Who Needs Personal Accident Insurance?

You do. Accident insurance can help you pay expenses if you or your spouse is seriously injured or killed in a covered accident. This coverage can help ensure that tragedy doesn’t take both an emotional and a financial toll on your family.

By purchasing this insurance product through your employer, you benefit from:

◆ Affordable group rates
◆ Convenient payroll deduction

Who Is Eligible For Coverage?

You — You are eligible for coverage if you are an active full-time employee who is classified as Faculty or an Administrative Officer and regularly works a minimum of 32 hours per week.

Your Family — You may elect to cover your lawful spouse under age 70, and your unmarried dependent children who are under age 19 (or under age 23 if they are full-time students). Children must be dependent upon you for support and maintenance.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

Your Monthly Cost

<table>
<thead>
<tr>
<th>Your Benefit Amount</th>
<th>Monthly Cost for You and Your Family</th>
<th>Monthly Cost for You Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200,000</td>
<td>$12.20</td>
<td>$9.60</td>
</tr>
<tr>
<td>175,000</td>
<td>10.68</td>
<td>8.40</td>
</tr>
<tr>
<td>150,000</td>
<td>9.15</td>
<td>7.20</td>
</tr>
<tr>
<td>100,000</td>
<td>6.10</td>
<td>4.80</td>
</tr>
<tr>
<td>75,000</td>
<td>4.58</td>
<td>3.60</td>
</tr>
<tr>
<td>50,000</td>
<td>3.05</td>
<td>2.40</td>
</tr>
<tr>
<td>25,000</td>
<td>1.53</td>
<td>1.20</td>
</tr>
</tbody>
</table>

Costs are subject to change. Benefit amounts over $150,000 cannot be greater than 10 times your annual earnings. Spouse and children coverages are a percentage of your benefit amount. Benefit amounts cannot exceed $60,000 for your spouse and $10,000 for each child.

The rate per $1,000 of coverage is $.048 for Employee Only, or $.061 for the Employee and Family Plan. To calculate your cost, divide the amount you select by 1,000 and multiply that number by the appropriate cost.

For example, if you choose the Family Plan and select $120,000 of coverage, then:

$120,000 ÷ 1,000 = 120 x $.061 = $7.32 Your Monthly Cost

Benefit Reductions

When you reach age 65, your Permanent Total Disability will end and all other benefits will be reduced to 65% of the benefit amount selected; at age 70, 45%; at age 75, 30%, and at age 80, 20%. If you elect coverage for your family members, Accidental Death & Dismemberment benefits for your insured family members will be based on your selected benefit amount. Other plan benefits based on your selected benefit amount will be determined by this reduction schedule. Coverage for your spouse ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 64.

How Much Coverage Can You Buy?

You — You may select from $25,000 to $200,000 of coverage, in units of $5,000, at an affordable price.

Your Family — Your spouse’s benefit amount will be 25% of yours, or 30% if you have no dependent children. The maximum amount of coverage for your spouse is $60,000. Each of your covered children’s benefit amount will be 5% of yours. The maximum amount of coverage for each child is $10,000.

Each family member’s coverage is a percentage of the benefit amount you select. It will depend on who your insured family members are at the time of a covered accidental loss.

You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

Your Monthly Cost

Your cost will depend on the benefit amount and coverage option you select. The chart shows the most common benefit amounts. Other amounts are available, subject to the maximums indicated above.
A Valuable Combination of Benefits

Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

<table>
<thead>
<tr>
<th>If, within 365 days of a covered accident, bodily injuries result in:</th>
<th>We will pay this % of the benefit amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears</td>
<td>100%</td>
</tr>
<tr>
<td>Total paralysis of both lower or upper limbs, or Total paralysis of upper and lower limbs on one side of the body, or Loss of one hand, foot, or sight in one eye, or Loss of speech, or Loss of hearing in both ears, or Loss of all four fingers of the same hand</td>
<td>50%</td>
</tr>
<tr>
<td>Total paralysis of one upper or lower limb, or Loss of thumb and index finger of the same hand</td>
<td>25%</td>
</tr>
<tr>
<td>Coma</td>
<td>1%</td>
</tr>
</tbody>
</table>

If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of all vision in the eye. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of bearing means total and permanent loss of the ability to bear any sound in both ears. Loss of sight, speech and bearing must be irreversible by natural, surgical or artificial means. Loss of a thumb and index finger, or four fingers, means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Paralysis means total loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible. Severance means complete and permanent separation and dismemberment of the limb from the body.

Additional Benefits

For Comas

If you, your spouse, or your children are in a coma as a result of a covered accident, we will pay a coma benefit.

After the insured person has been in a coma for one full month, we will begin to make monthly payments of 1% of the covered person’s full benefit amount. The chart shown reflects this additional benefit. We will make 11 monthly payments, provided the person remains in a coma during this period. If the person recovers, the payments will stop.

If the insured person dies while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump sum payment equal to the full benefit amount.

