



ACE American Insurance Company
 (A Stock Company)
 Philadelphia, PA 19106

Blanket Accident and Sickness Policy

POLICYHOLDER: Trustee of the ACE USA Accident & Health Insurance Trust on behalf of United Jewish Communities

PARTICIPATING ORGANIZATION: United Jewish Communities

POLICY NUMBER: GLM N01173583

POLICY EFFECTIVE DATE: February 20, 2009

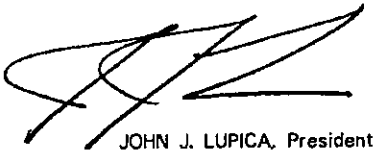
POLICY TERM: February 20, 2009 to February 20, 2010

STATE OF DELIVERY: District of Columbia

This Policy takes effect at 12:00 a.m. (midnight) at the Participating Organization's address on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 12:00 a.m. (midnight) at the Participating Organization's address, on the last day of the Policy Term unless the Participating Organization and We agree to continue coverage under this Policy for an additional Policy Term. If coverage is continued for an additional Policy Term and the required premiums are paid on or before the Premium Due Date, We will issue an amendment to identify the new Policy Term.

This Policy is governed by the laws of the state in which it is delivered.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania


 JOHN J. LUPICA, President


 GEORGE D. MULLIGAN, Secretary

**THIS IS A BLANKET LIMITED MEDICAL INSURANCE POLICY. IT PAYS
 OUT-OF-COUNTRY MEDICAL EXPENSE BENEFITS ONLY.
 PLEASE READ THE POLICY CAREFULLY.**

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SCHEDULE OF BENEFITS

PREMIUM DUE DATE: On or before the Policy Effective Date, and subsequently, on the Renewal Date, if the Policy is renewed for an additional term.

CLASSES OF ELIGIBLE PERSONS:

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

- Class 1 All full-time employees of United Jewish Communities and its affiliates, who are in Active Service and are traveling outside of their country of residence or permanent assignment.
- Class 2 All participants of United Jewish Communities and its affiliates who are enrolled in a trip sponsored by the Participating Organization and are traveling outside of their country of residence or permanent assignment.
- Class 3 All VIP Donors of the United Jewish Communities and its affiliates who are traveling on a trip arranged by the Participating Organization using its VIP Services while traveling outside of their country of residence or permanent assignment.

SCHEDULE OF NAMED AFFILIATES

<u>Name</u>	<u>Effective Date</u>
Federations of North America	02/20/2009

COVERED ACTIVITIES:

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country or Country of Permanent Assignment;
2. up to 180 days;
3. on business for the Participating Organization; and
4. in the course of the Participating Organization's business.

BENEFITS

Medical Expense Benefits

Total Maximum for all Accident or Sickness Expense Benefits:
 Class 1: \$50,000

Maximum for Preexisting Conditions: \$500

Maximum for Dental Treatment (Injury Only): \$1,000
 Maximum for Emergency Medical Treatment of Pregnancy: \$2,000
 Maximum for Room & Board Charges: average semi-private room rate per day
 Maximum for ICU Room & Board Charges: two times average semi-private room rate per day
 Deductible: \$25 per Covered Accident or Sickness
 Co-insurance Rate: 100% of the Usual and Customary Charges
 Incurral Period: 30 days after the date of Covered Accident or Sickness
 Maximum Benefit Period: The earlier of the date the Covered Person returns to his or her Home Country or Country of permanent Assignment, or 26 weeks from the date of a Covered Accident or Sickness
 Maximum Period of Coverage: 180 days

Emergency Medical Benefits

Benefit Maximum: up to \$10,000

Emergency Medical Evacuation Benefit

Benefit Maximum: 100% of the Covered Expenses

Repatriation of Remains Benefit

Benefit Maximum: 100% of the Covered Expenses

AGGREGATE LIMIT:

Benefit Maximum: \$2,000,000

We will not pay more than the Benefit Maximum for all losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

Accidental Death & Dismemberment Benefits

Principal Sum:
 Class 1 \$50,000

Time Period for Loss: 365 days from the date of a Covered Accident



INITIAL PREMIUM RATES:

\$7,320.00 Minimum premium, subject to quarterly reports of travel to be audited at a rate of \$1.75 per person per travel day

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Schedule of Benefits*.

