

# Business Travel Accident Insurance Plan

Accidents happen – help your family prepare.

## When You Are Covered

### Classes I, II & III

Business Only - while traveling on the Business of the Policyholder, including a Sojourn or Personal Deviation taken during the course of the Trip.

Policyholder Aircraft - while riding as a Passenger in any Policyholder owned or leased aircraft.

War Risk, Business Only – extends coverage as a result of a declared or undeclared war in certain countries. Coverage is not extended in the United States of America or the Insured Person's country of permanent residence. Advance notice must be reported to the Policyholder for travel into the following countries: Afghanistan, Russia, Ukraine (as recognized by the United Nations), Belarus, Iraq, Libya, Pakistan, Somalia and Yemen.

### Class IV & V

War Risk, Business Only – extends coverage as a result of a declared or undeclared war in certain countries. Coverage is not extended in the United States of America or the Insured Person's country of permanent residence. Advance notice must be reported to the Policyholder for travel into the following countries: Afghanistan, Russia, Ukraine (as recognized by the United Nations), Belarus, Iraq, Libya, Pakistan, Somalia and Yemen

Family Relocation Trip – Insured Dependents only – extends coverage to a Dependent during the course of any family relocation trip that is authorized by, or taken at the direction of, the Policyholder and/or must be paid in whole or in part by the Policyholder.

Family Accompanying the Insured – Insured Dependents only – extends coverage to a Dependent while they are accompanying or on their way to join the Insured during an authorized Trip, when the trip is authorized by and/or paid in whole or in part by the Policyholder.

### Class VI

Business Only - while traveling on the Business of the Policyholder, including a Sojourn or Personal Deviation taken during the course of the Trip.

War Risk, Business Only – extends coverage as a result of a declared or undeclared war in certain countries. Coverage is not extended in the United States of America or the Insured Person's country of permanent residence. Advance notice must be reported to the Policyholder for travel into the following countries: Afghanistan, Russia, Ukraine (as recognized by the United Nations), Belarus, Iraq, Libya, Pakistan, Somalia and Yemen.



**Monolithic Power Systems, Inc.**  
**GTP 0009129761-C**

Insurance underwritten by:  
**National Union Fire Insurance Company of Pittsburgh, Pa.**

## Eligible Persons and Principal Sum

Class	Description of Class	Principal Sum
I	All active Employees with the title of Director or above whose names are on file with the Policyholder and who are not in any other Class.	1 times the Insured's Annual Salary, rounded to the next highest \$1,000 if not already a multiple thereof, subject to a maximum of \$1,000,000.
II	All active Sales Employees whose names are on file with the Policyholder and who are not in any other Class.	1 times the Insured's Annual Salary, rounded to the next highest \$1,000 if not already a multiple thereof, subject to a maximum of \$500,000.
III	All other active Employees whose names are on file with the Policyholder and who are not in any other Class.	1 times the Insured's Annual Salary, rounded to the next highest \$1,000 if not already a multiple thereof, subject to a maximum of \$500,000.
IV	All Eligible Spouses, who are traveling with the Employee at the direction of the Policyholder, who are not in any other Class.	\$100,000
V	All Eligible Dependent Children, who are traveling with the Employee at the direction of the Policyholder, who are not in any other Class.	\$50,000
VI	All Consultants who are hired by and traveling on business on behalf of the Policyholder, who are not in any other Class.	\$350,000

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

## Benefits

### Accidental Death, Dismemberment and Paralysis

When Injury to an Insured Person results directly in any of the following covered losses within 365 days from the date of the accident that caused the Injury, we will pay, in one sum, the indicated percentage of the principal sum:

Loss of	Percentage of Principal Sum
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing in both ears	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing in both ears	50%
Hearing in one ear	25%
Thumb and index finger of same hand	25%

Paralysis	Percentage of Principal Sum
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

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

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

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

## Attendor Benefit

If a Repatriation of Remains benefit becomes payable under the Policy, the Company will also pay for expenses reasonably incurred for one person (referred to as the Attendor) to accompany the deceased Insured Person's remains from the place where death occurred to the deceased Insured Person's place of primary residence, but not to exceed the cost of one round-trip economy airfare ticket. The Company will also pay for the Attendor's lodging and meals for up to 7 days, but (a) only while the Attendor is away from his or her place of primary residence in connection with accompanying the deceased Insured Person's remains as described above, and (b) not to exceed \$150 per day for lodging and meals. Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for this benefit to be payable.

