

Voluntary Accidental Death & Dismemberment Coverage



San Luis Obispo County
Community College District
AG-50948-CA



Safeguard the financial security of your family

You can help safeguard the financial security of your family with the cost-effective protection of Voluntary Accidental Death & Dismemberment Insurance (Voluntary AD&D). Voluntary AD&D provides valuable benefits in the event you or a family member dies or is seriously injured in an accident. The sudden and unexpected loss caused by an accident can devastate a household, and accidental death is among the leading causes of death of persons under age 44. Voluntary AD&D is an affordable way to be prepared.

As an employee of San Luis Obispo County Community College District, you are eligible to receive \$2,000 of AD&D coverage. You are also eligible to enroll for additional amounts of Voluntary AD&D coverage at competitive rates for you and qualified family members.

Innovative Solutions. Enduring Principles.

Keenan
Associates

Eligibility & Coverage

ELIGIBILITY

All employees working the minimum hours required by the contract holder to receive benefits are eligible for \$2,000 of Accidental Death and Dismemberment coverage. Each employee may purchase additional amounts of coverage on a voluntary basis. Plans that extend coverage to the employee's spouse and dependent children are also available.

Qualified dependents include the employee's legal spouse, domestic partner, and unmarried, dependent children under the age of 25 (and are dependent on employee for financial support). If both parents are eligible, the children may be covered as dependents of only one parent. A person insured as an employee may not be covered as a spouse or dependent of another employee.

COVERAGE

24-hour All Risk Accidental Death and Dismemberment, including paralysis and coma benefits.

Employee Benefit Amount Options

Employee may elect a benefit in the amount of \$10,000; \$25,000; \$50,000; \$100,000; \$250,000; and \$500,000. Amounts exceeding \$100,000 may not exceed 10 times annual base earnings.

Qualified Dependents (Spouse and Dependent Children)

If employee elects to cover their spouse and dependent children, benefit amounts will be as follows:

- a. Spouse – 60% of employee's principal amount (less \$2,000)
- b. Child(ren) – 25% of employee's principal amount (less \$2,000 and not to exceed \$50,000)

At age 70, the employee's benefit amount will reduce to 50%. Qualified dependent benefits will reduce proportionately, independent of age when the employee reaches age 70.



100% of the Full Amount of Insurance + \$2,000	75% of the Full Amount of Insurance + \$1,500	50% of the Full Amount of Insurance + \$1,000	25% of the Full Amount of Insurance + \$500
Loss of life or Loss of two or more members* or Loss of speech and hearing of both ears Quadriplegia (total paralysis of both upper and lower limbs.)	Paraplegia (total paralysis of both lower limbs).	Loss of one member* or Loss of speech or hearing of both ears Hemiplegia (total paralysis of upper and lower limbs on one side of the body.)	Loss of hearing of one ear or Loss of thumb and index finger of the same hand

* Member means hand, foot or eye. Loss must occur within 365 days of the date of the covered accident.

LOSS DUE TO EXPOSURE AND DISAPPEARANCE

Loss resulting from exposure to the elements shall be covered to the extent of the benefits afforded an Insured. If the body of an Insured has not been found within one year of the disappearance, stranding, sinking or wrecking of any vehicle in which an Insured was an occupant, it shall be presumed subject to all other provisions and conditions of the policy, that an Insured has suffered loss of life covered under this policy.

Additional Benefits

MONTHLY COMA BENEFIT

If a covered Insured is injured in a covered accident that results in a coma for at least 31 consecutive days, the plan will begin payment of a monthly coma benefit. Payment of this benefit will continue each month as long as the covered person remains in a coma, up to a maximum of 100 months.

This benefit will be paid at a rate of 1% of the amount of insurance less any benefits paid as a result of the same covered accident. "Coma" means being in a profound state of unconsciousness from which the person cannot be aroused, even by powerful stimulation, as determined by the person's doctor.

DEPENDENT CHILD LOSS BENEFIT

If a child suffers paralysis or dismemberment, the plan provides an additional amount of insurance equal to 100% of the amount payable for the one largest amount to which the child is entitled.

CONTINUED ACCIDENT INSURANCE AFTER YOUR DEATH

If you elect the spouse and/or dependent coverage and die in a covered accident, your family's coverage will be continued, at no cost to your family, for a period up to 12 months from the date of your death, provided your spouse and/or dependent children remain eligible under the plan. At the end of the 12-month period, coverage ends.

CHILD CARE EXPENSE BENEFIT

If you elect the spouse and/or dependent children coverage and you or your insured spouse die in a covered accident, the plan will provide child care assistance to each eligible dependent child under the age of 13 who is enrolled in a licensed child care center, or who enrolls in a licensed child care center within 90 days from the date of the covered accident. This important benefit pays 5% of the applicable amount of insurance up to \$5,000 yearly for up to four consecutive years, but not beyond the date the child reaches age 13. If you have no eligible children who qualify, the plan will pay \$1,000 to your beneficiary.

