

# Enhance Your Safety Net With Protection Against Unexpected Loss

Accidental Death & Dismemberment (AD&D) insurance helps protect against the sudden financial loss often brought on by an accidental death. It can also help you pay for unexpected expenses associated with surviving an accident that results in a severe physical loss. You can elect to cover your eligible spouse and children as well.



# This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Coverage for accidental death and dismemberment

# ② About This Coverage

How Much Can I Apply For?	For You:	<b>\$10,000 – \$500,000</b> in increments of <b>\$10,000</b>
The AD&D amount can't exceed 10 times your annual earnings. Note: You can't buy more coverage for your spouse and child(ren) than you buy for yourself. Coverage for your spouse is limited to 50% of your coverage. Coverage for your child(ren) cannot exceed 50% of your coverage.	For Your Spouse:	\$5,000 – \$250,000 in increments of \$5,000
	For Your Child(ren):	\$2,000 – \$10,000 in increments of \$2,000

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

# **■** Additional Features

Your coverage comes with some added features:

Seat Belt and Air Bag Benefits	The Standard may pay an additional benefit if you die while wearing a seat belt, provided certain conditions are met. If the car's air bags deploy during an accident, an air bag benefit may also be payable.
Family Benefits Package	This package is designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse and higher education for your children.

# S How Much Your Coverage Costs

Because this insurance is offered through Haysville Unified School District 261, you'll have access to competitive group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on the benefit amount you elect.

	÷ \$1,000 =	х	=
Enter the amount of AD&D coverage you're requesting (see benefit amounts in the About This Coverage section).		Enter your rate from the rate table.	This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse and/or children, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use the appropriate rate for the premium you are calculating.

Coverage for	Cost per \$1,000 of Coverage
You	\$0.029
Your spouse	\$0.030
Your children, regardless of how many	\$0.040

### Employee AD&D Monthly Premiums

Cavarage	Employe	e's Age as of last September 1
Coverage Amount	< 70	70+*
\$10,000	0.29	0.15
\$20,000	0.58	0.29
\$30,000	0.87 1.16	0.44 0.58
\$40,000 \$50,000	1.10	0.73
\$60,000	1.74	0.87
\$70,000	2.03	1.02
\$80,000 \$90,000	2.32 2.61	1.16 1.31
\$100,000	2.90	1.45
\$110,000	3.19	1.60
\$120,000	3.48	1.74
\$130,000 \$140,000	3.77 4.06	1.89 2.03
\$150,000	4.35	2.18
\$160,000	4.64	2.32
\$170,000	4.93 5.22	2.47 2.61
\$180,000 \$190,000	5.51	2.76
\$200,000	5.80	2.90
\$210,000	6.09	3.05
\$220,000 \$230,000	6.38 6.67	3.19 3.34
\$240,000	6.96	3.48
\$250,000	7.25	3.63
\$260,000	7.54	3.77
\$270,000 \$280,000	7.83 8.12	3.92 4.06
\$290,000	8.41	4.21
\$300,000	8.70	4.35
\$310,000	8.99	4.50
\$320,000 \$330,000	9.28 9.57	4.64 4.79
\$340,000	9.86	4.93
\$350,000	10.15	5.08
\$360,000 \$370,000	10.44 10.73	5.22 5.37
\$370,000	11.02	5.51
\$390,000	11.31	5.66
\$400,000	11.60	5.80
\$410,000 \$420,000	11.89 12.18	5.95 6.09
\$430,000	12.47	6.24
\$440,000	12.76	6.38
\$450,000	13.05	6.53
\$460,000 \$470,000	13.34 13.63	6.67 6.82
\$480,000	13.92	6.96
\$490,000	14.21	7.11 7.25
\$500,000	14.50	7.25

<sup>\*</sup> Coverage amounts for ages 70 and over reduce due to age reduction (see Age Reductions section).

