

California Resources Corporation

Covered Subsidiaries or Affiliated Companies: Tidelands Oil Production Company, LLC

Voluntary Accidental Death & Dismemberment Insurance • GTU 1862199



The following is a brief description of the Voluntary Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy or certificate of insurance. For specific definitions of terms used below as well as further details and information about this plan, please see the policy or certificate of insurance.

Eligibility

All regular, full-time, non-bargaining hourly or salaried employees of California Resources Corporation or an affiliated company, who are regularly scheduled to work at least 30 hours per week, are designated as eligible to participate, and who do not participate in a similar type of employer-sponsored plan. Temporary employees are not eligible to participate. Represented employees are eligible to participate only if the collective bargaining agreement specifically provides for participation domiciled in the United States.

Eligibility of Your Dependents

If you enroll for voluntary coverage you may elect to cover your eligible Dependents. An eligible Dependent includes your legally married Spouse/Domestic Partner and your Dependent Child(ren), and your legally married Spouse's Dependent Child(ren), and your Domestic Partner's Dependent Child(ren). A legally married Spouse/Domestic Partner will not be eligible as a Dependent if he or she is also an Insured under the Policy. If you and your legally married Spouse/Domestic Partner, legally separated Spouse/Domestic Partner, former Spouse/Domestic Partner are both Insured's under the Policy, only one may select a Plan covering their mutual Dependents.

Benefit Amount

You may purchase a Benefit Amount from one (1) to ten (10) times **Base Annual Earnings***, subject to a maximum of \$1,000,000.

* **Base Annual Earnings** means base annual income received from the Policyholder exclusive of bonuses, overtime and any other extra or special compensation. If not employed for twelve (12) months, then average monthly base earnings for the period employed multiplied by twelve (12), exclusive of bonus, overtime and any other extra or special compensation.

With respect to employees paid on an hourly basis, **Base Annual Earnings** means the hourly rate times the number of hours the employee works in his or her normal work week times fifty-two (52), but not to exceed a total of two thousand one hundred eighty-four (2,184) hours per year.

Benefit Amounts for Your Dependents

The Benefit Amount for Covered Dependents will be a choice of the following amounts:

Spouse/Domestic Partner: 50% or 100% of your Benefit Amount

Dependent Child(ren): \$25,000

In no event will the amount be greater than your Benefit Amount.

Description of Coverage

24 Hour Accident Protection, Business & Pleasure

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against certain injuries resulting from a covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

Benefits Provided

If you have a covered accident that results in any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown to you or your designated beneficiary. If the covered accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

Covered Loss of:	Benefit Amount
(1) Life	100% of benefit amount
(2) Both hands or both feet.....	100% of benefit amount
(3) One hand and one foot.....	100% of benefit amount
(4) One hand or one foot plus the sight of one eye.....	100% of benefit amount
(5) Sight of both eyes.....	100% of benefit amount
(6) Speech and Hearing.....	100% of benefit amount
(7) Speech or Hearing	50% of benefit amount
(8) One hand, one foot, or sight of one eye	50% of benefit amount
(9) Thumb and index finger of the same hand	25% of benefit amount
(10) Hearing in one ear	25% of benefit amount

Covered Loss of Use of:	Benefit Amount
(1) Four Limbs.....	100% of benefit amount
(2) Three Limbs.....	85% of benefit amount
(3) Two Limbs.....	75% of benefit amount
(4) One Limb.....	50% of benefit amount

Coma Benefit

If a covered person sustains a covered injury within 90 days of a covered accident and such injury causes the covered person to be in a coma for at least 60 consecutive days, he or she may receive a monthly benefit of 5% of his or her benefit amount for the first 11 months the covered person remains in a coma. At the end of the 11 months of payment, if the covered person remains in a coma, we will pay a lump sum benefit equal to his or her benefit amount less the amount of the 11 months of benefit already received.

Exposure and Disappearance Coverage

If the conveyance in which a covered person is riding disappears, is wrecked, or sinks, and he or she is not found within 365 days of the event, we will presume that the covered person lost his or her life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay the covered person's benefit amount, subject to all policy terms.