TUITION REIMBURSEMENT BENEFIT FOR SPOUSE

If you elect to cover your spouse and you die in a covered accident, the plan will provide a tuition reimbursement benefit to your eligible spouse.

A spouse must enroll within 365 days of your death in a training program for the purpose of obtaining an independent source of income. This tuition reimbursement benefit is a lump-sum payment of 5% of your amount of insurance or \$5,000, whichever is less.

TUITION REIMBURSEMENT BENEFIT FOR CHILDREN

If you elect to cover your spouse and children and you or your insured spouse die in a covered accident, the plan will provide a tuition reimbursement benefit to each eligible dependent child who is a full-time student at a college, university, vocational school, or trade school over the 12th grade level at the time of (or enrolls within 365 days of) your death. This tuition reimbursement benefit is an annual payment of 5% of the applicable amount of insurance or \$5,000, whichever is less. Payments will be made each year for up to four consecutive years for each child who qualifies, but not beyond the date the child reaches age 25. Benefit payments will cease when the child ceases to be a full-time student. If there are no dependent children who qualify for this benefit, a single lump-sum of \$1,000 will be paid to your beneficiary.

SEAT BELT BENEFIT

Because of the added protection seat belts bring to drivers and a passenger every day, this special benefit is provided for you and your family members.

If, while insured for this benefit, you or your covered dependent suffer accidental death due to a covered accident in which you or your covered dependent were seated in an automobile with a seat belt properly fastened, the plan will pay an additional 10% of the entitled amount of insurance, to a maximum of \$25,000.

CRITICALLY BURNED BENEFIT

If you are accidentally critically burned over 25% of your body (above second degree burns) and/or permanently disfigured to the point of requiring reconstructive or cosmetic surgery, a critically burned benefit shall be payable. This benefit will be 25% of your principal sum or \$25,000, whichever is less.

PORTABILITY BENEFIT

Coverage will end on termination of employment as specified in the contract. You may continue your group insurance through a portability provision if you meet all of the following criteria. Your Voluntary Accidental Death and Dismemberment coverage ends for any reason other than your failure to pay, when due, any contribution required for it; or the end of your employment on account of your retirement; or the end of the coverage for all employees when such coverage is replaced by group accidental death and dismemberment insurance from any carrier for which you are or become eligible within the next 31 days. You must also meet the active work requirement on the day your insurance ends, you are less than age 80 and your amount of insurance is at least \$20,000 under the Voluntary Accidental Death and Dismemberment coverage on the day your insurance ends.

Additional Information

BENEFICIARY

You may name any beneficiary or beneficiaries you wish. If you purchase coverage for your family under the family plan, you are automatically your dependents' beneficiary for loss of life.

ENROLLMENT PROCEDURES

You may enroll by completing the enrollment form and returning it to your personnel office. Please retain a copy for your records. This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

EXCLUSIONS AND LIMITATIONS

A loss is not covered if it results from suicide or attempted suicide, while sane or insane; intentionally self-inflicted injuries, or any attempt to inflict such injuries; sickness, whether the loss results directly or indirectly from the sickness; medical or surgical treatment of sickness, whether the loss results directly or indirectly from the treatment; any bacterial or viral infection. But, this does not include: a pyogenic infection resulting from an accidental cut or wound; or a bacterial infection resulting from accidental ingestion of a contaminated substance; taking part in any insurrection; war, or any act of war. War means declared or undeclared war, and includes resistance to armed aggression; an accident that occurs while the person is serving on full-time active duty for more than 30 days in any armed forces. But this does not include Reserve or National Guard active duty for training; commission of or attempt to commit an assault or a felony; travel or flight in any vehicle used for aerial navigation, if the person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; the person is performing as a pilot or a crew member of any aircraft; or the person is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates; except as prescribed by a Doctor, use of: (1) PCP (also known as "Angel Dust"); (2) LSD or other hallucinogens; (3) cocaine, heroin or other narcotics; (4) amphetamines or other stimulants; (5) barbiturates or other sedatives or tranquilizers; or (6) any combination of two or more of these substances; any poison or gas voluntarily taken, administered, absorbed, or inhaled (except in the course of employment) (This provision may vary by state. Refer to the plan booklet for details).

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This Plan is issued by The Prudential Insurance Company of America, Newark, New Jersey. Life Claims: 1-800-524-0542. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500.

Correspondence may be directed to the Program Administrator:

The Prudential Insurance Company of America c/o Johnson Rooney Welch, Inc. 2250 Douglas Blvd., Suite 210 Roseville, CA 95661

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