



ACE American Insurance Company
Philadelphia, PA 19108
(Herein called We, Us, Our)

Blanket Accident Insurance Policy Amendment

Policy Number: PTP N11207315

Effective Date: November 7, 2016

Policyholder: UT Physicians

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 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 amendment.

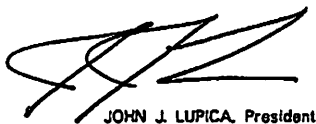
It is understood and agreed that:

- In consideration of the payment of the required premium, this policy is renewed for the Policy Term beginning November 7, 2016 and ending November 7, 2017.
- Premiums for this Policy Term are:

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


REBECCA L. COLLINS, Secretary



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

Group Application

Application is hereby made for a plan of Blanket Accident Insurance based on the following statements and representations:

Applicant (Full Legal Name): UT Physicians
Street Address: 6410 Fannin Street
City, State, Zip: Houston, TX 77030
Taxpayer ID #:

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless: a) this Application is received and approved by the Insurance Company based on current rules and requirements; b) the Policy is accepted by the Applicant; and c) the required premium is paid when due.

Policy Number: PTPN11207315
Requested Policy Term: November 7, 2014 to November 7, 2015

Classes of Eligible Persons:

Class 1 Registered and active participants in the DSRIP cooking school program

For any insurance paid for in part, or wholly, by individual insureds, the Applicant will support enrollment activities and allow all eligible persons an opportunity to enroll. No brochures or any material referencing the requested insurance will be published without the prior written approval of the Insurance Company.

DESCRIPTION OF COVERAGE

Covered Activities:

Class 1

Sponsored Activities Not including travel to and from home

Benefits:

**Accidental Death & Dismemberment
Accident Medical Expense Benefit**

Additional Benefits:

Premiums:

AH-10047a

ACE American Insurance Company

2

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.

AGGREGATE LIMIT:
Benefit Maximum: per Covered Accident: \$500,000

We will not pay more than the Benefit Maximum for all Accidental Death & Dismemberment 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.

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.

Class 1 Registered and active participants in the DSRIP cooking school program

*Dependents are not eligible for Coverage under this Policy.

PLAN BENEFITS & COVERED ACTIVITIES:

Accidental Death & Dismemberment Benefits

Class 1 Principal Sum	\$10,000
	Sponsored Activities Not including travel to and from home

Accident Medical Expense Benefits

Benefit Maximum:	
Class 1	\$25,000

Maximum Benefit Period: 365 days from the date of the Covered Accident

Incurral Period: 365 days from the date of the Covered Accident

Deductible: \$0

Co-insurance Rate: 100% of the Usual and Customary Charges