

Personal Accident Insurance

Developed for the Employees of

Wyoming School Boards Association



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 insurance can help ensure that tragedy doesn't take both an emotional and a financial toll on your family.

By purchasing this insurance 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 of Wyoming School Boards Association, working 30 or more hours per week; an active School Board Member of Wyoming School Boards Member District; or an active full-time employee of a participating Member District, that is a Member of the Wyoming School Boards Association, and qualifies for benefits under the districts benefit plan.

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 24 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.

** For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner. Your domestic partner is eligible for insurance if you have not been married to any person in the last 12 months and if he or she meets specific criteria stated in the Group Policy. You must have on file an affidavit (available from your employer) which specifies the criteria for being a Domestic Partner under the Group Policy. Additional information is available from your Benefit Services Representative.*

How Much Coverage Can You Buy?

You – You may select from \$10,000 to \$500,000 of coverage in units of \$10,000 at an affordable price.

Option 1 - Your Family – Your Spouse's benefit amount will be 50% of yours or 60% if you have no dependent children, subject to a maximum benefit of \$300,000. Each of your covered children's benefit amount will be 15% of yours or 20% if you have no eligible spouse, subject to a maximum benefit of \$35,000.

Option 2 - Your Family – Your Spouse's benefit amount will be equal to 100% of yours up to a maximum benefit of \$500,000. Each of your covered children's benefit amount will be equal to 50% of yours up to a maximum benefit of \$50,000.

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 below shows the most common benefit amounts. Other amounts are available, subject to the maximums indicated above.

Your Benefit Amount	Monthly Cost for You	Monthly Cost for You and Your Family Option 1	Monthly Cost for You and Your Family Option 2
\$500,000	\$11.50	\$17.50	\$22.50
400,000	9.20	14.00	18.00
300,000	6.90	10.50	13.50
200,000	4.60	7.00	9.00
100,000	2.30	3.50	4.50

Costs are subject to change. Spouse and children coverages are a percentage of your benefit amount.

The rate per \$1,000 of coverage is \$0.023 for Employee/Member Only, or \$0.035 for the Employee/Member and Family Option 1 Plan, or \$0.045 for the Employee/Member and Family Option 2 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 Option 2 Family Plan and select \$220,000 of coverage, then:

$$\$220,000 \div 1,000 = 220$$

$$220 \times \$0.045 = \$9.90 \text{ Your Monthly Cost}$$

Benefit Reductions

When you reach age 70, your benefits will be reduced to 65% of the benefit amount selected; at age 75, 45%; at age 80, 30% and at age 85, 15%. If you elect coverage for your family members, Accidental Death and 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 69.

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.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:	
	You or Your Spouse	Your Children
Loss of life	100%	100%
Total paralysis of upper and lower limbs, or Loss of any two: hand, foot or eyesight, or Loss of speech and hearing in both ears	100%	200%
Total paralysis of both lower or upper limbs	75%	150%
Loss of one hand or foot, or sight in one eye, or Loss of speech, or loss of hearing in both ears, or Total paralysis of arm and leg on one side of the body, or Loss of four fingers on the same hand, or	50%	100%
Loss of thumb and index finger of the same hand, or Total paralysis of one limb	25%	50%
Coma	1%	1%

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 hearing** means total and permanent loss of the ability to hear any sound in both ears. Loss of sight, speech and hearing must be irrecoverable 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. **Loss of Toes** means complete severance through the metatarsalphalangeal joint. **Severance** means complete and permanent separation and dismemberment of the limb from the body.

Additional Benefits

For Children Requiring Special Care

Personal Accident Insurance helps parents with children who survive severe accidents. If an insured child suffers a covered accidental injury, we will double the benefit amount up to \$100,000. The chart shown reflects this additional benefit.

This increased benefit can help parent's cope with the ongoing financial obligations associated with caring for children who require continued medical attention, rehabilitation services and a specialized educational environment.

For Comas

If you, your spouse, or your children have been in a coma for one full month as a result of a covered accident, we will pay a coma benefit, as shown in [A Valuable Combination of Benefits](#). 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 Exposure and Disappearance

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident. If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

For Child Care Expenses

Personal Accident Insurance pays an additional benefit to help pay for your children's child care expenses. If you have elected to cover your family members and you die as a result of a covered accident and you have a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterward, we will pay a child care center benefit. This benefit will be an annual sum for each covered child of up to 3% of your benefit amount but not more than \$3,000 per year for 5 years but not beyond age 13, whichever occurs first. We will make the payment to the child's surviving custodial parent or legal guardian.

Each payment will be made at the end of a 12-month period in which there were documented child care center expenses.

For Wearing a Seatbelt and Protection by an Airbag

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*, while wearing a properly fastened seatbelt (or if the insured is a child, a child restraint as defined by law). That person's death benefit will be increased by 15% but not more than \$25,000. If the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System** (Airbag), we will increase that person's death benefit by an additional 15% but not by more than \$25,000. Verification of the actual use of the seatbelt and that the supplemental restraint system inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be certified, in writing, by the investigating officer(s) and submitted with the claim. If it is unclear whether the insured had been wearing a seatbelt or that the person was positioned in a seat protected by a properly functioning and properly deployed airbag, the plan will pay a benefit of \$1,000.

**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, motor home or camper type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.*

***Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.*

For Furthering Education and Spouse Training

The education benefit provides training or education as follows:

- ***For your children:*** If you die in a covered accident, we will pay an extra benefit for each insured child who enrolls in a school of higher learning before he or she is 25. To help pay expenses, we will increase your benefit amount by 5% or \$5,000, whichever is less, for each qualifying child. This benefit is payable each year for 4 consecutive years as long as your child continues his/her education.
- ***For your spouse:*** If you die in a covered accident and your insured spouse enrolls in an accredited school to gain skills needed for employment within one year of the covered accident, we will pay the actual cost of this education or training program for not more than 3 years after enrollment begins, up to a maximum of the lesser of 3% of the benefit amount or \$3,000.

If there is no spouse or child who qualifies within one year of your death, we will pay an additional \$1,000 to your beneficiary.

For Dual Accidents

If you have elected coverage for your family members and as a result of the same covered accident or separate covered accidents that occur within the same 24-hour period, you and your insured spouse die, we will increase your spouse's benefit amount to 100% of yours. You and your spouse must be survived by one or more dependent children. The benefit amount cannot exceed \$500,000.

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; any felony or assault committed by the insured; any act of war, declared or undeclared; any active participation in a riot or insurrection; 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; bungee jumping; parachuting; skydiving; parasailing; or hang-gliding; nor are benefits payable for flight in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface; except as: a fare-paying passenger on a regularly scheduled commercial or charter airline, a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight, or a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.

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 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.*

Changing from the Group Plan to Individual Coverage

If 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.

Signing Up Is Easy

No medical examination is required to apply!

Just follow these steps.

1. Choose the benefit amount and coverage options that are right for you.
2. Fill out the enrollment form and return it to your Human Resource 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 960412 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 group policy is subject to the laws of the state in which it is issued. The availability of this offer may change. Please keep this material as a reference.

*Coverage is underwritten by
Life Insurance Company of North America
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