

U.S. Bank Visa® Commercial Card: Travel Accident Insurance Certificate

Effective May 2, 2003

DEFINITIONS

All terms printed in italics are defined in the "Defined Terms" section of this certificate of insurance.

This Certificate contains limitations of coverage. It should be read carefully, kept in a safe place and carried with you when you travel.

DESCRIPTION OF COVERAGE

THE PROGRAM. AS A U.S. BANK COMMERCIAL CARDHOLDER* YOU, YOUR SPOUSE, YOUR DEPENDENT CHILDREN AND ANY AUTHORIZED USERS OF THE ACCOUNT, OR AS AN AUTHORIZED TRAVELER** ON A U.S. BANK VISA CENTRAL TRAVEL ACCOUNT (CTA) ("INSURED"), YOU WILL BE AUTOMATICALLY INSURED TRAVELING WORLDWIDE WHILE ON THE BUSINESS OF YOUR EMPLOYER (DESIGNATED ORGANIZATION), AGAINST AN ACCIDENTAL INJURY THAT IS THE SOLE CAUSE OF LOSS OF LIFE, LIMB, SIGHT, SPEECH OR HEARING AND PARALYSIS WHILE RIDING AS A PASSENGER IN, ENTERING OR EXITING, OR BEING STRUCK BY ANY COMMON CARRIER, IF YOU CHARGE THE ENTIRE COST OF THE COMMON CARRIER PASSENGER FARE(S), LESS REDEEMABLE CERTIFICATES, VOUCHERS OR COUPONS, TO YOUR U.S. BANK VISA COMMERCIAL ACCOUNT OR A U.S. BANK VISA CTA ("ACCOUNT"). FREQUENT FLYER AND NON-REVENUE COMMON CARRIER PASSENGER FARES MUST BE REDEEMED BY 1) THE COMMERCIAL CARDHOLDER; OR 2) AN AUTHORIZED AGENT OF THE DESIGNATED ORGANIZATION FOR USE BY A COMMERCIAL CARDHOLDER OR AUTHORIZED TRAVELER OF THE DESIGNATED ORGANIZATION WHILE ON THE BUSINESS OF YOUR EMPLOYER.

COVERAGE BEGINS ON THE FOLLOWING: 1) IF THE ENTIRE COST OF THE COMMON CARRIER PASSENGER FARE IS CHARGED TO YOUR ACCOUNT AT THE AIRPORT, TERMINAL OR STATION IMMEDIATELY BEFORE DEPARTURE ON THE COMMON CARRIER, COVERAGE BEGINS AT THE TIME SUCH CHARGE IS MADE; OR 2) IF THE ENTIRE COST OF THE COMMON CARRIER PASSENGER FARE IS CHARGED TO YOUR ACCOUNT PRIOR TO DEPARTURE FOR THE AIRPORT, TERMINAL OR STATION AND TRANSPORTATION TO THE AIRPORT, TERMINAL OR STATION IS PROVIDED BY OTHER THAN A PUBLIC CONVEYANCE, COVERAGE BEGINS UPON ARRIVAL AT THE AIRPORT, TERMINAL OR STATION IMMEDIATELY PRECEDING DEPARTURE OF THE COMMON CARRIER; OR 3) IF THE ENTIRE COST OF THE COMMON CARRIER PASSENGER FARE IS CHARGED TO YOUR ACCOUNT PRIOR TO DEPARTURE FOR THE AIRPORT, TERMINAL OR STATION AND TRANSPORTATION TO THE AIRPORT, TERMINAL OR STATION IS PROVIDED BY A PUBLIC CONVEYANCE, COVERAGE BEGINS WHILE RIDING AS A PASSENGER IN, ENTERING OR EXITING ANY SUCH PUBLIC CONVEYANCE, BUT ONLY WHILE TRAVELING DIRECTLY TO THE AIRPORT, TERMINAL OR STATION, IMMEDIATELY PRECEDING DEPARTURE OF THE COMMON CARRIER. "PUBLIC CONVEYANCE" MEANS ANY LAND ONLY COMMON CARRIER, INCLUDING TAXI, BUS, TRAIN OR AIRPORT LIMOUSINE, BUT NOT INCLUDING COURTESY TRANSPORTATION PROVIDED WITHOUT A SPECIFIC CHANGE.