If the covered person exposed to weather because of an accident and this results in a loss of life, we will pay his or her benefit amount, subject to all policy terms and conditions.

Additional Benefits

Critical Burn Benefit

If you suffer an injury and receive a benefit under the Accidental Dismemberment and Covered Loss of Use Benefit of the policy, and you have received second degree or higher burns over 25% of your body; and you have undergone reconstructive surgery to treat the burned areas of the body; and the reconstructive surgery has taken place within 365 days of the occurrence of your injury, an additional benefit equal to the lesser of 10% of your benefit amount up to \$25,000 may be paid.

Day Care Benefit

If you elect Family Plan coverage and either you or your covered spouse/domestic partner suffer a covered loss of life, and have an eligible covered dependent child enrolled in an accredited child care facility (as defined in the policy) or one who enrolls in such facility within 90 days from the date of loss and is under the age of 13, an additional benefit equal to the lesser of the actual cost of the child care or 5% of the benefit amount up to \$5,000 may be paid for four consecutive years.

Felonious Assault Benefit

If you sustain a covered loss of life as a result of a violent or criminal act committed by someone other than you or a member of your family, incurred in connection with the policyholder's normal business whether on or off the policyholder's premises and the crime directly involves the policyholder's funds or assets, an additional 10% of your benefit amount may be paid.

Hearing Aid or Prosthetic Appliance Benefit

If a covered person suffers an injury resulting in a covered loss which requires the covered person to use a hearing aid or prosthetic appliance within one (1) year of the injury, we may pay an additional benefit equal to the lesser of 10% of the covered person's benefit amount to a maximum of \$10,000 for the one time cost of the hearing aid or prosthetic appliance actually paid by the covered person.

Higher Education Benefit

If you elect Family Plan coverage and suffer a covered loss of life, and have an eligible covered dependent child(ren), who on the date of the accident, is enrolled as a full-time student in an institution of higher learning or is at the 12th grade level and enrolls in an institution of higher learning within one year from the date of the accident, an additional benefit of 5% of your benefit amount to a maximum of \$5,000 per year may be paid for each such covered child for up to four (4) consecutive years.

Home Alteration and Vehicle Modification Benefit

If a covered person suffers an injury and receives a benefit under the Accidental Dismemberment and Covered Loss of Use Benefit of the policy, he or she may be entitled to an additional benefit equal to the lesser of 5% of the covered person's benefit amount to a maximum of \$10,000 for the one-time cost of alterations to the covered person's primary residence to make it wheelchair accessible and habitable; and the one-time cost of modifications necessary to his or her motor vehicle to make the vehicle accessible or drivable.

Rehabilitation Benefit

If you suffer an injury which causes you to receive an Accidental Dismemberment and Covered Loss of Use Benefit under the policy, you may be entitled to receive an additional benefit for the reasonable and customary expenses actually incurred for a prescribed rehabilitation training program by a licensed physician that is required due to your injury which will prepare you for an occupation which you would not have engaged in except for the injury in an amount equal to the lesser of the actual expenses that are incurred within two years from the date of your covered accident for the rehabilitation training; \$10,000; or 10% of your benefit amount.

Seat Belt/Air Bag Benefit

If a covered person suffers a loss of life in a covered automobile accident while wearing a factory installed or manufactured authorized seat belt, an additional benefit equal to 10% of your benefit amount to a maximum of \$50,000 may be paid. Verification of the covered person's actual use of the seat belt or lap and shoulder restraints is required as follows: 1) in the official law enforcement report of the accident, through certification by the investigating officers; or 2) by other reasonable proof, acceptable to us.

An additional benefit equal to 5% of the covered person's benefit amount to a maximum of \$20,000 may be paid if the covered person was driving or riding in a private passenger automobile with a manufacturer equipped air bag provided the covered person's seat belt or lap and shoulder restraint was properly fastened at the time of the accident. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the accident, through certification by the investigating officers or by other reasonable proof, acceptable to us.

