

# U.W. Hospitals & Clinics

Voluntary Accidental Death & Dismemberment Insurance • GTU 2584087

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. For specific definitions of terms used below as well as further details and information about this plan, please see the policy.

## Eligibility

**Class I:** All active full-time employees of the policyholder and their eligible dependents.

### You may elect to include coverage for your eligible dependents under the Family Plan.

Eligible dependents include your legally married spouse/domestic partner under age 70 and your unmarried dependent children from birth to 19 years of age, or to age 26 if attending an accredited school or college on a full-time basis, and are primarily dependent upon you for their support and maintenance.

No individual may be covered more than once under this plan. You cannot be covered as a spouse/domestic partner or dependent child of another employee.

## Benefit Amount

**Class I:** You may purchase a benefit from a minimum of \$50,000 to a maximum of \$500,000 in increments of \$25,000. However, amounts applied for in excess of \$250,000 must not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

### Benefit Amounts for Your Covered Dependents

The benefit amount for your covered dependents will be a percentage of your benefit amount, as follows:

Plan Selected	% Spouse/Domestic Partner	% Child(ren)
Spouse/Domestic Partner only: .....	60%	0
Dependent Child(ren) only: .....	0	20%
Spouse/Domestic Partner ..... and Dependent Child(ren)	50%	15%

Maximum benefit amount of \$25,000 for dependent child(ren).

## Description of Coverage

### 24 Hour Accident Protection, Business & Pleasure Excluding Corporate Owned or Leased Aircraft, H-1

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.

### Continued

Description of Coverage continued

Exposure and Disappearance Coverage

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

If you are exposed to weather because of an accident and this results in a loss of life, we will pay your benefit amount, subject to all policy terms and conditions.

Benefits Provided

If you have an accident that results in any of the following losses, Zurich American Insurance Company may pay certain benefit amounts shown within 365 days of the date of the accident to you or your designated beneficiary. If the 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.

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

Loss of Use of:	Benefit Amount
(1) Four Limbs .....	100% of benefit amount
(2) Three Limbs .....	75% of benefit amount
(3) Two Limbs .....	66% of benefit amount
(4) One Limb .....	50% of benefit amount

HIV Occupational Accident Benefit:

If you suffer an injury during the performance of your job which causes you to acquire and test positive within one year of such accident for Human Immunodeficiency Virus (HIV) and/or AIDS and related complex (ARC), you may receive an additional benefit equal to 20% of your benefit amount to a maximum of \$500,000 payable in 24 equal monthly installments. If the initial test is negative and you subsequently test positive for HIV, AIDS or ARC within one year of the accident, we will begin monthly payments on the first of the month following the settlement of the claim.

Monthly Coma Benefit:

If a covered person sustains a covered 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, he or she may receive a monthly benefit equal to 1% of the covered person's 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 the benefit amount payable under the accidental death benefit less the amount of the 11 months of benefit already received.

## Additional Benefits

### Carjacking Benefit

If a covered person suffers a covered loss of life as a direct result of an accident that occurs during a carjacking of a private passenger automobile that the covered person was operating, getting into or out of, or riding in as a passenger, we may pay an additional benefit equal to 10% of the applicable benefit amount to a maximum of \$25,000.

### 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 \$500,000.

### 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 a covered 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 \$10,000 may be paid for four consecutive years.

### 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 \$25,000 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 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 12<sup>th</sup> grade level and enrolls in an institution of higher learning within one year from the date of the accident, an additional benefit of 10% of your benefit amount to \$12,500 per year may be paid for each such covered child for up to four (4) consecutive years (\$50,000 maximum).

### Home Alteration and Vehicle Modification Benefit

If a covered person suffers an injury and receives a benefit under the Accidental Dismemberment Benefit of the policy, he or she may be entitled to an additional benefit equal to the lesser of 10% of the covered person's benefit amount to a maximum of \$50,000 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/her motor vehicle to make the vehicle accessible or drivable.

### Safety Device Benefit

If covered person suffer a covered loss and the injury which caused the covered person accidental death directly resulted from an accident, the covered person may receive an additional benefit equal to 10% of the covered person's benefit amount to a maximum of \$25,000, provided covered person were operating or riding as a passenger in or on any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities; and wearing or protected by, as per manufacturer's instructions, a safety device (including, but not limited to a seat belt, lap and should restraint, air bag, flotation device and/or helmet) as defined in the policy.

### 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.

### 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 will reimburse the charges for such counseling up to a maximum of \$5,000, 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.

### Travel Assistance Coverage

A comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your residence. You can access Zurich Travel Assist® services by calling, toll-free, 1-800-263-0261 and referencing Policy number GTU 2584087 or logging on to their Web site at [www.zurichna.com/travelassist](http://www.zurichna.com/travelassist). Services provided include medical, informational, legal, and personal assistance.

### 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 Life insurance policy issued to the policyholder, otherwise, we will pay the benefit to the insured's survivors in the following order:

1. Your spouse/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.

### 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 2584087.

## Exclusions

A loss will not be a covered loss if it is caused by, contributed to, or results 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;
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. commission or attempt to commit a felony, or that occurs while engaged in an illegal occupation;
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity;
7. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy;
8. flying as a pilot or crew member of any aircraft;
9. 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, hang gliding, endurance tests, exploration, fire fighting, 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, hunting, parachuting or skydiving, pipe line inspection, power line inspection, racing, skywriting, or test or experimental purpose.
10. any aircraft owned or controlled by, or under lease to the policyholder, an insured, or a member of an insured's family or household;
11. any aircraft which is operated by the policyholder, or one of its employees including members of an employee's family or household;
12. any conveyance used in a race or speed test or being used for tests or experimental purposes.

## 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 \$.03 for each \$1,000 of benefit amount.
- The monthly cost for the **Family Plan** is \$.045 for each \$1,000 of benefit amount.

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:

Benefit Amount*	PLAN I Monthly Cost Employee Only	PLAN II Monthly Cost Family Plan
\$ 50,000	\$1.50	\$2.25
100,000	.3.00	4.50
150,000	.4.50	6.75
200,000	6.00	9.00
250,000*	.7.50	11.25
300,000*	.9.00	13.50
350,000*	10.50	15.75
400,000*	12.00	18.00
450,000*	13.50	20.25
500,000*	15.00	22.50

\* Benefit amounts in excess of \$250,000 may not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

Zurich

1400 American Lane, Schaumburg, Illinois 60196-1056  
800-382-2150 [www.zurichna.com](http://www.zurichna.com)

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.

Insurance coverages underwritten by 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.

©2010 Zurich American Insurance Company

**Zurich HelpPoint**  
Here to help your world.



Underwritten by Zurich American Insurance Company  
Version: January 2011