"Active Service" means a Covered Person is either 1) actively at work performing all regular duties on a full-time basis either at his or her employer's place of business or someplace the employer requires him or her to be; 2) employed, but on a scheduled holiday, vacation day, or period of approved paid leave of absence; or 3) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.

"Country of Permanent Assignment" means a country, other than a Covered Person's Home Country, in which the Participating Organization requires a Covered Person to work for a period of time that exceeds 180 continuous days.

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

"Covered Activity" means any activity in which a Covered Person must be engaged when a Covered Accident occurs in order to be eligible for benefits under the Policy. These Covered Activities are listed in the *Schedule of Benefits* and described in the Hazards section of the Policy.

"Covered Loss" or "Covered Losses" means an accidental death, dismemberment, or other Injury covered under the Policy.

"Covered Person" means any eligible person, including Dependents if eligible for coverage under the Policy, for whom the required premium is paid. If the cost for this insurance is paid for by the Participating Organization, individual applications are not required for an eligible person to be a Covered Person.

"Doctor" means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

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

"Hospital" means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of inpatient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment, and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a prearranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing, or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

"Injury" means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

"Insured" means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

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

"Medically Necessary" means a treatment, service, or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

"Preexisting Condition" means an illness, disease, or other condition of the Covered Person that in the 3 months period before the Covered Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

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

"Trip" means Participating Organization sponsored travel by air, land, or sea from the Covered Person's Home Country or Country of Permanent Assignment.

"Usual and Customary Charge" means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

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

ELIGIBILITY FOR INSURANCE

Each person in one of the Classes of Eligible Persons shown in the *Schedule of Benefits* is eligible to be insured on the Policy Effective Date, or the day he or she becomes eligible, if later. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

EFFECTIVE DATE OF INSURANCE

An Eligible Person will be insured on the later of Policy Effective Date or the date he or she is eligible, if not required to contribute to the cost of this insurance.

If an Eligible Person is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to Active Service.

TERM OF COVERAGE

This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. The date the Covered Person returns to his or her Home Country or Country of Permanent Assignment
2. The date the Covered Person makes a Personal Deviation.

"Personal Deviation" means:

1. An activity that is not reasonably related to the Participating Organization's business; and
2. Not incidental to the purpose of the Trip.

TERMINATION DATE OF INSURANCE

An Insured's coverage will end on the earliest of the date:

1. the Policy terminates;
2. the Insured is no longer eligible; or
3. the period ends for which premium is paid.

DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Policy. Please see the *Schedule of Benefits* for the applicability of these benefits on a class level.

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the

Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the Policy and this Rider.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Covered Person incurs;
3. for charges incurred for services rendered to the Covered Person while traveling outside of his or her Home Country or Country of Permanent Assignment; and
4. provided the first charge is incurred within the Incurral Period shown in the *Schedule of Benefits*.

Covered Medical Expenses

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room);
2. Services of a Doctor or a registered nurse (R.N.);
3. Ambulance service to or from a Hospital;
4. Laboratory tests;
5. Radiological procedures;
6. Anesthetics and their administration;
7. Blood, blood products, artificial blood products, and the transfusion thereof;
8. Physiotherapy;
9. Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription;
10. Dental charges for Injury to sound, natural teeth;
11. Emergency medical treatment of pregnancy;
12. Artificial limbs or eyes (not including replacement of these items);
13. Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces);
14. Oxygen or rental equipment for administration of oxygen;
15. Rental of a wheelchair or hospital-type bed; and
16. Rental of mechanical equipment for treatment of respiratory paralysis.

Emergency Medical Benefits

We will pay Emergency Medical Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for emergency medical services to treat a Covered Person. Benefits are payable up to the Maximum Benefit shown in the *Schedule of Benefits* if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip; and
2. is traveling outside of his or her Home Country or Country of Permanent Assignment.

Covered Expenses:

1. Medical Expense Guarantee: expenses for guarantee of payment to a medical provider.
2. Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits*, if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling outside of his or her Home Country or Country of Permanent Assignment.