Spouse/Domestic Partner Retraining Benefit

If you elect Family Plan coverage and suffer a covered loss of life, your covered spouse/domestic partner may receive the lesser of 10% of your benefit amount, \$20,000 or the actual cost incurred within 30 months of any professional or trade-training program in which your covered spouse/domestic partner enrolls to obtain an independent source of support and maintenance.

Surviving Spouse/Domestic Partner Benefit

If you elect Family Plan coverage and suffer a covered loss of life, your covered spouse/domestic partner may receive an additional benefit equal to 1% of your benefit amount.

Therapeutic Counseling Benefit

If you elect Family Plan coverage and your or your covered dependents suffer a covered injury which requires therapeutic counseling by a licensed therapist or counselor who is registered or certified to provide psychological treatment or counseling, we may reimburse the charges for such counseling up to a maximum of \$6,000, to the individual who incurs the expense, provided: 1) all terms and conditions of the policy are met; 2) therapeutic counseling begins within ninety (90) days of the covered accident; and 3) therapeutic counseling must be received within one (1) year from the date of the covered loss.

Enhanced Travel Assistance Plan

This Enhanced Travel Assistance Plan is a comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your principal residence. This plan will apply to the following Covered Persons when on a Covered Trip: you and your Spouse/Domestic Partner and/or Dependent Child(ren) if your Spouse/Domestic Partner and/or Dependent Child(ren) are with you while you are covered under the policy. The transportation and/or services provided under this Enhanced Travel Assistance Plan must be pre-authorized by us or Zurich Travel Assist. This Enhanced Travel Assistance Plan consists of the following benefits:

	Maximum Benefit Amount		Maximum Benefit Amount
Hospital Admission/Medical Expense Guarantee:	\$ 10,000	Return of Child (per child):	Unlimited
Medical Evacuation:	Unlimited	(per attendant):	Unlimited
Medical Repatriation:	Unlimited	Return of Companion:	Unlimited
Non-Medical Repatriation:	Unlimited	Escort Services:	Unlimited
Return of Remains:	Unlimited	Dispatch of a Physician or Specialist:	Unlimited
Visit to Hospital:	Unlimited		

You can access Zurich Travel Assist® services by calling, toll-free, 1-800-263-0261 and referencing policy number GTU 1862199 or logging on to their web site at www.zurichtravelassist.com.

Visit the Zurich Travel Assist® website: <http://www.zurichtravelassist.com>

Features Include:

- Information on Services Provided
- Travel Risk & Security Information including country intelligence, security advice, travel health and Identity Theft
- Printable Membership Card
- Contact Information

Download the Travel Assist App: "TravelKit-Mobile Traveller"

Designed to prepare and assist traveling insureds and their families

- Features an itinerary that will keep you up-to-date with the latest news and events that may affect your travel
- Features travel information
- Risk ratings
- Security intelligence

To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 1862199.

Beneficiary Designation

Benefits for your loss of life will be payable to the beneficiary or beneficiaries designated in writing by you and on file with the policyholder; otherwise the beneficiary or beneficiaries designated under the Group Basic Life insurance policy issued to the policyholder, otherwise, we will pay the benefit to your survivors in the following order: 1) your spouse or domestic partner; 2) your children; 3) your parents; 4) your brothers or sisters; 5) your estate.

Loss of Life of a Covered Person other than You:

Covered losses for the death of a covered person other than you will be paid to you. If you pre-decease or die at the same time as the covered person other than you, the benefit will be paid to your beneficiary unless your beneficiary designation has not been made or your beneficiary is no longer living at the time of death. In such case, the benefits will be paid to your estate.

All other indemnities shall be payable to you.

General Exclusions

A loss shall not be a covered loss if it is caused by, contributed to, or resulted from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service. Reserve or National Guard active duty training is not excluded, unless it extends beyond thirty-one (31) consecutive days;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
5. participation in the commission or attempted commission of any felony;
6. being intoxicated while operating a motor vehicle.
 - a. A covered person will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated, if operating a motor vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the covered person's intoxication.
7. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage
8. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy.

