

Utah State University

Voluntary Accidental Death & Dismemberment Insurance

GTU 4379833

The following is a brief description of the Voluntary Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the Policy. For specific definitions of terms used below as well as further details and information about this Plan, please see the Policy.

ELIGIBILITY

Class I: All active, benefit-eligible Employees of the Policyholder.

Employees who enroll may elect to include coverage for their eligible dependents under the Family Plan. Eligible dependents include your legally married Spouse under age 70 and your or your Spouse's unmarried child(ren) by birth, legal adoption, placed for adoption, or legal (court-appointed) guardianship, granting full guardianship rights who are under age 26 and who rely on you for more than 50% of their support (as defined in the U.S. Internal Revenue Regulations), or to age 26 if attending an accredited school or college on a full-time basis, and are primarily dependent upon you for their support and maintenance.

No individual may be covered more than once under this Plan. An eligible employee cannot be covered as a Covered Spouse or Dependent Child of another employee.

BENEFIT AMOUNT

You. You may select any Benefit Amount from a minimum of \$25,000 to a maximum of \$1,000,000.

Your Covered Dependents. The Benefit Amount for **Your Covered Dependents** will be a percentage of Your Benefit Amount as follows:

<u>Plan Selected</u>	<u>% Spouse</u>	<u>% Child(ren)</u>
Spouse only:	60%	0
Dependent Child(ren) only:	0	20%
Spouse and Dependent Child(ren)	50%	15%

DESCRIPTION OF COVERAGE

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against certain injuries resulting from a covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

EXPOSURE AND DISAPPEARANCE COVERAGE:

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, We will presume that you lost your life as a result of Injury. If travel in such conveyance was covered under the terms of the Policy, We will pay your Benefit Amount, subject to all Policy terms.

If you are exposed to weather because of an accident and this results in a loss of life, We will pay your Benefit Amount, subject to all Policy terms and conditions.

HIJACKING/SKYJACKING COVERAGE:

If you suffer a covered loss as a result of an actual hijacking/skyjacking or an attempted hijacking/skyjacking (as defined in the Policy), you may receive the applicable Benefit Amount.

WAR RISK COVERAGE:

Provides for injury you sustain that is caused by or results from declared or undeclared war or any act thereof while you are traveling on Company business in selected areas of the world.

BENEFITS PROVIDED

If you have an accident that results in any of the following losses, We will pay the benefit shown within 365 days of the date of the accident, Zurich American Insurance Company, may pay certain Benefit Amounts to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the Benefit Amount shown in the Schedule.

Loss of:

- (1) Life
- (2) Both hands or both feet
- (3) One hand and one foot
- (4) One hand or one foot plus the sight of one eye
- (5) Sight of both eyes
- (6) Speech and Hearing
- (7) Speech or Hearing
- (8) One hand, one foot, or sight of one eye
- (9) Thumb and index finger of the same hand

Benefit

100% of Benefit Amount
100% of Benefit Amount
100% of Benefit Amount
100% of Benefit Amount
100% of Benefit Amount
100% of Benefit Amount
50% of Benefit Amount
50% of Benefit Amount
25% of Benefit Amount

Loss of Use of:

- (1) Four Limbs
- (2) Three Limbs
- (3) Two Limbs
- (4) One Limb

Benefit

150% of Benefit Amount
75% of Benefit Amount
66% of Benefit Amount
50% of Benefit Amount

MONTHLY COMA BENEFIT:

If you sustain a covered injury within 365 days of a covered accident and such injury causes you to be in a coma for at least 31 consecutive days, you may receive a monthly benefit equal to 1% of your Benefit Amount for up to 100 months.

ADDITIONAL BENEFITS PROVIDED THROUGH THE PLAN

ADDITIONAL DISMEMBERMENT SCHEDULE FOR COVERED DEPENDENT CHILDREN:

If you elect Family Plan Coverage, your Dependent Child(ren) may receive an additional Benefit Amount for certain covered dismemberments equal to the lesser of the benefit amount provided.