Covered Expenses:

1. **Medical Transport:** expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. **Dispatch of a Doctor or Specialist:** the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Covered Person's location to make the assessment.
3. **Return of Dependent Child(ren):** expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. **Escort Services:** expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

"Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Repatriation of Remains Benefit

We will pay Repatriation Benefits as shown in the *Schedule of Benefits* for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling outside of his or her Home Country or Country of Permanent Assignment. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains;
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Accidental Death and Dismemberment Benefits

If Injury to the Covered Person results, within the Time Period for Loss shown in the *Schedule of Benefits*, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Covered Loss	Schedule of Covered Losses	Benefit Amount
Life.....	100% of the Principal Sum	
Two or more Members.....	100% of the Principal Sum	
Quadriplegia	100% of the Principal Sum	
One Member.....	50% of the Principal Sum	
Hemiplegia.....	50% of the Principal Sum	
Paraplegia	50% of the Principal Sum	
Thumb and Index Finger of the Same Hand	25% of the Principal Sum	

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that

is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

EXCLUSIONS AND LIMITATIONS

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

- intentionally self-inflicted injury; suicide or attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:

- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- mental and nervous disorders.
- pregnancy or childbirth. This does not apply if treatment is required as a result of a Medical Emergency.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization's business (unless Personal Deviations are specifically covered).
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy.
- Preexisting Conditions, except as provided by the Policy.

- Any expense paid or payable by any other valid and collectible group insurance plan.
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.

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

CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured's death will be paid to the beneficiary our records indicate the Insured designated for these plan benefits.

If there is no named beneficiary or surviving beneficiary on record with Us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following: 1) Spouse; 2) Children; 3) Parents; 4) Brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured's estate.

All other benefits will be paid to the Insured. If the Insured is: (1) a minor; or (2) in Our opinion unable to give a valid release because of incompetence, We may pay any amount due to a parent, guardian, or other person actually supporting him or her. Any payment made in good faith will end Our liability to the extent of the payment.

Beneficiary: The Insured may designate a beneficiary for Accidental Death Benefits, if any. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

Assignment: We may pay benefits directly to any Hospital or person rendering covered services, unless the Covered Person requests otherwise in writing no later than the time he or she submits written proof of loss. Any payment made in good faith will end our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

ADMINISTRATIVE PROVISIONS

Premiums: The premiums for this Policy will be based on the rates currently in force, the plan and amount of insurance in effect.

Changes In Premium Rates: We may change the premium rates from time to time with at least 31 days advanced written, or authorized electronic or telephonic notice. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization, or eligible class is added or deleted from the Policy.
3. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
4. There is a change in the market factors or factors bearing on the risk assumed.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Payment of Premium: The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Policy Grace Period: A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last Premium

Due Date on which required premiums were paid. The Participating Organization will be liable to Us for any unpaid premium for the time the Policy was in force.

Schedule of Affiliates: Eligible Persons employed by any affiliate or subsidiary corporation of the Participating Organization as of the Policy Effective Date are covered under the Policy. Their coverage will begin and end in accordance with the Effective Date of Insurance and Termination Date of Insurance provisions in the Policy. A list of these affiliates and subsidiaries must be kept on file with the Company.

Newly Acquired Organizations: The premium shown on the *Schedule of Benefits* applies only to the Participating Organization and any affiliates or subsidiary corporations covered on the Policy Effective Date. However, eligible employees of organizations acquired by the Participating Organization during the Policy Term may be covered based on the following terms. The Participating Organization must: (1) report to Us within 60 days of the acquisition the name of the newly acquired organization and any underwriting information we may need to calculate the premium; and (2) the required additional premium, if any, must be paid.

GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments), the signed application of the Participating Organization, and any individual applications of Covered Persons, are the entire contract. Any statements made by the Participating Organization or Covered Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application.


To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communications). It must be signed by our president or secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date shown on page 1 of the Policy. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Participating Organization. The Participating Organization may terminate this Policy on any Premium Due Date by giving 31 days advance written (or authorized electronic or telephonic) notice to Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium Due Date if Premiums are not paid when due. Termination takes effect at 12:00 a.m. (midnight) at the Participating Organization's address on the date of termination.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms.

