

# Voluntary Accidental Death and Dismemberment Plan

THE FOLLOWING BRIEF DESCRIPTIONS ARE ONLY INTENDED TO GIVE YOU AN IDEA OF THE ACCIDENTAL DEATH & DISMEMBERMENT PLAN. *REFER TO THE CERTIFICATE OF INSURANCE LOCATED AT [hr.fcoe.org/benefits](http://hr.fcoe.org/benefits) FOR FULL DETAILS.*

## DESCRIPTION OF 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 public and private conveyances. It also covers accidents while riding as a passenger in any licensed civilian aircraft or in any aircraft operated by the Military Airlift Command. The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

## ELIGIBILITY

All active, regular employees working 20 hours per week or more of the Policyholder and all County Board and Personnel Commission Members of the Policyholder on the U.S. payroll. Coverage shall become effective on the first of the month following the date the enrollment form is received by the Policyholder. If hired during June or July, coverage shall become effective September 1 provided the enrollment form is received by the Policyholder.

## WHAT COVERAGES ARE INCLUDED IN THE POLICY?

### ACCIDENTAL DEATH BENEFIT

If a **Covered Person** suffers a loss of life as a result of a **Covered Injury**, We will pay the applicable **Principal Sum**. The death must occur within 365 days of the **Covered Injury**.

**This benefit is subject to the limitations in Section VIII General Limitations.**

### ACCIDENTAL DISMEMBERMENT AND COVERED LOSS OF USE BENEFIT

If an **Injury** to a **Covered Person** results in any of the following **Covered Losses**, We will pay the benefit amount shown. The **Covered Loss** must occur within 365 days of the **Accident**.

The benefit amounts are based on the **Principal Sum** of the person suffering the **Covered Loss**.

<b>Loss of</b>	<b>Benefit</b>
1. Both hands or both feet	Principal Sum
2. One hand and one foot	Principal Sum
3. One hand or one foot plus the loss of sight of one eye	Principal Sum
4. Sight of both eyes	Principal Sum
5. Speech and Hearing	Principal Sum
6. Speech or Hearing	50% of Principal Sum
7. One Hand; one foot; or sight of one eye	50% of Principal Sum
8. Thumb and index finger of the same hand	25% of Principal Sum
 <b>Loss of Use of</b>	 <b>Benefits</b>
1. Four limbs	Principal Sum
2. Three limbs	75% of Principal Sum
3. Two limbs	66.66% of Principal Sum
4. One limb	50% of Principal Sum

## ENHANCED BENEFITS INCLUDED IN THE POLICY

### MONTHLY COMA BENEFIT

If a Covered Person sustains an Injury within 365 days of a covered accident, and such Injury causes the Covered Person to be in a Coma for at least 31 consecutive days, We will pay a Coma Benefit. The Monthly Coma Benefit is equal to 1% of the Covered Person's Principal Sum, and shall be paid each month the Covered Person remains in a Coma following the initial 31 day period.

### **COMMON CARRIER BENEFIT**

If a Covered Person sustains an Injury that is covered under the Accidental Death Benefit Coverage, We will pay, in addition to all other benefits payable, a Common Carrier Benefit, provided the Covered Person receives the Injury while a passenger riding in or on, boarding, or getting off a Common Carrier. Such benefit shall be equal to the lesser of \$250,000 or 50% of Your Principal Sum.

### **CONTINUATION OF INSURANCE BENEFIT**

If You, selected a Plan covering Your Dependents and You suffer an Injury resulting in a Covered Loss which is payable under the Accidental Death Benefit, all Coverages under the Policy which were in force on the date of the loss, with respect to Covered Persons other than You, will be continued automatically for 365 days after the date of the loss at no additional cost.

### **ENHANCED DISMEMBERMENT BENEFIT FOR CHILDREN**

If You enrolled in the Family Plan and Your Covered Child suffers an Injury and is eligible for an Accidental Dismemberment Benefit, We will pay You, in addition to the benefit calculated pursuant to the Accidental Dismemberment Benefit, an additional enhanced benefit which will be equal to the lesser of the benefit provided by the Accidental Dismemberment Benefit or \$50,000.

### **HIGHER EDUCATION BENEFIT**

If You selected a Plan covering Your Dependent Child(ren) and You suffer an Injury resulting in a Covered Loss, which is payable under the Accidental Death Benefit, We will pay an additional benefit for higher education expenses to the individual who incurs the expense for each Covered Dependent Child. The Higher Education will be equal to 5% of Your Principal Sum, to a maximum of \$5,000. This amount will be paid annually for four (4) consecutive years if Your Covered Dependent Child continues his or her education. Before this benefit is paid each year, Your Covered Dependent Child must present written proof, acceptable to Us, that he or she is attending an institution of higher learning on a full-time basis. If, at the time of the Accident, a Plan covering Your Dependents was selected, but there are no Covered Dependent Child(ren) who qualify for this benefit, We will pay an additional benefit of \$1,500 to the designated beneficiary.

### **REHABILITATION BENEFIT**

If You suffer an Injury resulting in a Covered Loss which is payable under the Accidental Dismemberment and Covered Loss of Use Benefit, We will pay an additional benefit for the Reasonable and Customary expenses actually incurred for Rehabilitation Training in an amount equal to the lesser of:

1. the actual expenses that are incurred within two years from the date of Your accident for the Rehabilitation Training;
2. \$5,000; or
3. 5% of Your Principal Sum.

### **SEAT BELT BENEFIT**

If a Covered Person suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Death Benefit, and the Injury which caused the accidental death directly resulted from an automobile Accident, We will pay to the beneficiary an additional benefit, which equals 10% of the applicable Principal Sum up to a maximum of \$25,000.

### **SPOUSE RETRAINING BENEFIT**

If You enrolled in the Family Plan and suffer a loss of life covered under the Accidental Death Benefit, We shall pay to, or on behalf of, Your Covered Spouse, the actual cost of any professional or trade-training program in which Your Covered Spouse has enrolled, provided:

1. the purpose of the training program is to obtain an independent source of support and maintenance;
2. the actual cost is incurred within 30 months from Your death; and
3. the professional or trade training program is licensed by the state.

The maximum total payment available under this benefit shall be \$5,000.

### **CONVERSION PRIVILEGE**

If Your insurance ceases for reasons other than termination of the Policy or nonpayment of premium, You are entitled to convert Your Coverage to an Individual Accidental Death or Dismemberment (IAD) policy or to a Family AD&D (FAD) policy if You selected a Plan covering Your Dependents. The new IAD or FAD policy will be on approved forms and will not include all the Benefits and Additional Benefits of the Group Accident Policy. You must make a written application for the IAD or FAD policy within 60 days of the cessation of Your insurance under the Group Accident Policy.