COMMON DISASTER BENEFIT:

If you elect Family Plan Coverage and you and your Covered Spouse both suffer a covered loss of life as a result of injuries suffered in the same accident and within 90 days of the accident, your Covered Spouse's Benefit Amount will be increased to equal that payable to you subject to a combined maximum amount of \$500,000.

CONTINUATION OF INSURANCE BENEFIT:

If you elect Family Plan Coverage and suffer a covered loss of life, your Covered Dependents will continue to receive all Coverages and Enhanced Benefits under the Policy which were in force on the date of the loss, for 365 days after the date of the loss at no additional cost.

DAY CARE BENEFIT:

If you elect Family Plan Coverage and either you or your Covered Spouse suffer a covered loss of life, and have a Covered Child enrolled in an Accredited Child Care Facility (as defined in the Policy) or one who enrolls in such facility within 90 days from the date of loss and is under the age of 13, an additional benefit equal to the lesser of the actual cost of the child care or 5% of the Benefit Amount up to \$12,000 may be paid for four consecutive years.

FELONIOUS ASSAULT BENEFIT:

If you sustain a covered loss of life as a result of a violent or criminal act committed by someone other than you or a member of your family, incurred in connection with the Policyholder's normal business whether on or off the Policyholder's premises and the crime directly involves the Policyholder's funds or assets, an additional 15% of your Benefit Amount may be paid.

Continued

ADDITIONAL BENEFITS PROVIDED THROUGH THE PLAN continued

HIGHER EDUCATION BENEFIT:

If you elect Family Plan Coverage and suffer a covered loss of life, and have an eligible Covered Child(ren), who on the date of the accident, is enrolled as a full-time student in an institution of higher learning or is at the 12th grade level and enrolls in an institution of higher learning within one year from the date of the accident, an additional benefit of 10% of your Benefit Amount to \$25,000 per year may be paid for each such Covered Child for up to four (4) consecutive years.

HOME ALTERATION OR VEHICLE MODIFICATION BENEFIT:

If a Covered Person suffers an Injury and receives a benefit under the Accidental Dismemberment Benefit of the Policy, he or she may be entitled to an additional benefit equal to the lesser of 10% of the Covered Person's Benefit Amount to a maximum of \$10,000 for the one time cost of alterations to the Covered Person's primary residence to make it wheelchair accessible and habitable; and the one time cost of modifications necessary to his/her motor vehicle to make the vehicle accessible or drivable.

REHABILITATION BENEFIT:

If you suffer an Injury which causes you to receive an Accidental Dismemberment Benefit under the Policy, you may be entitled to receive an additional benefit for the Reasonable and Customary expenses actually incurred for a prescribed Rehabilitation Training program by a licensed physician that is required due to your injury which will prepare you for an occupation which you would not have engaged in except for the injury in an amount equal to the lesser of the actual expenses that are incurred within two years from the date of your covered accident for the Rehabilitation Training; \$10,000; or 10% of your Benefit Amount.

SEAT BELT/AIR BAG BENEFIT:

If a Covered Person suffers a covered loss of life in a covered automobile accident while wearing a factory installed or manufacturer authorized seat belt or lap and shoulder restraint, an additional 10% of the Benefit Amount to a maximum of \$25,000 may be paid. An additional benefit equal to 10% of the Covered Person's Benefit Amount to a maximum of \$25,000 may be paid if the Covered Person was driving or riding in a private passenger automobile with a manufacturer equipped air bag.

THERAPEUTIC COUNSELING BENEFIT:

If you elect Family Plan coverage and your or your Covered Dependents suffer a Covered Injury which requires Therapeutic Counseling by a licensed therapist or counselor who is registered or certified to provide psychological treatment or counseling, We will reimburse the charges for such counseling up to a maximum of \$1,000, to the individual who incurs the expense, provided: 1) all terms and conditions of the Policy are met; 2) Therapeutic Counseling begins within ninety (90) days of the Covered Accident; and 3) Therapeutic Counseling must be received within one (1) year from the date of the Covered Loss.

CONVERSION PRIVILEGE:

If your insurance ceases for reasons other than the termination of the Group Policy or non-payment of premium, you may be entitled to apply for an Individual or Family (if applicable) Accidental Death & Dismemberment policy. Proof of good health is not required. Maximum benefit of \$250,000.