Examination Of Records And Audit: We shall be permitted to examine and audit the Participating Organization's books and records at any time during the term of the Policy and within 2 years after the final termination of the Policy as they relate to the premiums or subject matter of this insurance.

Certificates Of Insurance: Where it is required by law, or upon the request of the Participating Organization, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.



Conformity With State Laws: On the effective date of this Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers' Compensation: This Policy is not a workers' compensation policy. It does not provide workers' compensation benefits.



ACE American Insurance Company
(A Stock Company)
Philadelphia, PA
(Herein called We, Us, Our)

Trip Cancellation Benefit Rider

Policy Number: GLM N01173583

Effective Date: February 20, 2009

Participating Organization: Trustee of the ACE
USA Accident & Health Insurance Trust on behalf
of United Jewish Communities

Rider #: 1

This Rider form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Rider takes effect as of the Policy Effective Date. This form is subject to all of the terms, limitations and exclusions of the Policy, except as they are changed by it.

In return for payment of the required premium, the Policy is changed as follows.

The following benefit is added.

TRIP CANCELLATION BENEFIT

We will reimburse the Covered Person for the amount of non-refundable Covered Expenses the Covered Person paid for his or her Trip, up to \$5,000, if the Covered Person is prevented from taking his or her Trip as the result of Injury, Sickness, or death to the Covered Person or a Family Member prior to the scheduled Trip departure date. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled. If the Covered Person must cancel the Trip due to Injury or Sickness of a Family Member, it must be because his or her condition is life-threatening, or because the Family Member requires the Covered Person's care. Cancellation due to the death of a Family Member is covered under this Rider only if the death occurs within 30 days of the Covered Person's scheduled Trip departure date.

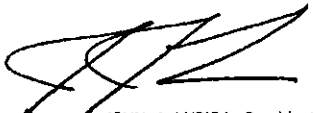
Covered Expenses:

1. any cancellation charges imposed by a travel agency, tour operator, or other recognized travel supplier for the Covered Trip;
2. any prepaid, unused, non-refundable airfare and sea or land accommodations;
3. any other reasonable additional Trip expenses for travel, lodging, or scheduled events that are prepaid, unused, and non-refundable.

"Family Member" means a Covered Person's parent, sister, brother, husband, wife, children, or grandparent.

This form ends at the same time as the Policy to which it is attached.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania


JOHN J. LUPICA, President


GEORGE D. MULLIGAN, Secretary



ACE American Insurance Company
(A Stock Company)
Philadelphia, PA
(Herein called We, Us, Our)

War Risk Benefit Rider

Policy Number: GLM N01173583

Effective Date: February 20, 2009

**Participating Organization: Trustee of the ACE
USA Accident & Health
Insurance Trust on
behalf of United Jewish
Communities**

Rider #: 2

This Rider form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Rider takes effect as of the Policy Effective Date. It applies only to Covered Accidents that occur on or after that date. This form is subject to all of the terms, limitations, and exclusions of the Policy, except as they are changed by it.

In return for payment of the required premium, the Policy is changed as follows.

The war exclusion is deleted to the extent coverage is provided by the terms and conditions described in this Rider. We will pay benefits as described in the Policy for Losses resulting from a Covered Accident caused by war or acts of war.

The Covered Accident may occur anywhere in the world, except the following countries:

- The United States
- The Covered Person's Home Country
- The Covered Person's Country of Permanent Assignment
- Specific Countries: Afghanistan, Algeria, Burundi, Central African Republic, Chad, Chechnya, Colombia, Democratic Republic of Congo, East Timor, Ethiopia, Guinea, Haiti, India - Jammu and Kashmir, Iran, Iraq, Ivory Coast, Lebanon, Nigeria, Pakistan, Saudi Arabia, Somalia, Yemen and Zimbabwe

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

"Country of Permanent Assignment" means a country, other than a Covered Person's Home Country, in which the Policyholder requires a Covered Person to work for a period of time that exceeds 180 continuous days.

Total Limit of Liability: We will not pay more than \$2,000,000 per occurrence for the war risk benefits provided by this Rider. This limit shall apply to Injuries sustained in a Covered Accident from all acts of war in any consecutive 72-hour period. If, but for this provision, we would pay more than \$2,000,000, then the benefits We will pay under this Rider to each Covered Person will be reduced in the same proportion, so that the total amount we will pay for war risk coverage is \$2,000,000.