Coma means a profound state of unconsciousness which resulted directly and independently from all other causes from a covered accident, and from which the insured is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that covered accident.

For Wearing a Seatbelt

This benefit is payable if an insured person dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile* equipped with seatbelts. If that person was wearing a properly fastened seatbelt (or if the insured is a child, a child restraint as defined by state law), that person’s death benefit will be increased by 10%, but not more than $10,000.

If it is unclear whether the insured had been wearing the required protection, the plan will pay a benefit of $1,000. No benefit is payable if the official accident report is either not provided to us or it indicates that no seatbelt was worn.

*Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper or motor-home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Changing from the Group Plan to Individual Coverage

If before you reach age 70 this group coverage is reduced or ends for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.
Additional Benefits (cont’d)

For Permanent Total Disability (Employee Only)

If you are declared totally disabled as a result of a covered accident and after one year of continuous disability are then determined to be permanently totally disabled, we will pay the full benefit amount, minus any benefits received for accidental injuries under this plan. Total disability must start within 180 days of the accident.

Totally disabled or total disability means the covered person, if employed, is unable to do any type of work for which he/she is or may become qualified based on education or experience; or, if not employed, is unable to perform all the activities of daily living including eating, transferring, dressing, toileting, bathing and continence, without human supervision or assistance.

Permanently totally disabled means the covered person is expected to be totally disabled for the rest of his or her life.

For Exposure and Disappearance

Benefits are payable if you suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident.

If your body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

What Is Not Covered

Plan benefits are not payable if an injury or a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide, while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; parachuting, hang-gliding; sickness, disease, physical or mental impairment or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound, or accidental food poisoning.)

Benefits are also not payable if the loss occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization, or any of its subsidiaries or affiliates (an aircraft will be deemed to be “controlled” by the sponsoring organization if the aircraft may be used as the sponsoring organization wishes for more than 10 straight days, or more than 15 days in any year); flying in, boarding or alighting from an aircraft or any craft designed to fly above the earth’s surface, except as a passenger on a regularly scheduled commercial airline; being used by any military authority, except the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew; being used for parachuting, hang-gliding, crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, skywriting, skydiving, pipeline or power line inspection, aerial photography, or exploration, racing, endurance tests, stunt or acrobatic flying.

Complete the following to enroll:

Full Name __________________________________ Date of Birth _______________ Social Security # ________________

Address _______________________________________________________________________________________  

Select Coverage Option:  ☐ Employee and Family  ☐ Employee Only

My Benefit Amount  $ __________  

Total Cost  $ __________ / per month

My Beneficiary ______________________________________________ Relationship ____________________________

You will be your family members’ beneficiary unless you tell us otherwise in writing.

I enroll and authorize my employer to deduct the premiums from my earnings. I understand that the insurance selected will begin on the effective date as described in the brochure. If I am not actively at work, or my family members are not actively at work, or they are unable to engage in all the usual duties of a person of like age and sex, the effective date of coverage will be delayed until the individual returns to work, or the family member resumes usual duties.

Signature _____________________________________________ Date _________________

☐ DECLINATION — Check here and sign above if you do not want this coverage.

Return to your employer. Be sure to make a copy for your records.
When Your Coverage Begins and Ends

Current employees can sign up during this enrollment period. New employees have 31 days from the date they become eligible to enroll. Coverage becomes effective on the later of the program’s effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Provided the application has been received and the appropriate premium paid, dependent coverage will start when your coverage begins. If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work.

For insurance for your spouse and/or children to become effective, he/she must not be an inpatient in a hospital, receiving chemotherapy or radiation therapy on an outpatient basis, confined at home and under the care of a physician for sickness or injury or totally disabled.*

Your coverage will continue as long as you remain an eligible employee, pay your premium when due, do not serve more than 31 days’ full-time active duty in any Armed Forces, and we agree with your employer to continue this group policy. For your spouse and dependent children, coverage ends when your coverage terminates, when their premiums are not paid, or when he or she is no longer eligible, whichever occurs first.

* Totally disabled means, if the covered person is employed, he/she is unable to perform any work for which he/she is (or may reasonably become) qualified by education, training or experience. If the covered person is not employed, totally disabled means he/she is unable to perform all the activities of daily living without human supervision or assistance.

Signing Up Is Easy

No medical examination is required to apply! Just follow these steps.

1. Choose the benefit amount and coverage option that are right for you.
2. Fill out the enrollment form and return it to your Human Resources Department.

Don’t forget to...

Use the full name of your beneficiary. For example, use “Mary Jones Smith” not “Mrs. John A. Smith.”

If you have any questions about the plan, please contact your Human Resources Department.

This plan provides ACCIDENT insurance only. It pays benefits for bodily injury. It does not provide coverage for sickness. This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in policy OK-960474 on Policy Form No. GA-00-1000.00 issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Services Industry. The availability of this offer may change. Please keep this material as a reference.

Coverage is underwritten by
Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, PA 19192

AR-0605-23150
PM-804775