

Term Life and Accidental Death and Dismemberment Insurance



*Developed for the Employees of
Pennsylvania State System of Higher Education*

Life Insurance

Protecting Your Family Securing Your Future

"As long as you've got your health . . ."

If you're physically healthy, you can work, play, take care of your family, and enjoy life. The same holds true of your fiscal health. For long-term financial well-being, you need to understand where you are, be aware of where you want to go, and have a plan to get you there.

But, if something were to happen to you, all your hard work — and everything you have — could be lost unless you've taken steps to protect yourself and your family. Having adequate insurance coverage is not only the basis for a sound financial blueprint; it also provides the protection you need to help ensure that your family, your home and your finances will be protected in the event of a serious accident.

Who Needs Life and Accident Insurance?

You do. Single or married. Buying your first home or preparing for retirement. Raising children or sending them off to college. No matter where you are in life, insurance should be part of your financial plan.

Life insurance can help you protect your family's financial security in case of your death.

Accidental Death and Dismemberment insurance can help pay expenses in the event of a serious accident.

By purchasing these insurance products through your employer, you benefit from:

- ◆ Affordable group rates
- ◆ Convenient payroll deduction
- ◆ Access to knowledgeable service representatives.

Who Is Eligible For Coverage?

You — If you are an active, permanent full-time or permanent part-time employee who works at least 50% of the full-time work week (normally 18.75 or more hours per week) or a temporary full-time or part-time faculty member working at least 50% of full-time for one full academic year.

Your Lawful Spouse — Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.

Your Unmarried, Dependent Children — Under age 19 (or under age 25 if they are full-time students), as long as you are covered. One low premium will insure all your eligible children, regardless of the number of children you have.

No one may be covered more than once under this plan.

How Much Coverage Can You Buy?

You — You can select life insurance coverage in units of \$10,000. The maximum for any employee is the lesser of 5 times your annual salary or \$500,000. The guaranteed coverage amount for you is \$100,000.

Your Spouse — You may select coverage for your spouse in units of \$10,000 to a maximum of \$100,000, not to exceed the employee's voluntary life insurance coverage amount. The cost of coverage will be based on your spouse's age. The guaranteed coverage amount for your spouse is \$10,000.

Your Unmarried, Dependent Children — You may select \$5,000 or \$10,000 of coverage for your unmarried, dependent children. The guaranteed coverage amount for your child(ren) is \$10,000.

Guaranteed Coverage

If you are a new hire and you apply within 31 days after you are eligible to elect coverage for you and your dependents, you are entitled to choose any of the offered amounts of coverage up to the guaranteed coverage amount, as shown on your application, without having to provide evidence of good health.

If you apply for an amount of coverage for you and your spouse greater than the guaranteed coverage amount, coverage in excess of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of your good health. Evidence of good health may include a paramedical exam or physician's statement.

If you apply for coverage for you and your spouse more than 31 days from the date you become eligible to elect coverage under this plan, the guaranteed coverage amounts will not apply. Coverage will not be issued until the insurance company approves acceptable evidence of good health. Evidence of good health may include a paramedical exam or physician's statement.

How Much Your Coverage Will Cost

The monthly cost of insurance for you and your spouse will depend on your ages, whether or not you and/or your spouse smoke, and the amount of insurance you wish to purchase for you, your spouse and children. As shown in the following chart, the cost of insurance increases with the age of the insured. Note that at age 70, your benefits are reduced. Your spouse's coverage ceases at age 70.

To calculate your monthly cost:

1. Find your age group in the following table and choose the proper smoker or non-smoker rate;
2. Multiply the rate by the number of coverage units you want;
3. Calculate the cost of coverage for your spouse, using your spouse's age and the proper smoker/non-smoker rate, then calculate the cost of coverage for your children;
4. Add the premiums for you, your spouse and your children to get your total monthly cost.

Example:

Employee	250 units x	\$.024 per unit =	\$6.00
	<i>(age 28, non-smoker) (\$250,000)</i>		
Spouse	100 units x	\$.043 per unit =	\$4.30
	<i>(age 24, smoker) (\$100,000)</i>		
Children	\$10,000 @	\$.24	= \$2.24
Total Monthly Cost			\$10.54

To calculate your Total Monthly Cost, complete this chart:

Employee	___ units	x	\$___.	per unit	=	\$___.
Spouse	___ units	x	\$___.	per unit	=	\$___.
Children	\$_____	@	\$___.		=	\$___.
Total Monthly Cost						\$___.

To calculate your Bi-Weekly Payroll deduction, complete this chart:

Step 1. Multiply your **Total Monthly Cost Amount** from above x 12 to determine your annual cost. \$___.