Premiums and Coverage Subject to Change: The premiums, benefits, and areas in which coverage is provided may be changed at any time, by sending written notice to the Policyholder at its most recent address in Our records at least 10 days prior to the date of change. These changes may be done as needed to reflect conditions that, in Our opinion, change the war risk exposure.

Termination: The Policyholder may cancel war risk coverage at any time by sending written notice to Us. The coverage will be cancelled on the later of: (1) the date We receive the notice; or (2) the termination date specified in the notice.

We may cancel coverage at any time by sending written notice to the Policyholder at its most recent address in Our records at least 10 days prior to the termination date. We will return any unearned premium that has been paid for this coverage. However, the return of premium is not a condition of termination.

Change or termination of this coverage will not affect a claim that begins while this coverage is in force.

The Policyholder agrees to report in writing on an annual basis Covered Persons traveling in the following countries: Israel

The report must include the identification of each Covered Person exposed, his or her destination(s), the effective and termination dates of his or her exposure, and his or her Principal Sum during the period of exposure. Additional premium may be required as a result of travel exposure.

This form ends at the same time as the Policy to which it is attached.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary



ACE American Insurance Company
 Philadelphia, PA 19106
 (Herein called We, Us, Our)

Blanket Accident and Sickness Insurance Policy Amendment

Policy Number: GLM N01173583

Effective Date: February 20, 2009

Policyholder: Trustee of ACE USA Accident & Health Insurance Trust on behalf of United Jewish Communities

Amendment No.: 1

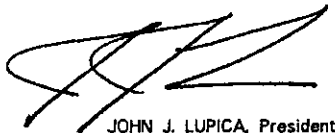
This Amendment form is made a part of the Policy to which it is attached as of the Effective Date shown above. This form applies only to Covered Accidents and Sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this form.

The Policy is changed as follows:

- Specified Trip Coverage is added to the *Schedule of Benefits* and Hazard Activities of the Policy: The Covered Accident or Sickness must take place while: 1) traveling or making a short stay away from the Covered Person's Home Country; 2) on the trip described in the *Schedule of Benefits*. This coverage will start at the actual start of the trip. It does not matter whether the trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur: 1) the date a Covered Person returns to his or her home; 2) the date a Covered Person returns to his or her place of work; or 3) the date a Covered Person makes a personal deviation. "Personal Deviation" means: 1) an activity that is not reasonably related to the Participating Organization's business; and 2) not incidental to the purpose of the trip.
- Specified Trip Coverage for participants traveling on a trip sponsored by the Participating Organization as on file with the Company prior to the effective date of the trip.

This form ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy except as they are changed by it.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.


 JOHN J. LUPICA, President


 GEORGE D. MULLIGAN, Secretary



ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106

Participating Organization Endorsement

Policy Number: GLM N01173583

Effective Date: February 20, 2009

Policyholder: Trustee of ACE USA
Accident & Health Insurance Trust on
behalf of United Jewish Communities

Participating Organization:
United Jewish Communities

This Endorsement form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this form takes effect as of the Policy Effective Date shown in the Policy's Master Application. This form is subject to all of the terms, limitations and exclusions of the Policy except as they are changed by it.

I. This definition is added to the Definitions section of the Policy:

Participating Organization – means any individual, firm, corporation or other organization which meets these tests:

1. it elects coverage or elects to offer coverage under the Policy by completing a Participating Organization Application; and
2. its Application has been accepted by Us; and
3. it pays any required premium when due;

while coverage through the Participating Organization is available under the Policy.

II. This section is added to the Policy:

PARTICIPATING ORGANIZATION EFFECTIVE AND TERMINATION DATES

A. EFFECTIVE DATE. A Participating Organization's coverage under the Policy begins on the later of:

1. the Participating Organization Effective Date shown in the Participating Organization Application at 12:00 a.m. (midnight) at the address of the Participating Organization shown in the Participating Organization Application; or
2. the Policy Effective Date shown in the Master Application.