Hazard Exclusions

Coverage is not provided:

- A. If you are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. Unless we have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
 1. any aircraft other than those expressly stated in this Coverage;

2. any aircraft Owned or Controlled by, or Under lease to the Policyholder except the following aircraft, including Substitute Aircraft:
 - Gulfstream 20; N749QS
 provided such aircraft: a) has a current and valid normal, transport, or commuter type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor; b) is being operated with the Policyholder's consent; c) is not carrying persons for hire; and d) is being operated by a pilot with a current and valid medical certificate, and pilot certificate with a proper rating to pilot such aircraft.
3. any aircraft owned or controlled by, or under lease to an insured or a member of an Insured's family or household;
4. any aircraft operated by the policyholder except those indicated in item "2" above, including Substitute Aircraft or one of the policyholder's employees including members of an employee's family or household;
5. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, aerial photography, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, endurance tests, exploration, firefighting, hang gliding, hunting, parachuting or skydiving, pipe line inspection, power line inspection, racing, skywriting, test or experimental purpose, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Substitute Aircraft means an aircraft, which is not owned by the **Policyholder**, and:

1. has a current and valid normal, commuter, or transport type standard airworthiness certificate as defined by the Federal Aviation Administration or its successor or an equivalent certification from a foreign government;
2. is the same class of aircraft as the specified aircraft; and
3. is being used by the **Policyholder** because the specified aircraft is withdrawn from use due to breakdown, repair, servicing, loss or destruction.

General Limitations

Limitation on Multiple Covered Losses. If a covered person suffers more than one loss as a result of the same accident, we will pay only one benefit, the largest benefit.

Limitation on Multiple Benefits. If a covered person can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Covered Loss of Use Benefit, Coma Benefit as a result of the same accident, the most we will pay for these benefits in total is the Covered Person's benefit amount.

Limitation on Multiple Hazards. If a covered person suffers a covered loss that is covered under more than one Hazard, we will pay only one benefit, the largest benefit.

Important

This is a brief description of the coverage provided through the voluntary Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

Cost and Method of Payment

- The monthly cost for **Employee Only** coverage is \$.019 for each \$1,000 of benefit amount.
- The monthly cost for **Spouse/Domestic Partner** coverage only is an additional \$.019 for each \$1,000 of benefit amount.
- Dependent Child(ren) coverage is included under the insured Employee's coverage.

Premium payments will be deducted automatically from your pay.

For example, if you had selected one of the benefit amounts below, your monthly cost would be:

Example #1: Coverage with your Spouse/Domestic Partner's Benefit Amount is 50% of your Benefit Amount

	Benefit Amount	Premium Rate Per \$1,000	Monthly Premium
You	\$100,000	\$0.019	\$1.90
Your Spouse/Domestic Partner	\$50,000	\$0.019	\$.95
Your Child(ren)*	\$25,000	\$0.0	<u>\$0.00</u>

* Premium Included under your coverage

Your Total Monthly Premium: \$2.85

The amount selected for your covered spouse/domestic partner cannot exceed your benefit amount. Premium payments will be deducted automatically from your pay.

Example #2: Coverage with your Spouse/Domestic Partner's Benefit Amount is 100% of your Benefit Amount

	Benefit Amount	Premium Rate Per \$1,000	Monthly Premium
You	\$500,000	\$0.019	\$9.50
Your Spouse/Domestic Partner	\$500,000	\$0.019	\$9.50
Your Child(ren)*	\$25,000	\$0.0	<u>\$0.00</u>

* Premium Included under your coverage

Your Total Monthly Premium: \$19.00

The amount selected for your covered spouse/domestic partner cannot exceed your benefit amount. Premium payments will be deducted automatically from your pay.