Step 2. Divide the amount from Step 1 by the number of pays you receive to determine your **Total Bi-Weekly Payroll Deduction Amount**. \$___.

Employee/ Spouse Age	Employee Monthly Cost per \$1,000 Unit		Spouse Monthly Cost per \$1,000 Unit	
	Non-Smoker	Smoker	Non-Smoker	Smoker
<i>Under 20</i>	<i>\$.020</i>	<i>\$.032</i>	<i>\$.020</i>	<i>\$.032</i>
<i>20 to 24</i>	<i>.020</i>	<i>.043</i>	<i>.020</i>	<i>.043</i>
<i>25 to 29</i>	<i>.024</i>	<i>.052</i>	<i>.024</i>	<i>.052</i>
<i>30 to 34</i>	<i>.032</i>	<i>.059</i>	<i>.032</i>	<i>.059</i>
<i>35 to 39</i>	<i>.036</i>	<i>.085</i>	<i>.036</i>	<i>.085</i>
<i>40 to 44</i>	<i>.044</i>	<i>.100</i>	<i>.044</i>	<i>.100</i>
<i>45 to 49</i>	<i>.074</i>	<i>.150</i>	<i>.074</i>	<i>.150</i>
<i>50 to 54</i>	<i>.122</i>	<i>.230</i>	<i>.122</i>	<i>.230</i>
<i>55 to 59</i>	<i>.195</i>	<i>.430</i>	<i>.195</i>	<i>.430</i>
<i>60 to 64</i>	<i>.260</i>	<i>.594</i>	<i>.260</i>	<i>.594</i>
<i>65 to 69</i>	<i>.501</i>	<i>1.160</i>	<i>.501</i>	<i>1.160</i>
<i>70 to 74</i>	<i>.940</i>	<i>2.060</i>	—	—
<i>75 to 99</i>	<i>1.560</i>	<i>2.060</i>	—	—

The monthly cost for children is:

\$.12 for \$5,000 of coverage
\$.24 for \$10,000 of coverage

One premium will insure all your eligible children, regardless of the number of children you have.

Maximum coverage: Employee—the lesser of 5 times your annual salary or \$500,000; Spouse—\$100,000; Children—\$10,000.

Costs are subject to change.

When You Reach Age 70

By the time you and your spouse reach age 70, chances are that your children will be grown and your mortgage paid. At age 70, providing you are still employed, your coverage will decrease to 65% of the benefit amount. It will decrease to 45% at age 75 and 30% at age 80. Premiums and coverage for your spouse will end at age 70; at that time your spouse may choose to convert this coverage to a permanent life insurance policy.

How Much Life Insurance Do You Need?

We have provided this worksheet to help you calculate how much life insurance you may need for a surviving spouse and dependents. When calculating annual amounts, be sure to multiply the annual income or cost by the number of years you expect to receive that income, or incur that cost.

1. Living Costs		
Day-to-day Living Expenses <i>(Use 75% of current net income)</i>		
\$ _____ annually x _____ years	=	\$ _____
Child Care Expenses		
\$ _____ annually x _____ years	= +	_____
Education Funding		
\$ _____ annually x _____ years	= +	_____
Major Purchases <i>(cars, home repair)</i>		
\$ _____ annually x _____ years	= +	_____
Estate and Funeral Expenses	= +	_____
TOTAL LIVING COSTS (A)	=	\$ _____
2. Available Resources		
Cash and Savings	=	\$ _____
Retirement Savings <i>(IRA, 401(k), etc.)</i>	= +	_____
Stocks and Bonds <i>(at current market value)</i>	= +	_____
Spouse Income <i>(multiply by 60%)*</i>		
\$ _____ annually x _____ years	= +	_____
Other Assets	= +	_____
TOTAL AVAILABLE RESOURCES (B)	=	\$ _____
3. Life Insurance Need		
TOTAL LIVING COSTS (A)	=	\$ _____ (A)
LESS TOTAL AVAILABLE RESOURCES (B)	-	\$ _____ (B)
EQUALS LIFE INSURANCE NEED	=	\$ _____

Naturally a worksheet like the above is only an aid to determining life insurance needs. It cannot predict all of your expenses, economic conditions, inflation, investment performance or other factors which may alter your needs. For a more accurate plan, you should consider consulting an investment advisor.

