



San Diego and Imperial County Fringe Benefit Consortium

Voluntary AD&D Benefits Summary

ELIGIBILITY:

All active full-time (20+ hours per week) employees of the Policyholder domiciled in the United States and their eligible dependents. (To be eligible, employees that are not U.S. citizens must have Lawful Permanent Residency (a green card) or a valid and active I-129 work visa and their legal status must be verified by payroll deduction). Eligible dependents include your spouse, unmarried dependent children, natural and adopted, or foster children under age 19 (25 if a full-time student in an accredited college or university).

EFFECTIVE DATE OF COVERAGE:

Your insurance is effective on the first day of the month following the date the Policyholder receives your completed enrollment form and payroll deduction authorization.

COVERAGE:

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any 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 private and public conveyances.

PRINCIPAL SUM AMOUNTS – Guarantee Issue:

EMPLOYEE: May select one of the following amounts: \$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000, \$70,000, \$80,000, \$90,000, \$100,000, \$125,000, \$150,000, \$200,000, \$250,000, \$300,000, \$400,000, \$500,000.

Amounts over \$250,000 subject to 10 times annual salary.

FAMILY COVERAGE: Under a full family plan your spouse’s principal sum is 50% of yours and each child’s principal sum is 10% of yours. If there are no children covered, your Spouse’s benefit increases to 60% of yours. If there is no spouse covered, each child’s benefit increases to 20% of yours.

NOTE: Spouse and/or All Children coverage cannot be purchased on a “standalone” basis, i.e., Employee Participation is also required.

BENEFITS:

Accidental Death & Specific Loss

Benefits are payable when covered injuries result in loss within 365 days after the date of the accident. Certain losses are payable at 100% of the Principal Sum and other losses are payable at a lesser percentage, as follows:

- Loss of Life, Loss of Two Members,
- Loss of Speech & HearingPrincipal Sum
- Loss of One Member, Loss of
- Speech or Hearing½ Principal Sum
- Loss of Thumb and Index Finger
- of the Same Hand.....¼ Principal Sum

ADDITIONAL FEATURES:

Paralysis Benefits - When you suffer injuries which result in hemiplegia, paraplegia or quadriplegia commencing within 60 days after the accident and continuing for one year, we will pay benefits as follows:

- For Hemiplegia50% of Principal Sum
- For Paraplegia75% of Principal Sum
- For Quadriplegia100% of Principal Sum

Accident Only Comatose Benefit - If you lapse into an irreversible coma due to covered injuries received in an accident, benefits will be paid as follows. Beginning on the 32nd day of the coma, 5% of your Principal Sum will be paid per month over 20 months or until death, whichever comes first. Upon death, any remaining Principal Sum will be paid as provided in the policy. If any other benefits for this condition are payable under the policy only one of the amounts, the largest applicable, will be paid.

Seat Belt Benefit - When you or a covered dependent receives injuries covered by the policy which result in loss of life, we will pay an additional 10% of the Principal Sum not to exceed \$10,000 if, at the time of the accident, you were the operator of or a passenger in a private passenger automobile and utilizing a seat belt. Seat belt usage must be verified by a doctor, coroner, traffic officer or other person of competent authority.

Child Education Benefit – Pays 5% of your Principal Sum or \$1,250.00 per child per year for four consecutive years (maximum benefit payable is \$5,000). Eligible children must be in the 12th grade or attending college at the time of your accidental death.

Extension of Coverage - If you, due to a covered injury, suffer loss of life, coverage for any insured dependents will continue without premium payment until whichever of the following occurs first: (a) the date your spouse remarries; (b) the date the insurance terminates; (c) the date an unmarried dependent child ceases to be eligible due to age or marriage; or (d) the date the 12 month Benefit Period ends.

Exposure & Disappearance - If, while insured under the policy, an Insured or a dependent is unavoidably exposed to the elements because of a covered accident which results in the disappearance, sinking or damaging of a conveyance on which the Insured or dependent is covered by the policy and in which the Insured or dependent was riding, and if as a result of such exposure the Insured or dependent suffers a loss for which benefits are otherwise payable hereunder, such loss will be covered under the policy.

If, while insured under the policy, an Insured or dependent disappears because of a covered accident resulting in the sinking or disappearance of a conveyance on which the Insured or dependent is covered by the policy and in which the Insured or dependent was riding, and if the body of the Insured or dependent has not been found within 52 weeks after the date of such accident, it will be presumed, subject to no evidence to the contrary, that the Insured or dependent suffered loss of life as a result of injuries covered by the policy.

AGE REDUCTIONS:

Principal Sum Benefits for covered individuals age 70 and over will be reduced to 50% of the original amount.

PREMIUMS:

The premium for each \$10,000 unit of Principal Sum is:

	<u>Monthly</u>	<u>Tenthly</u>
Employee Only	\$0.54	\$0.65
Employee & Family	\$0.81	\$0.97

Premiums for this coverage will be withdrawn automatically by payroll deduction on a monthly basis.

DEFINITIONS:

"Injuries" means accidental bodily injuries: (a) received while insured under this policy; and (b) resulting independently of sickness and all other causes.

"Irreversible Coma" means: (a) a state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society); and (b) a diagnosis of brain death by the attending physician.

"Licensed Professional or Trade School Training Program" means a certificate or degree program of a professional or trade school.

Paralysis:

"Hemiplegia" means complete loss of function of one side of the body with involvement of the arm and leg.

"Paraplegia" means complete loss of function of the lower extremities of the body with involvement of both legs.

"Quadriplegia" means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and legs.

"Seat Belt" means any factory-installed passive restraint device or child passive restraint device which meets published federal safety standards.

EXCLUSIONS:

This plan does not cover: (a) suicide or any attempt thereof while sane or insane; (b) loss caused by an act of declared or undeclared war; (c) injuries received while participating in training exercises or maneuvers of an armed service while a member of an armed service; (d) injuries received while traveling by air (except as provided under the Coverage section); (e) injuries received because the insured person was under the influence of any controlled substance unless administered on the advice of a physician; (f) injuries received because the insured person was intoxicated; or (g) while traveling in any aircraft which is owned or leased by: (1) the Policyholder, subsidiary or affiliate of the Policyholder; or (2) a director, officer or employee of the Policyholder, subsidiary or affiliate of the Policyholder.

HOW TO ENROLL:

1. Complete the Employee Section on the enclosed Voluntary Enrollment Form.
2. Complete the Employee Coverage Election section by placing an [X] in the Employee Only, the Employee & Spouse or the Employee and Family box and indicate the insurance amount in the appropriate area.
3. If you have chosen to purchase Spouse and/or Dependent Children coverage please complete the Dependent Information section of the Voluntary Enrollment Form.
4. Complete the Beneficiary section on the Voluntary Enrollment Form.
5. Sign and date the Voluntary Enrollment Form.
6. Return your Voluntary Enrollment Form to your benefits manager.

Note: If you decide not to enroll, you must sign the "Waiver of Group Voluntary Insurance" section on the form and return it to your benefits manager.

This benefits summary outlines the provisions detailed in the master policy issued to San Diego and Imperial County Fringe Benefits Consortium. Complete benefit, definition and exclusionary details are in the Policy. Should there be any discrepancy between the Policy and this outline, the Policy will prevail.