

Basic Accidental Death and Loss of Use Coverage

The Basic Accident insurance plan is insured by Zurich American Insurance Company. The coverage is provided at no cost to you, and can pay a benefit if you suffer a loss while you are insured under the plan which is the result of a Covered Accident.

It includes accidents while traveling by car, plane, train, boat, or any other public or private form of transportation, including while flying in certain aircraft that are owned or leased by or on behalf of Oxy as a passenger, pilot or crew member.

Class	Eligibility	Principal Sum
1	All regular full-time non-bargaining hourly or salary Employees regularly scheduled to work at least twenty (20) hours per week on U.S. Dollar Payroll of Occidental Petroleum Corporation or an Affiliated Company (Oxy). Temporary Employees and Employees of certain Affiliated Companies designated by Oxy are not eligible to participate. An Affiliated Company means any company in which 80 percent or more of the equity interest is owned by Occidental Petroleum Corporation. Employees who are part of a collective bargaining group are eligible to participate in the Plan only if the negotiated bargaining agreement specifically provides for participation.	1 times Base Annual Earnings, subject to a maximum of \$1,500,000.

Accidental Death and Loss of Use Benefits

Table of loss schedule

If you suffer any one of the losses listed on the chart below, as the result of a covered injury, a percentage of the Principal Sum will be paid, as listed. If you suffer more than one loss as a result of the same accident, only the largest benefit will be paid. The loss must occur within 365 days after the date of the accident.

Loss of:	Percentage of Principal Sum
Life	100%
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or Foot and Sight of One Eye	100%
Sight of Both Eyes	100%
Speech and Hearing	100%
Speech or Hearing	50%
One Hand or Foot or Sight of One Eye	50%
Hearing of One Ear	25%
Thumb and Index Finger of Same Hand	25%
Loss of Use of Four Limbs	100%
Loss of Use of Three Limbs	85%
Loss of Use of Two Limbs	75%
Loss of Use of One Limb	50%

Coma Benefit

If a covered accident puts you in a coma, 5% of the Principal Sum is payable per month following 60 days, and is payable for the lesser of 12 months or until you are no longer in a coma.

Critical Burn Benefit

If you suffer a covered loss as a result of a covered accident, an additional benefit equal to the lesser of 10% of the Principal Sum up to \$10,000, may be payable for second degree or higher burns over 25% of your body if you undergo reconstructive surgery within 365 days of the Injury.

Day Care Benefit

If you die within 365 days as a result of a covered injury, an extra benefit equal to the lesser of actual expenses, 5% of the Principal Sum, or \$1,000 per year, will be paid for each eligible dependent child under age 13 enrolled in an Accredited Child Care Facility. The benefit is payable for up to 4 consecutive years.

Felonious Assault Benefit

If you suffer a covered loss as the result of a covered accident resulting from a violent or criminal act committed by someone other than your fellow employee or a member of your family or household, an additional benefit equal to 10% of the Principal Sum will be paid provided the injury incurred in connection with Oxy's normal business and the crime directly involved Oxy's funds or assets.

Higher Education Benefit

If you die within 365 days as a result of a covered injury, an additional benefit of 5% of the Principal Sum to a maximum of \$2,000 per year is paid for each dependent child attending an accredited college, university or trade school. The benefit is payable for up to 4 years.

Home Alteration and Vehicle Modification Benefit

If a covered loss causes you to incur expenses for alterations to your home or vehicle, an additional benefit for home alterations and/or vehicle modifications will be paid in the amount of 5% of the Principal Sum to a maximum of \$5,000.

Rehabilitation Benefit

If you suffer a covers loss as a result of a covered accident, you will receive an additional benefit for the reasonable and customary expenses actually incurred for Rehabilitation training, not to exceed \$6,000 or 10% of your Principal Sum.

Seat Belt/Air Bag Benefit

If you die within 365 days as a result of a covered injury directly resulting from an automobile accident while using a seat belt, an additional 10% of the Principal Sum to a maximum of \$25,000 will be paid. An additional 5% of the benefit to a maximum of \$10,000 will be paid if the private passenger vehicle was equipped with properly functioning air bag.