** Estimate likely spouse income as sole provider. Include your estimate of Social Security benefits to surviving spouse and dependents. The 60% factor above is used to account for taxation so that a net income figure can be derived. Vary this factor if you feel combined federal, state and local taxes, and FICA will be different for your situation.*

Other Benefit Features

Accelerated Death Benefit — Terminal Illness

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the accelerated payment benefit for terminal illness provides for up to 50% of the life insurance coverage amount in force or \$250,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

The terminal illness benefit may be taxable. As with all tax matters, an insured should consult with a personal tax advisor to assess the impact of this benefit.

Waiver of Premium

If you become totally disabled — To make sure you can keep the life insurance protection you need during a difficult period of your life, this plan provides a *waiver of premium* feature. If you are totally disabled prior to age 60 and can't work for at least 6 months, you won't need to pay premiums for your coverage while you are disabled, provided the insurance company approves you for this benefit. You must continue to pay premiums until the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 65, subject to proof of continuing disability each year. If you qualify for this benefit and have insured your spouse or children, the premium for their coverage is also waived.

What Is Not Covered

This plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.

When Your Coverage Begins and Ends

The date your coverage begins is called its “effective date.” Your employer will let you know the effective date of your coverage. If you are not actively at work on the effective date of coverage, your coverage will not begin until you return to work.

For coverage for your spouse and/or children to be effective, they must not be hospitalized, confined at home under the care of a doctor, or unable to perform the normal daily activities of a person of the same age or sex.

Your coverage cannot be terminated as long as you remain eligible, the premium is paid and the group policy remains in force.

For your spouse and children, coverage ends when your coverage ends, when their premiums are not paid or when they are no longer eligible.

Converting Your Coverage to Permanent Life Insurance

If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. No medical certification is needed. To convert coverage, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

If You Leave Your Employer (Portability)

To help you keep your life insurance coverage during the years when your family needs financial protection, the plan allows you to continue all of your voluntary coverage if you leave your employer. Premiums may change at this time. Just make arrangements to pay your premiums directly to the insurance company after you leave your current employer. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children. As long as the group policy remains in force, the option of continuing this coverage is available.

Apply Today

In order to apply for coverage, you must complete an application form. Be sure to answer all questions accurately, and indicate how much coverage you wish to have.

Payroll Deduction

You pay your premiums through payroll deduction. The total depends on how much coverage you select, your age, your spouse's age and the amount of coverage you buy for your spouse and children.

Designating Your Beneficiary

If you do not designate a specific beneficiary, your term life and accident benefit will automatically be paid to the first beneficiary listed below who is living at the time of your death:

- 1) Your Spouse
- 2) Your Child(ren)
- 3) Your Parents
- 4) Your Siblings
- 5) Your Estate

If you wish to designate different beneficiaries, or to indicate percentages, you may do so on your application. If the listed beneficiary is a trustee or a trust, you will need to indicate the trustee's name, the name of the trust and the date of the trust agreement. The trust document must be presented in order for the claim to be processed.

How Your Claims Are Paid

Your employer has all the forms your beneficiary will need and can provide assistance in completing them.

Questions?

If you want more information about this group insurance plan, call 1-800-732-1603 toll-free anytime from Monday through Friday, 8 a.m. to 8 p.m. Eastern time. You'll speak to a courteous, knowledgeable customer service representative who can answer your questions and explain features of this plan. You may also contact your university Human Resources Department.

This portion of the plan provides LIFE insurance only.

Accidental Death and Dismemberment Insurance

Who Is Eligible For Coverage?

You — If you are an active, permanent full-time or permanent part-time employee who works at least 50% of the full-time work week (normally 18.75 or more hours per week) or a temporary full-time or part-time faculty member working at least 50% of full-time for one full academic year.

Your Spouse — You may elect coverage for a lawful spouse under age 70, provided that you apply for and are approved for coverage for yourself.

Your Children — You may elect coverage for your unmarried dependent children who are under age 19 (or under age 25 if they are full-time students), as long as you are covered. 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.

How Much Coverage Can You Buy?

You — You may select from \$10,000 to the lesser of 5 times your annual salary or \$500,000, in units of \$10,000, at affordable group rates.

Your Spouse — You may select coverage for your spouse in units of \$10,000 to a maximum of \$100,000.

Your Children — You may select from \$5,000 or \$10,000 of coverage, for your children. The premium is the same regardless of the number of children covered. The benefit amount per child cannot exceed \$10,000.

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.

Your Benefit Amount	Monthly Cost for You	Monthly Cost for Your Spouse	Monthly Cost for Children
\$500,000	\$10.00	—	—
400,000	8.00	—	—
300,000	6.00	—	—
250,000	5.00	\$5.00	—
200,000	4.00	4.00	—
100,000	2.00	2.00	—
50,000	1.00	1.00	—
10,000	.20	.20	\$.30
5,000	—	—	.15

Costs are subject to change.

