

Personal Accident Insurance

Developed for the Employees of
Citrus County School Board



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

By purchasing this insurance product 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 a full-time, active employee of the sponsoring employer.

Your Spouse — You may elect coverage for a lawful spouse under age 70.

Your Children — You may elect coverage for your unmarried dependent children who are at least 14 days old and under age 19 (or under age 25 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.

How Much Coverage Can You Buy?

You — You may select from \$25,000 to \$250,000 of coverage, at affordable group rates.

Your Spouse — You may elect spouse coverage of either 100% or 50% of the benefit amount you choose for yourself.

Your Children — Each covered child's benefit will be equal to 10% of your benefit amount. The premium is the same regardless of the number of children covered.

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.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

Your Monthly Cost

Select the benefit amount and family coverage most appropriate for your needs and budget. The chart to the right shows the most common benefit amounts. Other amounts are available, subject to the maximums indicated.

Your Benefit Amount	Monthly Cost for:			
	You	Your Spouse 100%	50%	Children 10%
\$250,000	\$9.00	\$9.00	\$4.50	\$1.80
200,000	7.20	7.20	3.60	1.44
150,000	5.40	5.40	2.70	1.08
100,000	3.60	3.60	1.80	.72
25,000	.90	.90	.45	.18

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

The rate per \$1,000 of coverage is \$.036 for Employee, \$.036 for Spouse, and \$.072 for 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 \$250,000 of coverage:

$$\begin{aligned} \$250,000 \div 1,000 &= 250 \\ 250 \times \$.036 &= \$9.00 \text{ Your Monthly Cost} \end{aligned}$$

To determine the cost for child coverage at 10%, or for spouse coverage when selecting the 50% plan, multiply the coverage amount selected by .10 (10% child coverage) or .50 (50% spouse coverage), then divide by \$1,000 and multiply by the appropriate cost. Add the individual costs together to get your total cost.

Benefit Reductions

When you reach age 70, your benefits will be reduced to 70% 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 & 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 event that results in injury or death and that occurs while coverage is in force. We will pay the full benefit amount for accidental loss of life. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits for paralysis, dismemberment and loss of eyesight, speech or hearing 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 both upper and lower limbs Loss of any two: hand, foot or eyesight Loss of speech and hearing in both ears	100%	200%
Loss of one hand or foot, or sight in one eye Loss of speech or loss of hearing in both ears Total paralysis of both legs Total paralysis of arm and leg on one side of the body	50%	100%
Loss of thumb and index finger of the same hand	25%	50%

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 sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any hearing aid or device. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). California Residents: Loss of a thumb and index finger means complete severance of at least one whole phalanx (a bone of the finger) of each. South Carolina Residents: Loss of four whole fingers from one hand means the loss of one hand.

Paralysis means 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 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 \$50,000. If your child subsequently dies within 90 days of the covered accident, then we will pay only the death benefit payable under the plan. The chart shown reflects this additional benefit.

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

For College Education and Spouse Training

The education benefit provides training or education as follows:

- **For your children:** If you or your insured spouse die in a covered accident, we will pay an extra benefit for each insured child who enrolls in college before he or she is 25. To help pay college 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 four consecutive years as long as your child continues his/her college education.

- **For your spouse:** If, within one year of your death in a covered accident, your spouse enrolls in an accredited school to gain skills needed for employment, we will pay the actual cost of this education or training program for not more than one year after enrollment begins, up to a maximum of \$3,000.

If your spouse does not elect this education program, and if you have no dependent children, we will pay an additional \$1,000 to the insured's beneficiary.

For Wearing a Seatbelt

This benefit is payable if an insured person dies as a result of injuries sustained in a covered accident while driving or riding in a private passenger car* equipped with seatbelts. If that person was 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 less than \$1,000 nor by more than \$10,000.

** A validly registered four-wheel private passenger (or policyholder-owned) car, station wagon, jeep, pickup truck, or van-type car that is not licensed commercially or being used for commercial purposes.*

Additional Benefits (cont'd.)

For Hospital Stays

When a covered accident requires that you, or an insured family member, be hospitalized, the plan will pay on the 4th day retroactive to the 1st day, a daily benefit of 1/30th of 1% of the covered person's benefit amount. The daily benefit amount is subject to a maximum of \$30.00 per day for up to 365 days. The covered person must be under a doctor's care and must be confined to the hospital as an inpatient for at least 4 days.

Two or more periods of hospital confinement, due to the same accident, are treated as one period of confinement if separated by 6 months or less.

What Is Not Covered

Plan benefits are not payable if a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide; any felony committed by the insured; any act of war, declared or undeclared; 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; traveling in an experimental aircraft or one designed to be used in outer space; traveling in an aircraft that is being operated by or for a military authority other than U.S. Military Airlift Command, or similar foreign service; hang gliding; parachuting, except for self-preservation; piloting or serving as a crew member in any aircraft; and taking a flying lesson in any aircraft.

POLICYHOLDER

Citrus County School Board

**Life Insurance Company of North America
Personal Accident Insurance**

POLICY NO.

OK-815443

Complete the following to enroll:

Full Name _____ Date of Birth _____ Social Security # _____

Address _____
STREET CITY STATE ZIP

Select Coverage <input type="checkbox"/> Employee	Spouse <input type="checkbox"/> at 100% of my benefit	My Benefit Amount \$ _____ Total Cost \$ _____ / per month
Options: <input type="checkbox"/> Children at 10% of my benefit	<input type="checkbox"/> at 50% of my benefit	

My Beneficiary _____ Relationship _____
PRINT FULL NAME(S)

You will be your family members' beneficiary unless you tell us otherwise in writing.

I enroll and authorize my employer to deduct the premiums from my earnings. I understand that the insurance selected will begin on the effective date as described in the brochure. If I am not actively at work, or my family members are not actively at work, or they are unable to engage in all the usual duties of a person of like age and sex, the effective date of coverage will be delayed until the individual returns to work, or the family member resumes usual duties.

Signature _____ Date _____

DECLINATION — Check here and sign above if you do not want this coverage.

Licensed Resident Agent: *Christine Carolyn Wise #E026735*

Return to your employer. Be sure to make a copy for your records.



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 first of the month after receipt of your application. 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. If your spouse is not regularly performing the duties of his/her occupation, or if your spouse or children are unable to engage in all the usual duties of a person of like age and sex, the effective date of their insurance will be deferred until they return to work or resume their usual duties.

Your coverage will continue as long as you remain an eligible employee, pay your premium when due, do not serve more than 30 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.

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.
2. Fill out the enrollment form 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 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-815443 on Policy Form No. LM-2L60, issued in Florida. 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.

Licensed Resident Agent:

Christine Carolyn Wise #E026735

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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