COVERAGE ENDS ON THE FOLLOWING: 1) IF TRAVELING FROM THE AIRPORT, TERMINAL OR STATION ON A PUBLIC CONVEYANCE, COVERAGE ENDS WHEN ALIGHTING FROM ANY PUBLIC CONVEYANCE AFTER DEPARTING FROM THE AIRPORT, TERMINAL OR STATION IMMEDIATELY AFTER ARRIVAL ON THE COMMON CARRIER, OR 2) IF TRAVELING FROM THE AIRPORT, TERMINAL OR STATION USING OTHER THAN A PUBLIC CONVEYANCE, COVERAGE ENDS WHEN DEPARTING FROM THE AIRPORT, TERMINAL, OR STATION IMMEDIATELY AFTER ARRIVAL ON THE COMMON CARRIER.

ELIGIBILITY. THIS COMMON CARRIER TRAVEL ACCIDENT INSURANCE COVERAGE IS PROVIDED TO YOU, A U.S. BANK COMMERCIAL CARDHOLDER OR AUTHORIZED TRAVELER ON A U.S. BANK VISA CENTRAL TRAVEL ACCOUNT (CTA) AUTOMATICALLY WHEN THE ENTIRE COST OF THE COMMON CARRIER PASSENGER FARE(S) IS CHARGED TO YOUR ACCOUNT WHILE THIS INSURANCE IS EFFECTIVE. IT IS NOT NECESSARY FOR YOU TO NOTIFY U.S. BANK, THE PROGRAM ADMINISTRATOR, OR THE COMPANY WHEN COMMON CARRIER TICKETS ARE PURCHASED.

THE COST. THIS TRAVEL INSURANCE PROGRAM IS PROVIDED AT NO ADDITIONAL COST TO U.S. BANK VISA CORPORATE CARDHOLDERS AND AUTHORIZED TRAVELERS.

BENEFICIARY. THE LOSS OF LIFE BENEFIT IS PAID TO THE BENEFICIARY DESIGNATED BY THE INSURED. IF NO SUCH DESIGNATION HAS BEEN MADE, OR IF NO BENEFICIARY IS LIVING ON THE DATE OF THE INSURED'S DEATH, THAT BENEFIT WILL BE PAID TO THE FIRST SURVIVING

BENEFICIARY IN THE FOLLOWING ORDER: 1) THE INSURED'S SPOUSE; b) THE INSURED'S CHILDREN; c) THE INSURED'S PARENTS; d) THE INSURED'S BROTHERS AND SISTERS; OR e) THE INSURED'S ESTATE. ALL OTHER INDEMNITIES WILL BE PAID TO THE INSURED. IF YOU DESIRE A SPECIFIC BENEFICIARY OTHER THAN AS DESIGNATED ABOVE, NOTIFY THE PROGRAM ADMINISTRATOR, AT THE ADDRESS BELOW. THE BENEFICIARY DESIGNATION SUPERSEDES ANY PREVIOUS NOTIFICATION YOU MAY HAVE MADE. ANY MONIES PAYABLE UNDER THE POLICY ARE PAYABLE IN THE LAWFUL MONEY OF CANADA WITH THE EXCEPTION OF THE U.S. BANK US DOLLAR VISA COMMERCIAL CARD WHICH ARE PAYABLE IN THE LAWFUL MONEY OF THE UNITED STATES.