## Bedside Visitor Benefit

If the Insured Person is confined to a Hospital or other medical facility for 5 days or more due to an Illness, which begins while coverage under the Policy is in force, or Injury; the Company will pay for expenses reasonably incurred to bring one person chosen by the Insured Person to and from the Hospital or other medical facility where the Insured Person is confined if the place of confinement is outside a 100-mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. The Company will also pay for lodging and meals for up to 7 days for such person in the area of such place of confinement, but (a) only while the Insured Person remains so confined, and (b) not to exceed \$100 per day for lodging and \$50 per day for meals. Travel Guard Group, Inc. must make all arrangements and must authorize all expenses in advance for this benefit to be payable.

## Bereavement and Trauma Counseling Benefit

If the Insured Person suffers a covered accidental death, accidental dismemberment or paralysis, or coma, the Company will pay benefits for Covered Bereavement and Trauma Counseling Expenses for the Insured Person and all of his or her immediate family members for up to 10 sessions combined, with a maximum of \$150 per session. The expenses must be incurred within one year of the date of the accident.

## Coma Benefit

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

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

## Emergency Evacuation Benefit

Pays for Covered Emergency Evacuation Expenses if an Insured Person suffers an Injury or Emergency Sickness while he or she is at least 100 miles from home and the Injury or Emergency Sickness warrants a medically necessary emergency evacuation, up to a maximum of \$500,000. Also provides benefits for reasonable expenses incurred following a covered Emergency Evacuation to return home those eligible dependent Children traveling with the Insured Person; and to bring one person chosen by the Insured Person to and from the medical facility where the Insured Person is confined. All arrangements must be made through Travel Guard Group, Inc.

## Home Alteration and Vehicle Modification Benefit

Pays Covered Home Alteration and Vehicle Modification Expenses incurred within one year of the date of the accident, up to a maximum of \$25,000, if the Insured Person suffers a covered accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy.

## Out-of-Country Medical Expense Benefit

The Out of Country Medical Expense benefit can help pay for the Usual and Customary Charges for Covered Medical Services incurred by an Insured Person during the course of any Trip of less than 180 days outside of his or her country of permanent residence and While on the Business of the Policyholder, up to a benefit maximum of \$100,000 per Insured Person for an Injury or Sickness that requires Physician treatment, and within 52 weeks after the date of the accident causing the Injury or the onset of the Sickness.

For any Insured Person who is not covered under a High Deductible Health Plan as defined under the Internal Revenue Code (HDHP) Out of Country Medical Expense Benefits are subject to a cash Deductible of \$100. For any Insured Person who is covered under a High Deductible Health Plan as defined under the Internal Revenue Code (HDHP), Out of Country Medical Expense Benefits are subject to a Deductible equal to the greater of the Out of Country Medical Expense cash Deductible described above or to one U.S. Dollar (\$1.00) more than any remaining individual or family coverage maximum annual deductible of the applicable HDHP.

## Out-of-Country Medical Expense Benefit Exclusions

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

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment in the underlying bodily condition.

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

## Rehabilitation Benefit

If an Insured Person suffers an accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy, the Company will reimburse the Insured Person for Covered Rehabilitative Expenses that are due to the Injury causing the dismemberment or paralysis. Reimburses Covered Rehabilitation Expenses, up to a maximum of \$25,000, incurred within two years of and as a result of an Injury causing a covered dismemberment or paralysis under the Policy.