Worksheet:

	Benefit Amount	Premium Rate Per \$1,000	Monthly Premium
You	\$_____	\$0.019	\$_____
Your Spouse/Domestic Partner	\$_____	\$0.019	\$_____
Your Child(ren)*	\$25,000	\$0.0	<u>\$0.00</u>

* Premium Included under your

Your Total Monthly Premium: \$_____

Conversion Privilege

If your insurance ceases for reasons other than the termination of the group policy or non-payment of premium, you may be entitled to apply for an Individual or Family (if applicable) Accidental Death & Dismemberment policy. Proof of good health is not required. Maximum benefit of \$250,000.

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The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern. ©2022 Zurich American Insurance Company



Travel Assist[®] Services

Part of the Accidental Death & Dismemberment Plan for Employees of California Resources Corporation



Zurich Travel Assist[®] is a comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your residence.

You can access the Travel Assistance Plan by calling 1-800-263-0261 from the U.S. or Canada; and collect from anywhere else in the world at +1-416-977-0277 or log on to the Travel Assist[®] web site at www.zurichtravelassist.com.

Reference California Resources Corporation, policy number GTU 0402627 if traveling on business, or GTU 1862199 if enrolled for Voluntary AD&D coverage.

Zurich Travel Assist[®] Services include the following:

Medical Assistance

- Emergency Medical Referrals
- Medical Monitoring
- Medical Evacuation/Repatriation*
- Non-Medical Repatriation*
- Hospital Admissions
- Medical Payment Advancement
- Prescription Assistance
- Visit to Hospital by Family or Friend*
- Return of Children/Traveling Companion*
- Repatriation of Remains*

Information Assistance

- Passport & Visa Information
- Weather, Cultural & Currency Exchange
- Embassies and Consulates (Addresses and Telephone Numbers)
- Travel Advisories
- Inoculation & Immunization

Personal Assistance

- Lost Baggage Service
- Translation & Interpretation
- Emergency Messaging
- Emergency Ticket Replacement
- Lost Document Replacement
- Emergency Advancement of Funds
- Return of Vehicle

Legal Assistance:

- Legal Referral
- Advance of Bail

* The program will cover certain costs associated with these travel services, subject to the stated limitations.

Visit the Zurich Travel Assist[®] website: <http://www.zurichtravelassist.com>

Features Include:

- Information on Services Provided
- Travel Risk & Security Information including country intelligence, security advice, travel health and Identity Theft
- Printable Membership Card
- Contact Information

Download the Travel Assist App: "TravelKit-Mobile Traveller"

- Designed to prepare and assist traveling insureds and their families
- Features an itinerary that will keep you up-to-date with the latest news and events that may affect your travel
- Features travel information
- Risk ratings
- Security intelligence

No transport or service will be covered unless you contact Zurich Travel Assist® prior to the transport, the attending physician approves, if applicable, and Zurich Travel Assist® pre-authorizes the transport or service.

For further information, contact your local Human Resources Representative.

Note: This document is intended to highlight some of the services provided. The services indicated above are subject to certain restrictions, exclusions and limitations. The specific terms and conditions of the services are contained in the Policy. If a conflict should arise between this document and the Policy, the terms and conditions of the Policy will govern.

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Insurance coverages underwritten by individual member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

This is intended as a general description of certain types of insurance and services available to qualified customers through World Travel Protection Canada Inc. ("WTP"). WTP operates as a third party travel insurance administrator for Canadian life insurance companies and banks, and is expanding its travel assist capabilities internationally.

Zurich Travel Assist is a registered trademark for travel assistance coverage and administered by World Travel Protection, a member company of Zurich Financial Services Group.

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Zurich Travel Assist®

Providing access to emergency medical, informational, legal, security and personal assistance while traveling away from your principal residence.



Policy number:

For emergencies and live support in the U.S. and Canada, call 800-263-0261.

Company name:

Anywhere else in the world call collect at 1-416-977-0277 or fax 1-416-205-4622.

When calling please identify yourself as an insured of Zurich in North America.

For general travel information and intelligence visit zurichtravelassist.com



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This is not a medical insurance card and not a guarantee of service. To confirm eligibility, call the number on the front of the card. Eligibility terminates when the employee or member is no longer employed by or a member of the sponsoring organization.