B. TERMINATION DATE. We may terminate the Participating Organization's coverage under the Policy by giving 31 days advance notice in writing to the Participating Organization. Either We or the Participating Organization may terminate the Participating Organization's coverage under the Policy on any premium due date by giving 31 days advance written notice to the other party. The Participating Organization's coverage under the Policy may also, at any

time, be terminated by the mutual written consent of Us and the Participating Organization.

A Participating Organization's coverage terminates automatically on the first of these dates:

1. the Participating Organization Termination Date shown on the Participating Organization Application; or
2. the premium due date if any required premiums are not paid when due; or
3. the date the Policy terminates.

Termination of the Participating Organization's coverage takes effect at 12:00 a.m. (midnight) at the Participating Organization's address on the date of termination.

III. This language applies to each Amendment form attached to the Policy:

Any Amendment form applies only to accidents that occur on or after the later of:

1. the effective date of each such form; or
2. the effective date of the Participating Organization's coverage under the Policy.

Each such form applies to a Participating Organization's coverage only if the Participating Organization has elected the coverage described in the form as shown in the Participating Organization Application.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.


JOHN J. LUPICA, President


GEORGE D. MULLIGAN, Secretary



ACE American Insurance Company
 (A Stock Company)
 Philadelphia, PA 19106

Participating Organization Application

I. Application is hereby made for a plan of blanket travel Accident and Sickness insurance based on the following statements and representations:

1. Identification of Policyholder:

Name of Policyholder: Trustee of ACE USA Accident & Health Insurance Trust
 Address of Policyholder: Washington, D.C.
 Policy Number: GLM N01173583

2. Identification of Participating Organization:

Name of Participating Organization: United Jewish Communities
 Address of Participating Organization: 25 Broadway
 New York, NY 10004

3. Classification of Eligible Persons:

- Class 1 All full-time employees of United Jewish Communities and its affiliates, who are in Active Service and are traveling outside of their country of residence or permanent assignment.
- Class 2 All participants of United Jewish Communities and its affiliates who are enrolled in a trip sponsored by the Participating Organization and are traveling outside of their country of residence or permanent assignment.
- Class 3 All VIP Donors of the United Jewish Communities and its affiliates who are traveling on a trip arranged by the Participating Organization using its VIP Services while traveling outside of their country of residence or permanent assignment.

4. Participating Organization Riders and/or Endorsements:

The following Riders and/or Endorsements, if any, are attached to and made part of the Participating Organization's coverage under the Policy as of the Participating Organization Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

FORM NO.	DESCRIPTION
AH10051	Participating Organization Endorsement

5. Participating Organization Coverage:

Covered Activities:

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country or Country of Permanent Assignment;
2. up to 180 days;
3. on business for the Policyholder; and in the course of the Policyholder's business.

Benefits:

Medical Expense Benefits
 Emergency Medical Benefits
 Emergency Medical Evacuation Benefit
 Repatriation of Remains Benefit

Additional Benefits:

Accidental Death and Dismemberment

6. Premiums:

\$7,320.00 Minimum premium, subject to quarterly reports of travel to be audited at a rate of \$1.75 per person per travel day

Such Premiums are due and payable in the following manner: The Applicant agrees to pay, in advance, the required Premium for these coverages.

7. Participating Organization's Policy Term: February 20, 2009 to February 20, 2010

- ii. The undersigned Participating Organization hereby elects the blanket travel Accident and Sickness Insurance Benefits provided by ACE American Insurance Company as outlined on this Participating Organization Application and agrees to be bound by the terms and provisions of the Trust Agreement establishing the ACE USA Accident & Health Insurance Trust. It is understood and agreed that such terms and provisions may be amended at any time and from time to time. It is agreed that this Application for Insurance Benefits replaces any prior application made for the same coverage.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Signed for the Participating Organization

Title

Date



Signed by Licensed Resident Agent
(Where Required by Law)





ACE American Insurance Company
(A Stock Company)
Philadelphia, Pennsylvania 19106
(Herein called We, Us, Our)

War Risk Benefit Rider

Policy Number: GLM N01173583

Effective Date: May 19, 2011

For: United Jewish Communities

Rider #: 4

This Rider form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Rider takes effect as of the Policy Effective Date. It applies only to Covered Accidents that occur on or after that date. This form is subject to all of the terms, limitations, and exclusions of the Policy, except as they are changed by it.