Spouse/Domestic Partner Retraining Benefit

If you die within 365 days as a result of a covered injury, and additional benefit is payable for the actual cost of any professional of trade-training program in which the spouse/domestic partner enrolls in to obtain an independent source of income, subject to a maximum of 10% of the Principal Sum or \$8,000,

Therapeutic Counseling Benefit

If you suffer a covered loss as a result of a covered injury and begin receiving therapeutic counseling within 90 days of a covered accident, you will receive be reimbursed the charges for such counseling, subject to a maximum of \$3,000.

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Surgical Reattachment Benefit

If you suffer a covered injury resulting in a Surgical Reattachment Loss, we will pay up to 25% for the reasonable medical expenses to reattach a severed arm, leg, hand, or foot.

Expanded Death Benefit

If you suffer a loss of life as the result of a covered accident; a benefit for funeral expenses will be paid to a maximum of \$2,000

Custodial Care Benefit

If you suffer a covered injury resulting in being Medically Confined to a licensed facility providing custodial care on a long-term basis, a benefit will be paid of \$1,000 per month for up to 12 months.

Stillborn Benefit

If you have a stillborn while covered under this policy, a Stillborn burial benefit of \$20,000 will be paid.

TRAVEL ASSISTANCE PLAN

This Travel Assistance Plan will apply to you when traveling 100 miles or more from your Principal Residence, to your Spouse/Domestic Partner and/or Child(ren) if the Spouse/Domestic Partner and/or Child(ren) are with you while you are covered under this Policy. The transportation and/or services provided under this Travel Assistance Plan must be pre-authorized by Us. Under this Policy, the Travel Assistance Plan consists of the following:

Medical Evacuation

If you or your dependent is Injured or Ill on a Covered Trip and is being treated in a hospital, medical facility, clinic or by a medical provider which, based upon Our evaluation, cannot provide medical care in accordance with Western Medical Standards, We will arrange for, and cover the cost for, the transport of the Covered Person to the nearest hospital or medical facility which can provide such care.

Medical Repatriation

If you or your dependent is Injured or Ill on a Covered Trip and has sufficiently recovered to travel in a non-scheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel with minimal risk to his or her health, We will arrange for, and cover the cost for, the transport to your Principal Residence, or her residence in the country where you are currently assigned.

Non-Medical Repatriation

If you or your dependent is Injured or Ill on a Covered Trip and has sufficiently recovered to travel in a regularly scheduled economy class air flight without special equipment or personnel with minimal risk to his or her health, We will pay for the increase in cost to change the travel date on the return air flight and/or for an upgrade in the seating, to your Principal Residence or to the country where you are currently assigned.

Return of Remains

If you die while on a Covered Trip, We will make arrangements and pay for the local preparation of your body for transport or cremation (not including the cost of cremation), travel clearances and authorizations, standard shipping container (not including urn or coffin) and transportation of your body or remains to its country of destination.

Visit to Hospital

If you are scheduled to be hospitalized for more than seven (7) consecutive days while on a Covered Trip, We will arrange for, and cover the cost of, a regularly scheduled round trip economy class air flight of the person chosen by the Covered Person to visit the Covered Person while he or she is hospitalized.

Return of Child

If you are traveling with a Child(ren), who is under nineteen (19) years of age or a Child(ren) who prior to age nineteen (19) became incapable of self-sustaining employment by reason of mental retardation or physical handicap and remains chiefly dependent upon you for support and maintenance, while on a Covered Trip, and due to the Illness or Injury to you, such Child(ren) is left unattended, We will arrange for, and cover the cost of, the transport of the Child(ren) by a regularly scheduled economy class air flight to the location chosen by the Covered Person, and for an attendant, if applicable.

Return of Companion

If you are traveling with a companion while on a Covered Trip, and due to the Illness or Injury you cannot complete the Covered Trip as scheduled, We will pay for the lesser of the change fee for the companion's return air flight or a one way economy class flight.