## Repatriation of Remains Benefit

Pays benefits for covered expenses to return the Insured Person's body to his or her home if the Insured Person suffers a covered loss of life due to Injury or Emergency Sickness while at least 100 miles from home, up to a maximum of \$500,000. All arrangements must be made through Travel Guard Group, Inc.

## Seat Belt and Air Bag Benefit

Pays a benefit of the lesser of 1) 10% of the Insured Person's Principal Sum; or 2) \$50,000 if the Insured Person is protected by a seat belt when he/she suffers a covered accidental death under the Policy while operating or riding as a passenger in a private passenger automobile. If the Insured Person is also protected by an air bag that inflates on impact, an additional benefit of the lesser of 1) 5% of the Principal Sum; or 2) \$50,000 is payable.

## Medical And Non-Medical Repatriation Benefit

### Medical Repatriation

If, while he or she is outside a 100 mile radius from his or her current place of primary residence, an Insured Person who has suffered an Injury or Sickness, has sufficiently recovered to travel, to his or her current place of primary residence or Home Country with minimal risk to his or her health, the Company will pay for Covered Medical Repatriation Expenses reasonably incurred for a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel to return such Insured Person to his or her current place of primary residence or Home Country. Any such Medical Repatriation must be recommended by the attending Physician. Benefits will be payable, up to a maximum of \$50,000 for all Medical Repatriations due to all Injuries from the same accident or all Sicknesses from the same or related causes.

### Non-Medical Repatriation

If, while he or she is outside a 100 mile radius from his or her current place of primary residence, an Insured Person who has suffered an Injury or Sickness, has sufficiently recovered to travel, to his or her current place of primary residence or Home Country with minimal risk to his or her health, the Company will pay for Covered Non-Medical Repatriation Expenses reasonably incurred for a regularly scheduled economy class air flight without special equipment or personnel to return such Insured Person to his or her current place of primary residence or Home Country. Any such Non-Medical Repatriation must be recommended by the attending Physician. Benefits will be payable, up to a maximum of \$50,000 for all Non-Medical Repatriations due to all Injuries from the same accident or all Sicknesses from the same or related causes.

All arrangements must be made through Travel Guard Group, Inc.

## Aggregate Limit of Indemnity Per Accident: \$10,000,000

The Aggregate Limit means the maximum amount payable under the Policy and may be reduced if more than one Insured Person suffers a loss as a result of the same accident and if the amounts are payable for those losses under one or more of the following Benefits provided by the Policy: Accidental Death, Accidental Dismemberment and Paralysis Benefit, Coma Benefit. The maximum amount payable for all such losses for all Insured Persons under all those Benefits combined will not exceed the amount shown above as the Aggregate Limit. If the combined maximum amount otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured Person for all such losses under all those Benefits combined.

## Definitions

**Company:** National Union Fire Insurance Company of Pittsburgh, Pa.

**Civil Union Partner or Domestic Partner:** A person who has entered into a Civil Union or a State Registered Domestic Partnership.

**Civil Union or Domestic Partnership:** An arrangement under which two persons have established a relationship as defined by and pursuant to the laws of the state in which such relationship has been recognized and under which both persons are entitled to receive the benefits and protections, and be subject to the responsibilities, of spouses.

**Insured Dependent Child(ren):** The Insured's unmarried children, including natural children from the moment of birth, step or foster children, or adopted children from the moment of placement in the home of the Insured, under age 19 (25 if attending an accredited institution of higher learning on a full time basis) and primarily dependent on the Insured for support and maintenance, 1) for whom premium has been paid; and 2) while covered under the Policy. Any unmarried dependent children of the Insured covered under the Policy before reaching the age limit specified above, who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured for support and maintenance, may continue to be eligible under the Policy beyond that age limit for as long as the Policy is in force, but only if they remain continuously covered under the Policy.