ZURICH TRAVEL ASSIST[®]:

A comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your residence. You can access Zurich Travel Assist[®] services by calling, toll-free, 1-800-263-0261 and referencing Policy number GTU 4379833 or logging on to their web site at www.zurichna.com/travelassist. Services provided include Medical, Informational, Legal, and Personal Assistance.

BENEFICIARY DESIGNATION

Benefits for your loss of life will be payable to the beneficiary or beneficiaries designated in writing by you and on file with the Policyholder; otherwise the beneficiary or beneficiaries designated under the Group Life insurance policy issued to the Policyholder, otherwise, We will pay the benefit to the Insured's survivors in the following order: 1) Your Spouse; 2) Your Children, equally; 3) Your Parents, 4) Your Brothers or Sisters; or 5) Your Estate.

LOSS OF LIFE OF A COVERED PERSON OTHER THAN YOU:

Covered Losses for the death of a Covered Person other than You will be paid to You. If You pre-decease or die at the same time as the Covered Person other than You, the benefit will be paid to Your beneficiary unless Your beneficiary designation has not been made or Your beneficiary is no longer living at the time of death. In such case, the benefits will be paid to Your estate. All other indemnities shall be payable to you.

EXCLUSIONS/LIMITATIONS

This plan does not cover any loss caused by, contributed to or resulting from: intentionally self-inflicted injuries, suicide or attempted suicide; war or any act of war; involvement in any type of active military service; illness or disease, except as a direct result of an accidental injury; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods; skydiving, parasailing, hang gliding, bungee-jumping, or any similar activity; participation in the commission or attempted commission of any felony; any aircraft engaged in a Specialized Aviation Activity (as defined in the Policy); flying as a pilot or crew member of any aircraft; any aircraft being used for aerial photography, test or experimental purposes; any aircraft that requires a special permit or waiver even if granted; any aircraft owned or controlled by, or under lease to the Policyholder, an Insured, or a member of a Covered Person's family or household; any aircraft which is operated by the Policyholder, or one of its employees including members of an employee's family or household; any conveyance used in a race or speed test or being used for tests or experimental purposes; being under the influence of any controlled substance unless prescribed by a physician; or being intoxicated while operating a motor vehicle.

COST AND METHOD OF PAYMENT

Your monthly cost for coverage for yourself only is \$.012 for each \$1,000 of Benefit Amount. Your monthly cost for coverage for you and your Covered Spouse or you and your Covered Child(ren) only is \$0.015 for each \$1,000 of Benefit Amount. Your monthly cost for coverage for you and your family is \$0.017 for each \$1,000 of Benefit Amount. For example, if you had selected one of the Benefit Amounts below, your monthly cost would be:

Benefit Amount	PLAN I Monthly Cost Yourself Only	PLAN II Monthly Cost You & Your Covered Spouse Only; or Your Covered Child(ren) Only	PLAN IV Monthly Cost You & Your Family
\$ 25,000	\$.30	\$.38	\$.43
50,000	.60	.75	.85
100,000	1.20	1.50	1.70
150,000	1.80	2.25	2.55
200,000	2.40	3.00	3.40
275,000	3.30	4.13	4.68
350,000	4.20	5.25	5.95
450,000	5.40	6.75	7.65
500,000	6.00	7.50	8.50
600,000	7.20	9.00	10.20
700,000	8.40	10.50	11.90
750,000	9.00	11.25	12/75
800,000	9.60	12.00	13.60
900,000	10.80	13.50	15.30
1,000,000	12.00	15.00	17.00

Premium payments will be deducted automatically from your pay.

WAIVER OF PREMIUM BENEFIT:

If You become Totally Disabled (as defined in the Policy) while covered under the Policy, We will waive your premium due under the Policy, provided Your disability has continued for a period greater than six (6) consecutive months. See Policy for details.

TO FILE A CLAIM

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 4379833.

IMPORTANT

This is a brief description of the coverage provided through the Voluntary Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the Master Policy or if any point is not covered herein, the terms of the Master Policy shall govern in all cases.