

# GROUP VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



In the U.S., a disabling injury occurs every second, and an accidental death occurs every 4 minutes.<sup>1</sup>

## Celina Independent School District

Group Voluntary Accidental Death & Dismemberment (AD&D) insurance pays your beneficiary a death benefit if you die due to a covered accident or pays you if you are unexpectedly injured in a covered accident. The benefits are paid in lump sum amounts to you (or your beneficiary), and can be used to pay for health care expenses not covered by your major medical insurance, help replace income lost while not working, funeral expenses, or however you choose. Accidental death benefits are paid in addition to any life insurance.



To learn more about AD&D insurance, visit [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

You (the primary insured) may enroll for one of the following AD&D coverage amounts<sup>2</sup>: increments of \$10,000. The maximum amount you can elect is the lesser of 10 x earnings or \$500,000.

You may also enroll your dependent(s) for AD&D coverage. Your dependent(s) will be covered at a percentage of your coverage amount.<sup>2</sup>

| COVERAGE TIER       | SPOUSE PERCENTAGE | CHILD(REN) PERCENTAGE |
|---------------------|-------------------|-----------------------|
| Spouse              | 50%               | 0%                    |
| Child(ren)          | 0%                | 10%                   |
| Spouse & Child(ren) | 50%               | 10%                   |

### AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

| LOSS FROM ACCIDENT   | COVERAGE AMOUNT |
|--|-----------------|
| Life   | 100%            |
| Both Hands or Both Feet or Sight of Both Eyes                              | 100%            |
| One Hand and One Foot  | 100%            |
| Speech and Hearing in Both Ears  | 100%            |
| Either Hand or Foot and Sight of One Eye                                   | 100%            |
| Movement of Both Upper and Lower Limbs (Quadriplegia)                      | 100%            |
| Movement of Both Lower Limbs (Paraplegia)                                  | 75%             |
| Movement of Three Limbs (Triplegia)  | 75%             |
| Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia) | 50%             |
| Either Hand or Foot  | 50%             |
| Sight of One Eye   | 50%             |
| Speech or Hearing in Both Ears   | 50%             |
| Movement of One Limb (Uniplegia)   | 25%             |
| Thumb and Index Finger of Either Hand                                      | 25%             |

## PREMIUMS

See the AD&D Premium Worksheet.<sup>3</sup>

<sup>2</sup>We will reduce your Principal Sum by 35% on the date you attain age 65 and by an additional 50% on the Date You attain age 70.

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health.

### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the AD&D Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

### WHEN DOES THIS INSURANCE BEGIN?

insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

### WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under an individual conversion certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion are described in the certificate.

<sup>1</sup>Injury Facts. National Safety Council. 2015 Edition. P. 37. Web. 30 June 2017.

<sup>3</sup>Rates and/or benefits may be changed.

### Prepare. Protect. Prevail. With The Hartford.®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. 5962c NS 08/16 © 2016 The Hartford Financial Services Group, Inc. All rights reserved.

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Accidental Death & Dismemberment Form Series includes GBD-1000, GBD-1300, or state equivalent.

# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### GENERAL LIMITATIONS AND EXCLUSIONS

- **We will reduce your Principal Sum by 35% on the date you attain age 65 and by an additional 50% on the Date You attain age 70.**
- This insurance does not cover losses caused by:
  - Sickness; disease; or any treatment for either
  - Any infection, except certain ones caused by an accidental cut or wound
  - Intentionally self-inflicted injury, suicide or suicide attempt
  - War or act of war, whether declared or not
  - Injury sustained while in the armed forces of any country or international authority
  - Injury sustained on aircraft in certain circumstances
  - Taking prescription or illegal drugs unless prescribed by or administered by a licensed physician
  - Injury sustained while riding, driving, or testing any motor vehicle for racing
  - Injury sustained while committing or attempting to commit a felony
  - Injury sustained while driving while intoxicated
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

### DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Child(ren) may only be covered as a dependent of one employee.

### DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you or your dependent(s) have coverage.

5962c NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.

## Prepare. Protect. Prevail. With The Hartford.®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