ACCIDENTAL DEATH & DISMEMBERMENT AND PARALYSIS BENEFITS. THE FULL BENEFIT AMOUNT OF \$500,000 FOR U.S. BANK COMMERCIAL CARDHOLDERS (OTHER THAN U.S. BANK U.S. DOLLAR VISA CORPORATE CARDHOLDERS) AND AUTHORIZED TRAVELERS ON A U.S. BANK VISA CENTRAL TRAVEL ACCOUNT (CTA) AND US\$300,000 FOR U.S. BANK U.S. DOLLAR VISA CORPORATE CARDHOLDERS, IS PAYABLE FOR ACCIDENTAL LOSS OF LIFE, TWO HANDS OR TWO FEET, SIGHT OF BOTH EYES, ONE HAND AND ONE FOOT, ONE HAND OR ONE FOOT AND SIGHT OF ONE EYE, SPEECH AND HEARING IN BOTH EARS, OR ANY COMBINATION THEREOF. "INJURY" MEANS BODILY INJURY RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES FROM AN ACCIDENT WHICH OCCURS WHILE THE INSURED IS COVERED UNDER THE POLICY. THREE FOURTHS OF THE BENEFIT AMOUNT IS PAYABLE FOR ACCIDENTAL LOSS OF ONE LEG OR ONE ARM. TWO THIRDS OF THE BENEFIT AMOUNT IS PAYABLE FOR ACCIDENTAL LOSS OF: ONE HAND, ONE FOOT, SIGHT OF ONE EYE, SPEECH OR HEARING IN BOTH EARS. ONE THIRD OF THE BENEFIT AMOUNT IS PAYABLE FOR THE ACCIDENTAL LOSS OF THE THUMB AND INDEX FINGER OF THE SAME HAND. ONE TENTH OF THE BENEFIT AMOUNT IS PAYABLE FOR THE ACCIDENTAL LOSS OF ONE FINGER OR ONE TOE. THE FULL BENEFIT AMOUNT IS PAYABLE FOR TOTAL PARALYSIS OF BOTH UPPER AND LOWER LIMBS (QUADRIPLEGIA), BOTH LOWER LIMBS (PARAPLEGIA) UPPER AND LOWER LIMBS OF ONE SIDE OF THE BODY (HEMIPLEGIA). "LOSS" MEANS, WITH RESPECT TO A HAND OR FOOT, THE TOTAL AND IRREVOCABLE LOSS OF USE, INCLUDING THE WRIST AND WRIST JOINT AND THE ANKLE JOINT; WITH RESPECT TO EYES, TOTAL AND IRRECOVERABLE LOSS OF SIGHT; WITH RESPECT TO A LEG OR AN ARM, THE TOTAL AND IRRECOVERABLE LOSS OF USE THROUGH OR ABOVE THE KNEE OR ELBOW JOINT; WITH RESPECT TO THUMB AND INDEX FINGER OF THE SAME HAND, THE TOTAL AND IRREVOCABLE LOSS OF USE, INCLUDING ALL PHALANGES ON BOTH THUMB AND INDEX FINGER BUT EXCLUDING THE LOSS OF THE HAND; WITH RESPECT TO SPEECH AND HEARING IN AN EAR, TOTAL AND IRRECOVERABLE LOSS; WITH RESPECT TO LOSS OF A FINGER OR A TOE, THE TOTAL AND IRREVOCABLE LOSS OF USE, INCLUDING ALL PHALANGES ON SUCH FINGER OR TOE, BUT EXCLUDING THE LOSS OF THE HAND OR FOOT; WITH REGARD TO PARALYSIS, LOSS MUST RESULT IN THE COMPLETE AND IRREVERSIBLE PARALYSIS OF SUCH LIMBS. "BENEFIT AMOUNT" MEANS THE MAXIMUM AMOUNT APPLICABLE AT THE TIME THE ENTIRE COST OF THE PASSENGER FARE IS CHARGED TO YOUR ACCOUNT. THE LOSS MUST OCCUR WITHIN ONE YEAR OF THE ACCIDENT THAT CAUSED THE INJURY. BENEFITS WILL NOT BE PAID WHILE THE INSURED IS IN A COMA. IF THE INSURED HAS MULTIPLE LOSSES AS THE RESULT OF ONE ACCIDENT, THE COMPANY WILL PAY THE SINGLE LARGEST BENEFIT APPLICABLE TO THE LOSSES INCURRED. IN NO EVENT WILL DUPLICATE REQUEST FORMS OR MULTIPLE CHARGE CARDS OBLIGATE THE COMPANY IN EXCESS OF THE STATED BENEFIT AMOUNTS FOR ANY ONE LOSS SUSTAINED BY ANY ONE INDIVIDUAL INSURED AS THE RESULT OF ANY ONE ACCIDENT.

NOTE: MAXIMUM BENEFITS FOR ANY ONE SINGLE ACCIDENT ARE LIMITED TO A \$20,000,000 AGGREGATE FOR ALL INSURED ON U.S. BANK COMBINED UNDER THE POLICY. BENEFITS WILL BE PAID TO EACH INSURED ON A PROPORTIONATE BASIS UP TO THIS AGGREGATE LIMIT OF LIABILITY.