Spouse coverage cannot exceed \$100,000. Benefit amounts cannot exceed \$10,000 for your children.

The rate per \$1,000 of coverage is \$.02 for Employee, \$.02 for Spouse, and \$.15 for \$5,000 of coverage for your children and \$.30 for \$10,000 of coverage for your children. To calculate your cost, divide the amount you select by 1,000 and multiply that number by the appropriate cost. For example, if you select \$220,000 of coverage:

$$\begin{aligned} & \$220,000 \div 1,000 = 220 \\ & 220 \times \$.02 = \$4.40 \text{ Your Monthly Cost} \end{aligned}$$

Use the same calculation to determine the cost of coverage for your spouse and children. Add the individual costs together to get your total cost.

Benefit Reductions

When you reach age 70, your benefits will be reduced to 65% of the benefit amount selected; at age 75, 45% and at age 80, 30%. 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 at 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 event that results in injury or death and that occurs while coverage is in force. We will pay the full benefit amount in the event of accidental loss of life. 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:
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	100%
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 all four fingers of the same hand, 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 thumb and index finger of the same hand	50%
Total paralysis of one upper or one lower limb	25%
Coma	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 bearing means total and permanent loss of the ability to bear any sound in both ears. Loss of sight, speech and bearing 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. 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 Furthering Education

The education benefit can give employees who sign up for coverage for their family members extra peace of mind if their children are enrolled in a school of higher learning.

- **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 3% or \$3,000, whichever is less, for each qualifying child. This benefit is payable each year for four consecutive years as long as your child continues his/her education.

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

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.

Additional Benefits (cont'd)

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 state law). That person's death benefit will be increased by 10%, but not by more than \$10,000. 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 5%, but not by more than \$5,000.

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, camper or motor-home 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 Victims of Crime

This benefit is payable if you are the victim of crime. If you suffer bodily injury or die as a result of a felonious assault, robbery, holdup, attempted robbery or holdup, kidnapping or attempted kidnapping while at work, we will increase the benefit amount by 10% but not more than \$25,000. The insured must provide a copy of the police report describing the felonious assault or violent crime before benefits will be paid.

When a covered felonious assault or violent crime requires that you be hospitalized, the plan will pay a benefit of \$100 per day, up to a maximum of 365 days per covered accident. The covered person must be under a doctor's care, and the hospitalization must begin within 30 days of the felonious assault or violent crime.

We will not pay benefits if you are assaulted by a fellow employee, or a household or family member, or for losses incurred when you commit a violent crime or felonious assault.

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; 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 voluntarily using any drug, narcotic, poison, gas or fumes, except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol (intoxicated is defined by the law of the state in which the accident occurred) or any drug, narcotic or other intoxicant including any prescribed drug for which you have been provided a written warning against operating a vehicle while taking it; 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; nor are benefits payable for flight in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface or an ultra-light or glider, or being used for the purpose of parachuting or skydiving; except as: a passenger on a regularly scheduled commercial airline, a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent, an aircraft that is flown by the covered person or in which you are a member of the crew of, an aircraft that is being used for bungee jumping, parachuting, skydiving, parasailing, hang-gliding, crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving, pipeline or power line inspection, aerial photography, or exploration, racing, endurance tests, stunt or acrobatic flying, or any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).

In addition, benefits will not be paid for services or treatment rendered by a physician, nurse or any other person who is employed or retained by the subscriber or who is providing homeopathic, aroma-therapeutic or herbal therapeutic services, living in the employee's household or a parent, sibling, spouse or child of the insured.

When Your Coverage Begins and Ends

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.*

Changing from the Group Plan to Individual Coverage

If, before you reach age 70, this group coverage ends for any reason except non-payment of premium, 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 option that are right for you and your dependents.
2. Fill out the Accidental Death and Dismemberment Insurance section on your application 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 portion of the plan provides ACCIDENTAL DEATH AND DISMEMBERMENT insurance only. It pays benefits for bodily injury. It does not provide coverage for sickness.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of voluntary life insurance coverage are set forth in Group Policy No. FLX-980054, on Policy Form TL-004700, issued in Delaware to the Trustee of the National Consumer Insurance Trust. Terms and conditions of voluntary accidental death and dismemberment insurance coverage are set forth in Group Policy No. OK-980081, 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 jurisdiction 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
1601 Chestnut Street
Philadelphia, PA 19192*



CIGNA Group Insurance
Life • Accident • Disability

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