In return for payment of the required premium, the Policy is changed as follows.

The war exclusion is deleted to the extent coverage is provided by the terms and conditions described in this Rider. We will pay benefits as described in the Policy for Losses resulting from a Covered Accident caused by war or acts of war.

The Covered Accident may occur anywhere in the world, except the following countries:

- The United States
- The Covered Person's Home Country
- The Covered Person's Country of Permanent Assignment
- Specific Countries: Afghanistan, Algeria, Central African Republic, Chad, Colombia, Democratic Republic of Congo, Guinea, Iraq, Ivory Coast, Libya, Lebanon, Nigeria, Pakistan, Somalia, Sudan, Tajikistan and Yemen.

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

"Country of Permanent Assignment" means a country, other than a Covered Person's Home Country, in which the Policyholder requires a Covered Person to work for a period of time that exceeds 180 continuous days.

Total Limit of Liability: We will not pay more than \$2,000,000 per occurrence for the war risk benefits provided by this Rider. This limit shall apply to Injuries sustained in a Covered Accident from all acts of war in any consecutive 72-hour period. If, but for this provision, we would pay more than \$2,000,000, then the benefits We will pay under this Rider to each Covered Person will be reduced in the same proportion, so that the total amount we will pay for war risk coverage is \$2,000,000.

Premiums and Coverage Subject to Change: The premiums, benefits, and areas in which coverage is provided may be changed at any time, by sending written notice to the Policyholder at its most recent address in Our records at least 10 days prior to the date of change. These changes may be done as needed to reflect conditions that, in Our opinion, change the war risk exposure.

Termination: The Policyholder may cancel war risk coverage at any time by sending written notice to Us. The coverage will be cancelled on the later of: (1) the date We receive the notice; or (2) the termination date specified in the notice.

We may cancel coverage at any time by sending written notice to the Policyholder at its most recent address in Our records at least 10 days prior to the termination date. We will return any unearned premium that has been paid for this coverage. However, the return of premium is not a condition of termination.

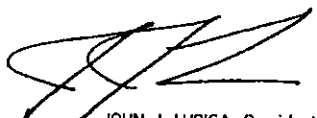
Change or termination of this coverage will not affect a claim that begins while this coverage is in force.

The Policyholder agrees to report in writing on an annual basis Covered Persons traveling in the following countries: Israel

The report must include the identification of each Covered Person exposed, his or her destination(s), the effective and termination dates of his or her exposure, and his or her Principal Sum during the period of exposure. Additional premium may be required as a result of travel exposure.

This form ends at the same time as the Policy to which it is attached.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania


JOHN J. LUPICA, President


CARMINE A. GIGANTI, Secretary



ACE American Insurance Company
(A Stock Company)
Philadelphia, PA
(Herein called We, Us, Our)

Trip Cancellation Benefit Rider

Policy Number: GLM N01173583

Effective Date: March 29, 2011

Participating Organization: Trustee of the ACE
USA Accident & Health Insurance Trust on behalf
of The Jewish Federations of North America, Inc.

Rider #: 3

This Rider form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Rider takes effect as of the Policy Effective Date. This form is subject to all of the terms, limitations and exclusions of the Policy, except as they are changed by it.

This Trip Cancellation Benefit Rider (#2) is deleted in its entirety and replaced by this, Trip Cancellation Benefit Rider (#3).

In return for payment of the required premium, the Policy is changed as follows.

The following benefit is changed.

TRIP CANCELLATION BENEFIT

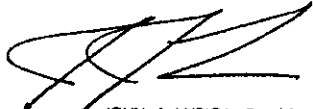
Trip Cancellation Benefit

We will reimburse the Covered Person for the amount of non-refundable money the Covered Person paid for his or her Trip, up to \$5,000, if the Covered Person is prevented from taking his or her Trip or his or her Trip is interrupted as the result of Injury, Sickness or death that occurs prior to the Trip, or during the Trip to either the Covered Person or a Family Member.

"Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or immediate in-law.