## Spouse AD&D Monthly Premiums

Coverage Amount	Employe < 70	e's Age as 70+*	of last	Septemb	er 1
\$5,000	0.15	0.08			
\$10,000	0.13	0.00			
\$15,000	0.45	0.23			
\$20,000	0.60	0.30			
\$25,000	0.75	0.38			
\$30,000 \$35,000	0.90 1.05	0.45 0.53			
\$40,000	1.20	0.60			
\$45,000	1.35	0.68			
\$50,000	1.50	0.75			
\$55,000	1.65	0.83			
\$60,000 \$65,000	1.80 1.95	0.90 0.98			
\$70,000	2.10	1.05			
\$75,000	2.25	1.13			
\$80,000	2.40	1.20			
\$85,000 \$90,000	2.55 2.70	1.28 1.35			
\$95,000	2.85	1.43			
\$100,000	3.00	1.50			
\$105,000	3.15	1.58			
\$110,000	3.30	1.65 1.73			
\$115,000 \$120,000	3.45 3.60	1.73			
\$125,000	3.75	1.88			
\$130,000	3.90	1.95			
\$135,000	4.05	2.03			
\$140,000 \$145,000	4.20 4.35	2.10 2.18			
\$150,000	4.50	2.25			
\$155,000	4.65	2.33			
\$160,000	4.80	2.40			
\$165,000 \$170,000	4.95 5.10	2.48 2.55			
\$175,000	5.25	2.63			
\$180,000	5.40	2.70			
\$185,000	5.55	2.78			
\$190,000 \$195,000	5.70 5.85	2.85 2.93			
\$200,000	6.00	3.00			
\$205,000	6.15	3.08			
\$210,000	6.30	3.15			
\$215,000	6.45	3.23			
\$220,000 \$225,000	6.60 6.75	3.30 3.38			
\$230,000	6.90	3.45			
\$235,000	7.05	3.53			
\$240,000	7.20	3.60			
\$245,000 \$250,000	7.35 7.50	3.68 3.75			
φ250,000	7.50	5.75			

<sup>\*</sup> Coverage amounts for ages 70 and over reduce due to age reduction (see Age Reductions section).

## Child AD&D Monthly Premiums

Premium
0.08
0.16
0.24
0.32
0.40

# Important Details

Here's where you'll find the nitty-gritty details about the plan.

#### **Eligibility Requirements**

To be eligible for coverage, you must be:

 An active Certified, Classified or Administrative employee of Haysville Unified School District 261 and regularly working at least 30 hours per week OR an active Transportation employee of Haysville Unified School District 261 and regularly working at least 20 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy AD&D insurance for yourself, you can also buy AD&D coverage for your dependents. You may also choose to cover your child. Child means your unmarried child from live birth through age 25. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

#### **Coverage Effective Date**

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period\*,
- · Apply for coverage and agree to pay premium and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, including AD&D insurance for your dependents, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including AD&D insurance for your dependents.

\*Defined as first of the month that follows or coincides with the date you become a member

#### **Age Reductions**

Under this plan, your coverage amount reduces to 50 percent at age 70. Your spouse's coverage amount reduces by your age as follows: to 50 percent at age 70. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

#### **AD&D Benefits**

The amount of your or your dependent's AD&D benefit for losses covered under this plan is a percentage of the amount of your or your dependent's AD&D insurance in effect on the date of the covered accident as shown below. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

Covered loss:	Percentage of AD&D benefit payable:	
Life <sup>1</sup>	100%	
One hand or one foot <sup>2</sup>	50%	
Sight in one eye, speech or heari	ing in both ears 50%	
Two or more of the losses listed	above 100%	
Thumb and index finger of the sa	ame hand³ 25%	
All other losses must be certified by a physician in the appropriate specialty determined by The Standard.		

Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an

accident that reasonably could have resulted in your death.

- 2 Even if the severed part is surgically re-attached.
- 3 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

#### **Exclusions**

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or act of war (declared or undeclared), whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- · Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft,

unless you are a fare-paying passenger on a commercial aircraft

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#### When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

#### **Group Insurance Certificate**

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

#### **About Standard Insurance Company**

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP494-ADD/S399, GP310-ADD, GP609-ADD

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SI 15455-D-KS-160121 (6/18)