EXPOSURE AND DISAPPEARANCE BENEFITS: WHEN, BY REASON OR AN ACCIDENT COVERED BY THE POLICY, THE INSURED IS UNAVOIDABLY EXPOSED TO THE ELEMENTS AND AS A RESULT OF SUCH EXPOSURE, SUFFERS A LOSS FOR WHICH INDEMNITY IS OTHERWISE PAYABLE UNDER THIS POLICY, SUCH LOSS SHALL BE COVERED UNDER THE TERMS OF THE POLICY.

IF THE BODY OF THE INSURED HAS NOT BEEN FOUND WITHIN ONE YEAR OF THE DISAPPEARANCE, SINKING, OR WRECKING OF THE COMMON CARRIER IN WHICH THE INSURED WAS RIDING AT THE TIME OF THE ACCIDENT, IT WILL BE PRESUMED THAT THE INSURED SUFFERED LOSS OF LIFE RESULTING FROM BODILY INJURY CAUSED BY AN ACCIDENT AT THE TIME OF SUCH DISAPPEARANCE, SINKING OR WRECKING.

REHABILITATION BENEFITS. WHEN ACCIDENTAL DISMEMBERMENT/PARALYSIS BENEFITS ARE PAYABLE, AN ADDITIONAL AMOUNT FOR THE REASONABLE AND NECESSARY EXPENSE ACTUALLY INCURRED UP TO THE LIMIT OF \$2,500 FOR SPECIAL TRAINING OF THE INSURED WILL BE PAID PROVIDED: a) SUCH TRAINING IS REQUIRED BECAUSE OF SUCH INJURIES, AND IN ORDER FOR THE INSURED TO BE QUALIFIED TO ENGAGE IN AN OCCUPATION IN WHICH HE/SHE WOULD NOT HAVE BEEN ENGAGED EXCEPT FOR SUCH INJURIES; AND b) EXPENSES ARE INCURRED WITHIN TWO (2) YEARS FROM THE DATE OF THE ACCIDENT. NO PAYMENT WILL BE MADE FOR ORDINARY LIVING, TRAVELING OR CLOTHING EXPENSES.

FAMILY TRANSPORTATION BENEFITS. IF AN INSURED IS CONFINED AS AN INPATIENT IN A HOSPITAL DUE TO AN ACCIDENTAL INJURY FOR WHICH ACCIDENTAL DISMEMBERMENT AND PARALYSIS BENEFITS ARE PAYABLE, AND THE ATTENDING PHYSICIAN RECOMMENDS THE ATTENDANCE OF AN IMMEDIATE FAMILY MEMBER, BENEFITS WILL BE PAID FOR THE EXPENSES INCURRED BY THE IMMEDIATE FAMILY MEMBER FOR TRANSPORTATION TO THE INSURED. IF AN INSURED DIES AS A RESULT OF AN ACCIDENTAL INJURY FOR WHICH AN ACCIDENT DEATH BENEFIT IS PAYABLE, AND THE ATTENDANCE OF AN IMMEDIATE FAMILY MEMBER IS REQUIRED, THE COMPANY WILL REIMBURSE AN IMMEDIATE FAMILY MEMBER FOR EXPENSES INCURRED TO TRAVEL TO THE LOCALE OF THE INSURED'S DEATH. ALL TRANSPORTATION MUST BE PROVIDED BY A COMMON CARRIER BY THE MOST DIRECT AND ECONOMICAL ROUTE POSSIBLE AND IS SUBJECT TO A MAXIMUM OF \$1,000 PER ACCIDENTAL INJURY. "IMMEDIATE FAMILY MEMBER" MEANS THE LEGAL SPOUSE OR DOMESTIC PARTNER, PARENTS, CHILDREN, BROTHERS, SISTERS OR GRANDPARENTS OF THE INSURED. "DOMESTIC PARTNER" MEANS A PERSON WHO COHABITS ON A CONTINUOUS BASIS WITH THE INSURED IN A RELATIONSHIP OF A CONJUGAL NATURE WHICH HAS BEEN PUBLICLY RECOGNIZED AS SUCH FOR AT LEAST ONE YEAR. "HOSPITAL" MEANS A FACILITY LICENSED AS A HOSPITAL UNDER LEGISLATION IN EFFECT IN THE COUNTRY WHERE IT IS LOCATED.

EXCLUSIONS. THIS INSURANCE DOES NOT COVER ANY LOSS CAUSED BY OR RESULTING FROM INTENTIONALLY SELF-INFLICTED INJURY; SUICIDE OR ATTEMPTED SUICIDE, WHETHER SANE OR INSANE; AS INSURRECTION, WAR OR ACT OF WAR, DECLARED OR NOT; INJURY SUSTAINED WHILE RIDING ON ANY AIRCRAFT EXCEPT A CIVIL OR PUBLIC AIRCRAFT OR MILITARY TRANSPORT AIRCRAFT, INJURY SUSTAINED WHILE RIDING ON ANY AIRCRAFT a) AS A PILOT, CREW MEMBER, OPERATOR OR STUDENT PILOT OR b) AS A FLIGHT INSTRUCTOR OR EXAMINER, INJURY SUSTAINED WHILE RIDING ON ANY COMMERCIAL VEHICLE AS A DRIVER, PILOT OR CREW MEMBER; SICKNESS OR DISEASE; THE INSURED'S PARTICIPATION IN A CRIMINAL OFFENSE OR A RIOT, OR COMMISSION OF OR ATTEMPT TO COMMIT A FELONY; ACTIVE FULL-TIME SERVICE IN THE ARMED FORCES OF ANY COUNTRY; OR DEATH OR LOSS OF USE RESULTING DIRECTLY OR INDIRECTLY FROM DRUG OR ALCOHOL ABUSE, OR USE OF NARCOTICS.

EFFECTIVE AND TERMINATION DATE. YOUR INSURANCE UNDER THIS PROGRAM IS EFFECTIVE ON THE LATER OF 1) MAY 1, 2003; OR 2) THE DATE YOU BECOME AN ELIGIBLE PERSON. YOUR INSURANCE UNDER THIS PROGRAM WILL CEASE ON THE EARLIEST OF: 1) THE DATE THE INSURANCE POLICY IS TERMINATED; 2) THE DATE YOUR ACCOUNT CEASES TO BE IN GOOD STANDING OR IS CANCELED; OR 3) THE DATE YOU CEASE TO BE AN ELIGIBLE PERSON.

FILING CLAIMS FOR BENEFITS. TO FILE A CLAIM UNDER THIS PROGRAM, WRITE TO THE PLAN ADMINISTRATOR: ROBINSON INTERNATIONAL INCORPORATED, 208 SOUTH LA SALLE STREET, CHICAGO, ILLINOIS 60604. THE PLAN ADMINISTRATOR WILL PROVIDE YOU WITH INSTRUCTIONS AND FORMS FOR FILING PROOF OF LOSS. WRITTEN NOTICE OF CLAIM MUST BE GIVEN TO THE COMPANY WITHIN 90 DAYS AFTER THE OCCURRENCE OF ANY COVERED LOSS, OR AS SOON THEREAFTER AS IS REASONABLY POSSIBLE.

PLEASE READ THIS DESCRIPTION OF COVERAGE AND KEEP IT IN A SAFE PLACE WITH YOUR OTHER INSURANCE DOCUMENTS. THIS DESCRIPTION OF COVERAGE IS NOT A CONTRACT OF INSURANCE BUT IS SIMPLY AN INFORMATIVE STATEMENT TO EACH ELIGIBLE CARDHOLDER OR AUTHORIZED TRAVELER OF THE PRINCIPAL PROVISIONS OF THE INSURANCE. COMPLETE PROVISIONS PERTAINING TO THIS PROGRAM OF INSURANCE, INCLUDING LIMITATIONS AND EXCLUSIONS, ARE CONTAINED IN POLICY NUMBER SRG 9021266 ISSUED AND UNDERWRITTEN BY AMERICAN HOME ASSURANCE COMPANY (THE "COMPANY"), WITH OFFICES IN TORONTO, ONTARIO. IF A CONFLICT EXISTS BETWEEN A STATEMENT IN THIS DESCRIPTION OF COVERAGE AND ANY PROVISIONS IN THE POLICY, THE POLICY WILL GOVERN.