This form ends at the same time as the Policy to which it is attached.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania


JOHN J. LUPICA, President


CARMINE A. GIGANTI, Secretary



ACE American Insurance Company
Philadelphia, PA 19106
(Herein called We, Us, Our)

Blanket Accident and Sickness Insurance Policy Amendment

Policy Number: GLM N01173583

Effective Date: February 20, 2011

Policyholder: Trustee of ACE USA Accident & Health
Insurance Trust on behalf of The Jewish
Federations of North America Inc.

Amendment No.: 4

This Amendment form is made a part of the Policy and to which it is attached as of the Effective Date shown above. This form applies only to Covered Accidents and Sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this form.

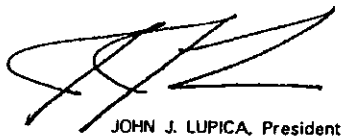
It is understood and agreed that:

- In consideration of the payment of the required premium, this policy is renewed for the Policy Term beginning February 20, 2011 and ending February 20, 2012.
- In the *Schedule of Benefits*, under Medical Expense Benefits, the Maximum for Preexisting Condition is changed to: "treated as any other medical condition."
- In the *Schedule of Benefits*, under Medical Expense Benefits, the Maximum for Emergency Medical Treatment of Pregnancy is changed to: treated as any other medical condition."
- In the *Exclusions and Limitations*, the following is removed in its entirety: pregnancy or childbirth. This does not apply if treatment is required as a result of a Medical Emergency.
- Premiums for this Policy Term are: \$7,320.00 Minimum & Deposit, subject to quarterly reports of travel to be audited at a rate of \$1.75 per person per travel day.
- The disclaimer on the face page in the Policy is amended to read: **THIS POLICY PROVIDES COVERAGE THAT IS SUPPLEMENTAL TO A DOMESTIC GROUP HEALTH PLAN. IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL POLICY. IT PAYS OUT-OF-COUNTRY MEDICAL EXPENSE BENEFITS ONLY. PLEASE READ THE POLICY CAREFULLY.**
- The following provision is added to the Exclusions: If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

Payment of the first premium of the renewal period constitutes acceptance of all of the terms and conditions of the renewal.

This form ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy except as they are changed by it.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



CARMINE A. GIGANTI, Secretary



ACE American Insurance Company
Philadelphia, PA 19106
(Herein called We, Us, Our)

Blanket Accident and Sickness Insurance Policy Amendment

Policy Number: GLM N01173583

Effective Date: February 20, 2010

**Policyholder: Trustee of ACE USA Accident & Health
Insurance Trust on behalf of The Jewish
Federations of North America, Inc.**

Amendment No.: 3

This Amendment form is made a part of the Policy and to which it is attached as of the Effective Date shown above. This form applies only to Covered Accidents and Sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this form.

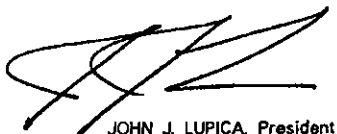
It is understood and agreed that:

- In consideration of the payment of the required premium, this policy is renewed for the Policy Term beginning February 20, 2010 and ending February 20, 2011.
- The Policyholder's address is changed to: 25 Broadway, #1700
New York, NY 10004
- Premiums for this Policy Term are: \$7,320.00 Minimum & Deposit, subject to quarterly reports of travel to be audited at a rate of \$1.75 per person per travel day.

Payment of the first premium of the renewal period constitutes acceptance of all of the terms and conditions of the renewal.

This form ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy except as they are changed by it.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary



ACE American Insurance Company
Philadelphia, PA 19106
(Herein called We, Us, Our)

Blanket Accident and Sickness Insurance Policy Amendment

Policy Number: GLM N01173583

Effective Date: October 16, 2009

**Policyholder: Trustee of ACE USA Accident & Health
Insurance Trust on behalf of United
Jewish Communities**

Amendment No.: 2

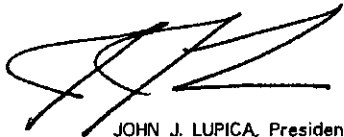
This Amendment form is made a part of the Policy to which it is attached as of the Effective Date shown above. This form applies only to Covered Accidents and Sicknesses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this form.

The Policy has been changed as follows:

- The Policyholder's name is changed to: The Jewish Federations of North America, Inc.

This form ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy except as they are changed by it.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary