father, brothers or sisters, or to the executors or administrators of your estate.

If any person to whom benefits are payable is a minor, or in LINA's opinion, is not able to give a valid receipt for any payment due him, such payment will be made to his legal guardian. However, if no request for payment has been made by his legal guardian, LINA may, at its option, make payment to the person or institution appearing to have assumed his custody and support. Payment in this event will be made in monthly installments of not more than \$500.

Payment in the manner described above will release LINA from all liability to the extent of any payment made.

Time of Payment

All benefits will be paid by LINA when it receives due proof of loss.

Life Payment

If your amount of Life Insurance equals or exceeds \$5,000, after your death your amount of Life Insurance will be deposited into an interest-bearing checking account in your Beneficiary's name. If your amount of Life Insurance is less than \$5,000, payment will be made to your Beneficiary in one sum.

If your Beneficiary dies prior to withdrawing the balance of your Life Insurance benefit from the account, the remaining proceeds will be paid in one sum pursuant to the terms of the order of the appropriate Probate Court.

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PMT

Beneficiary Designation

Beneficiary

When you become insured, you should name someone as your Beneficiary to receive your loss of life benefit. Your Beneficiary designation will be filed with the Policyholder.

Change of Beneficiary

You may change your Beneficiary at any time, by completing a form satisfactory to LINA and signed by you. No change will take effect until this form is received by LINA (or by the Policyholder if LINA has agreed to this in advance). When the form is received, the change will take effect as of the date on the form. If you die before the form is received, LINA will not be liable for any payment it has already made.

Consent of Beneficiary

Your Beneficiary's consent will not be required to change the Beneficiary or to effect any other changes.

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BENE

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Termination of Insurance

Termination of Insurance - Employees

Your insurance will cease on the earliest date below:

- the date you cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- the last day for which you have made any required contribution for the insurance.
- the date the policy is cancelled.
- the last day of the calendar month in which your Active Service ends except as described below.

Any continuation of insurance must be based on a plan which precludes individual selection.

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TERM –EE

Temporary Layoff or Leave of Absence

If your Active Service ends due to temporary layoff or leave of absence, your insurance will be continued until the date your Employer: (a) stops paying premium for you; or (b) otherwise cancels your insurance. However, your

insurance will not be continued for more than 60 days past the date your Active Service ends.

Injury or Sickness (for Life Insurance only)*

If your Active Service ends due to an Injury or Sickness, your insurance will be continued while you remain totally and continuously disabled as a result of the Injury or Sickness. However, except as otherwise provided in the “Extension During Total Disability” and “Waiver of Premium” sections, if applicable, your insurance will not continue past the earlier of: (a) one year from the date your Active Service ends unless your Employer obtains LINA’s consent in writing to a longer period; of (b) the date your Employer stops paying premium for you or otherwise cancels the insurance.

*Note: All City of Albuquerque employees are eligible, all other participating entities are not eligible.

Injury or Sickness (for Accidental Death & Dismemberment Insurance)

If your Active Service ends due to an Injury or Sickness, your insurance will be continued while you remain totally and continuously disabled as a result of the Injury or Sickness. However, the insurance will not continue past the date your Employer stops paying premium for you or otherwise cancels the insurance.

Retirement (for Life Insurance)*

If your Active Service ends because you retire, your insurance will be continued until the date on which your Employer stops paying premium for you or otherwise cancels the insurance.

The amount of life insurance continued in force on you after your retirement will be 50% of the life insurance in effect on the last day of employment. However, such life insurance will be subject to any reductions due to age or retirement set forth in The Schedule which was in effect on your last day of Active Service.

***Note: All City of Albuquerque employees are eligible, all other participating entities are not eligible.**

Requirements of Family and Medical Leave Act of 1993

Any provisions of the policy that provide for: (a) continuation of insurance during a leave of absence; and (b) reinstatement of insurance following a return to Active Service; are modified by the following provisions of the federal Family and Medical Leave Act of 1993, where applicable:

A. Continuation of Health Insurance During Leave
Your health insurance will be continued during a leave of absence if:

- that leave qualifies as a leave of absence under the Family and Medical Leave Act of 1993; and
- you are an eligible Employee under the terms of that Act.

The cost of your health insurance during such leave must be paid, whether entirely by your Employer or in part by you and your Employer.

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B. Reinstatement of Cancelled Insurance Following Leave

Upon your return to Active Service following a leave of absence that qualifies under the Family and Medical Leave Act of 1993, any cancelled insurance (health, life or disability) will be reinstated as of the date of your return.

You will not be required to satisfy any eligibility or benefit waiting period or the requirements of any Pre-existing Condition Limitation to the extent that they had been satisfied prior to the start of such leave of absence.

Your Employer will give you detailed information about the Family and Medical Leave Act of 1993.

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CONT

Definitions

Active Service

You will be considered in Active Service:

- on any of your Employer’s scheduled work days if you are performing the regular duties of your work on a full-time basis on that day either at your Employer’s place of business or at some location to which you are required to travel for your Employer’s business;
- on a day which is not one of your Employer’s scheduled work days if you were in Active Service on the preceding scheduled work day.

Basic Earnings

The term Basic Earnings means the Employee’s rate of pay reported by the Employer. It does not include overtime, bonus, additional compensation or pay for more than 40 hours in a week.

Employee

The term Employee means a permanent, full-time employee of the Employer, The term does not include employees who are part-time or temporary or who normally work less than 20 hours a week for the Employer.

Employer

The term Employer means the Policyholder and all Affiliated Employers.