IF YOU HAVE ANY QUESTIONS REGARDING THIS COMMON CARRIER TRAVEL ACCIDENT INSURANCE PROGRAM, WRITE THE PROGRAM ADMINISTRATOR: ROBINSON INTERNATIONAL INCORPORATED, 208 SOUTH LA SALLE STREET, CHICAGO IL 60604.

NOTE: THIS DESCRIPTION OF COVERAGE REPLACES ANY AND ALL DESCRIPTIONS OF COVERAGE OR CERTIFICATES PREVIOUSLY ISSUED WITH RESPECT TO THE INSURANCE DESCRIBED HEREIN.

TERMS DEFINED

"COMMON CARRIER" MEANS ANY LAND, WATER, OR AIR CONVEYANCE OPERATED UNDER A LICENSE FOR THE TRANSPORTATION OF PASSENGERS FOR HIRE. COMMON CARRIER DOES NOT INCLUDE ANY CONVEYANCE THAT IS HIRED OR USED AS SPORT, GAMESMANSHIP, CONTEST, SIGHTSEEING, OBSERVATORY AND/OR RECREATIONAL ACTIVITY, REGARDLESS OF WHETHER SUCH CONVEYANCE IS LICENSED. COMMON CARRIER DOES INCLUDE ANOTHER COMMON CARRIER WHICH IS PROVIDING ALTERNATIVE TRANSPORTATION FOR THE COMMON CARRIER WHICH WAS DELAYED OR RE-ROUTED, REQUIRING THE CARRIER WHICH WOULD HAVE OPERATED THE COMMON CARRIER TO ARRANGE FOR SUCH AN ALTERNATE TRANSPORTATION.

"WHILE ON THE BUSINESS OF YOUR EMPLOYER" MEANS WHILE ON ASSIGNMENT BY OR AT THE DIRECTION OF YOUR EMPLOYER FOR THE PURPOSE OF FURTHERING THE BUSINESS OF YOUR EMPLOYER, BUT DOES NOT INCLUDE ANY PERIOD OF TIME: 1) WHILE YOU ARE WORKING AT YOUR 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.

* "CARDHOLDER" MEANS AN EMPLOYEE OF A DESIGNATED ORGANIZATION WHO IS A PERMANENT RESIDENT OF CANADA, AND WHO HAS BEEN ISSUED A COMMERCIAL CREDIT CARD ACCOUNT BY U.S. BANK IN HIS/HER NAME. COMMERCIAL CREDIT CARD ACCOUNTS MAY INCLUDE CORPORATE CARD, U.S. DOLLAR CARD, OR ONE CARD. "PERMANENT RESIDENT" MEANS A PERSON WHO RESIDES IN CANADA FOR AT LEAST 6 MONTHS OF THE YEAR. HOWEVER, INDIVIDUALS OTHERWISE ELIGIBLE FOR COVERAGE WHO ARE MEMBERS OF THE CANADIAN FOREIGN SERVICE NEED NOT SATISFY THIS REQUIREMENT.

"AUTHORIZED TRAVELER" MEANS AN INDIVIDUAL TRAVELING AT THE REQUEST OF A DESIGNATED ORGANIZATION, WHOSE TICKET IS CHARGED TO A U.S. BANK VISA CENTRAL TRAVEL ACCOUNT (CTA).

"AUTHORIZED TRAVELER" MEANS A FELLOW EMPLOYEE TRAVELING AT THE REQUEST OF A DESIGNATED ORGANIZATION, WHOSE TICKET IS CHARGED TO ANOTHER FELLOW EMPLOYEE'S COMMERCIAL CREDIT CARD ACCOUNT ISSUED BY U.S. BANK IN HIS/HER NAME.

"ELIGIBLE SPOUSE" MEANS THE INSURED'S LEGAL SPOUSE.

"ELIGIBLE DEPENDENT CHILDREN" MEANS THE INSURED'S UNMARRIED CHILDREN, INCLUDING NATURAL CHILDREN FROM THE MOMENT OF BIRTH, STEP OR FOSTER CHILDREN, ADOPTED CHILDREN FROM THE MOMENT OF PLACEMENT IN THE HOME OF THE INSURED, UNDER AGE 19 (23 IF ATTENDING AN ACCREDITED INSTITUTION OF HIGHER LEARNING ON A FULL-TIME BASIS AND PRIMARILY DEPENDENT ON THE INSURED FOR SUPPORT AND MAINTENANCE).