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

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

**Insured Person:** An Insured or an Insured Dependent

**Insured Dependent:** means an Insured Spouse, Civil Union or Domestic Partner or an Insured Dependent Child.

**Policyholder:** means Monolithic power Systems, Inc.

**Sojourn and Personal Deviation, Sojourn or Personal Deviation:** means non-business travel or activities undertaken While on the Business of the Policyholder but unrelated to furthering the business of the Policyholder, if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than a total of 7 days.

**Trip:** A trip taken by an Insured which begins when the Insured leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last), and is deemed to end when the Insured returns from the trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the Insured is on an authorized leave of absence or vacation or travel to and from the Insured's place of regular employment. "Trip" does not include the Insured's trip to a location that extends for more than 90 days. Such a trip will be deemed to change the Insured's residence or place of regular employment to the new location.

**While on the Business of the Policyholder:** While on assignment by, or at the direction of, the Policyholder for the purpose of furthering the business of the Policyholder. Does not include any period of time: 1) while the Insured is working at his or her regular place of employment; 2) during the course of everyday travel to and from work; or 3) during an authorized leave-of-absence or vacation. If an Insured's assignment to a location exceeds 90 days, such assignment will be deemed to change his or her residence and regular place of employment to the new location.

## General Policy Exclusions

Unless otherwise provided by the Policy, no coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

1. Suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury
2. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member, unless specifically provided by the Policy.
3. Declared or undeclared war, or any act of declared or undeclared war unless specifically provided by the Policy.
4. With respect to any benefit that is triggered by an accidental Injury only, sickness, disease, mental incapacity or bodily infirmity. "Mental incapacity" means the inability through mental disorder or mental retardation of any sort to carry on the everyday affairs of life or to care for one's person or property with reasonable discretion. "Bodily infirmity" means a physical ailment or weakness.
5. With respect to any benefit that is triggered by an accidental Injury only, infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. The Insured Person being under the influence of any controlled substance unless taken under the advice of a Physician.
8. The Insured Person's commission of or attempt to commit a felony or being engaged in an illegal occupation.

## Limitation on Multiple Benefits

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

**Terms capitalized in this document are defined terms in this brochure or in the Policy.**

## Travel Assistance Services

A full spectrum of travel, medical, security, and assistance services are offered to help travelers cope with emergencies and simplify the travel experience. These services are provided by Travel Guard<sup>®</sup>, a wholly owned subsidiary of AIG.

### Highlights

- 24/7 assistance services while traveling virtually anywhere in the world.
- A members-only website and mobile app, which offers up-to-date travel destination information, advisories, and alerts.
- Global service centers, which respond to emergency medical, travel and security needs 24/7/365, are located in key regions around the globe.
- An extensive network with access to over 650,000 medical providers worldwide.
- Direct payment of expenses when using a local provider; eliminates an employees' out-of-pocket costs while traveling.
- An in-house security operation that includes a global network of more than 400 security professionals who are ready to assist on the spot.
- Secure evacuation assistance.
- 24/7 access to online Travel Security Awareness Training.

To access your assistance website, visit [www.aig.com/us/travelguardassistance](http://www.aig.com/us/travelguardassistance) and download the AIG Travel Assistance mobile app to your Apple or Android smartphone. Register with your Policy number (using numerals only).

**Expenses incurred from third-party vendors for services not part of a filed insurance plan are the responsibility of the traveler.**

## Contact Information

For travel emergencies or for more information about your coverage:

### Phone:

Within the U.S. (Toll-Free): 1-877-244-6871

Outside the U.S. (Collect/Reverse Charge): +1-715-346-0859

### Email:

[assistance@aig.com](mailto:assistance@aig.com)

The underwriting risks, financial and contractual obligations, and support functions associated with insurance products issued by National Union Fire Insurance Company of Pittsburgh, Pa., are its responsibility. National Union Fire Insurance Company of Pittsburgh, Pa. currently authorized to conduct insurance business in all states and the District of Columbia. NAIC No. 19445. Travel assistance services are provided by Travel Guard Group, Inc., an AIG company.

This is only a brief description of the insurance coverage(s) available under Policy Series C36183DBG-CA. The Policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases.

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