



New Prague ISD 721

Trustees of Schools Insurance Fund presents

Group Accidental Death & Dismemberment Insurance Plan • GTU 3514257

...protection against the unexpected

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 eligible employees of schools associated with the New Prague ISD 721 who have enrolled by Joinder Agreement in the Trust.

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

Eligible dependents include your legally married spouse 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 or dependent child of another employee.

Benefit Amount

Class I: You may purchase a benefit from a minimum of \$25,000 to a maximum of \$300,000 in increments of \$25,000. However, amounts applied for in excess of \$150,000 must not exceed ten (10) times your base annual pay excluding overtime, bonuses and commissions.

Benefit Amounts for Your Dependents

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

Plan Selected	% Spouse	% Child(ren)
Spouse only:	50%	0
Dependent Child(ren) only:.....	0	15%
Spouse and Dependent Child(ren).....	50%	10%

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

Reduction of Benefits at Age 70

At age 70, for the insured employee only, your benefit amount will be reduced based on your previous benefit amount per the following schedule:

Age at Date of Loss	Percent of Benefit Amount
70-74.....	65%
75-79.....	45%
80-84.....	30%
85 & Over.....	15%

Description of Coverage

24 Hour Accident Protection, 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.

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

Additional Benefits

COBRA Benefit

If you elect Family Plan coverage and suffer a covered loss of life covered under the Accidental Death & Dismemberment Benefit and you are covered under a medical plan sponsored by the policyholder, your surviving covered dependents may be entitled to continue medical insurance for a period of two years. The benefit amount payable shall be the lesser of 3% of your benefit amount, \$3,000, or the actual cost to your surviving family members to continue medical coverage for one year under the plan.

Continuation of Insurance Benefit

If you elect Family Plan coverage/dependent coverage and suffer a covered loss of life, your covered dependents will continue to receive all coverages and enhanced benefits under the policy which were in force on the date of the loss, for 365 days after the date of the loss at no additional cost.

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 \$250,000.

Day Care Benefit

If you elect Family Plan coverage and either you or your covered spouse 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 3% of the benefit amount up to \$3,000 may be paid for four consecutive years.

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 12th grade level and enrolls in an institution of higher learning within one year from the date of the accident, an additional benefit of 5% of your benefit amount to \$5,000 per year may be paid for each such covered child for up to four (4) consecutive years.

Seat Belt Benefit

If a covered person suffers a loss of life in a covered automobile accident while wearing a factory installed or manufactured authorized seat belt, an additional benefit equal to 10% of the covered person's benefit amount to a maximum of \$10,000 may be paid.

Spouse Retraining Benefit

If you elect Family Plan coverage and suffer a covered loss of life, your covered spouse may receive the lesser of \$3,000 or the actual cost incurred within 30 months of any professional or trade-training program in which your covered spouse enrolls to obtain an independent source of support and maintenance.

Surviving Spouse Benefit

If you elect Family Plan coverage and suffer a covered loss of life, your covered spouse may receive an additional monthly benefit over a period of 12 months equal to 1% of your benefit amount to a maximum of \$1,000.

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 we will pay the benefit to the insured's survivors in the following order:

1. Your spouse;
2. Your children;
3. Your parents;
4. 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.

Exclusions

A loss shall not be a covered loss if it is caused by, contributed to, or resulted from:

1. suicide, attempted suicide, or a purposeful self-inflicted wound;
2. war, or any act of war, declared or undeclared;
3. an covered person's involvement in any type of active military service;
4. illness, disease or infection;
5. pregnancy, including childbirth, but not including complications thereof;
6. travel or flight in an aircraft except to the extent stated in the Hazards;
7. skydiving, parasailing, hang gliding, bungee-jumping, or any similar activity; or
8. the covered person's participation in the commission or attempted commission of any felony or assault;
9. flying as a pilot or crew member of any aircraft;
10. any aircraft being used for, or in conjunction with, aerial photography;
11. any conveyance or aircraft being used for tests or experimental purposes;
12. any aircraft that requires a special permit or waiver from the agency that has jurisdiction over the conveyance, even if granted;
13. any aircraft owned or controlled by, or under lease to the policyholder, an insured, or a member of a covered person's family or household;
14. any aircraft operated by the policyholder or one of its employees including members of an employee's family or household;
15. any conveyance used in a race or speed test.

Cost and Method of Payment

- The monthly cost for **Employee Only** coverage is \$.026 for each \$1,000 of benefit amount.
- The monthly cost for the **Family Plan** is \$.04 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
\$ 25,000	\$.65	\$ 1.00
50,000	1.30	2.00
75,000	1.95	3.00
100,000	2.60	4.00
125,000	3.25	5.00
150,000*	3.85	6.00
175,000*	4.55	7.00
200,000*	5.20	8.00
225,000*	5.85	9.00
250,000*	6.50	10.00
275,000*	7.15	11.00
300,000*	7.80	12.00

* Benefit amounts in excess of \$150,000 may not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

Waiver of Premium Benefit

If you become totally disabled (as defined in the policy), we will waive your premium provided your disability has continued for a period greater than six (6) consecutive months. Premium payments shall continue for the six (6)0 months of continuous Total Disability. After this six (6) month period, premium shall be waived until the earliest of the following: 1) you are no longer totally disabled because of the injury; 2) the policy terminates; or 3) you attain age 70.

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 3514257.

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.

Zurich

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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.

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