

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 benefits-eligible employees of the policyholder.

Eligibility of Your Insured Dependents

If you enroll you may elect to cover your eligible Dependents. An eligible Dependent includes your legally married Spouse/Domestic Partner and your Dependent Child(ren), and your legally married Spouse's Dependent Child(ren), and your Domestic Partner's Dependent Child(ren). A legally married Spouse/Domestic Partner and/or Dependent (Child(ren)) will be eligible as a Dependent if he or she is also an Insured under the Policy.

Benefit Amount

Class I: You may purchase an amount of **Principal Sum** from a minimum of \$25,000 to a maximum of \$1,000,000.

Benefit Amounts for Your Dependents

The benefit amount for your covered dependents will be a percentage of your benefit amount, as follows:

Plan Selected	% Spouse/Domestic Partner	% Child(ren)
Spouse/Domestic Partner only:	60%	0
Dependent Child(ren) only:	0	20%
Spouse/Domestic Partner	50%	15%
and Dependent Child(ren)		

Maximum benefit amount of \$75,000 for dependent child(ren).

Reduction of Benefits at Age 70

At age 70, your benefit amount will be reduced based on your previous benefit amount per the following schedule:

Age at Date of Loss	Percent of Benefit Amount
70-74.....	65%
75-79.....	45%
80-84.....	30%
85 & Over	15%

Description of Coverage

24 Hour Accident Protection, Business & Pleasure

Excluding Corporate Owned or Leased Aircraft, and Substitute Aircraft, Passenger and Crew, H-1

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 a covered person is riding disappears, is wrecked, or sinks, and he or she is not found within 365 days of the event, we will presume that the covered person lost his or her life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay the covered person's benefit amount, subject to all policy terms.

If the covered person exposed to weather because of an accident and this results in a loss of life, we will pay his or her benefit amount, subject to all policy terms and conditions.

Hijacking/Skyjacking Coverage

The exclusion for war or any acts of war whether declared or undeclared as found in the General Exclusions section of this summary is modified and covered injuries directly resulting from a hijacking or skyjacking or any attempt at any hijacking or skyjacking are covered under the policy.

War Risk Coverage

The exclusion for war or any acts of war, whether declared or undeclared, as found in the General Exclusions section of this summary is modified, and covered injuries directly resulting from war or any acts of war, whether declared or undeclared, are covered under the policy provided the war or act of war causing the injury does not occur within any of the states of the United States of America (including the District of Columbia), Afghanistan, Algeria, Bahrain, Belarus, Chechnya, China, Cyprus, Egypt, India, Indonesia, Iran, Iraq, Israel, Jordan, Kashmir, Kazakhstan, Kuwait, Lebanon, Libya, Macedonia, Nigeria, Oman, Pakistan, Qatar, Russia, Saudi Arabia, Somalia, Sri Lanka, Sudan, Syria, Tajikistan, Turkey, Turkmenistan, Ukraine, United Arab Emirates, Uzbekistan, Yemen or the Covered Person's country of residence.

Benefits Provided

If you have a covered accident that results in any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown to you or your designated beneficiary. If the covered 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:	Benefit Amount
(1) Life.....	100% of benefit amount
(2) Both hands or both feet	100% of benefit amount
(3) One hand and one foot.....	100% of benefit amount
(4) One hand or one foot plus the sight of one eye	100% of benefit amount
(5) Sight of both eyes	100% of benefit amount
(6) Speech and Hearing	100% of benefit amount
(7) Speech or Hearing.....	50% of benefit amount
(8) One hand, one foot, or sight of one eye.....	50% of benefit amount
(9) Thumb and index finger of the same hand.....	25% of benefit amount

Covered Loss of Use of:	Benefit Amount
-------------------------	----------------

(1) Four Limbs	150% of benefit amount
(2) Three Limbs.....	75% of benefit amount
(3) Two Limbs.....	66 2/3% of benefit amount
(4) One Limb	50% of benefit amount

Coma Benefit

If a covered person sustains a covered injury within 365 days of a covered accident and such injury causes the covered person to be in a coma for at least 31 consecutive days, he or she may receive a monthly benefit equal to 1% of the covered person's benefit amount for up to 100 months.

Additional Benefits

Additional Dismemberment Benefit for Children

If you elect Family Plan coverage, your dependent child(ren) may receive additional benefit amount for certain covered dismemberments equal to the benefit amount provided.

Common Disaster Benefit

If you elect Family Plan coverage and you and your covered spouse/domestic partner 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/domestic partner'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/dependent 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.

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 \$200,000.

Day Care Benefit

If you elect Family Plan coverage and either you or your covered spouse/domestic partner 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.

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 and Vehicle Modification Benefit

If a covered person suffers an injury and receives a benefit under the Accidental Dismemberment and Covered Loss of Use 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 or 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 and Covered Loss of Use 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 loss of life in a covered automobile accident while wearing a factory installed or manufactured authorized seat belt, an additional benefit equal to 10% of your benefit amount to a maximum of \$25,000 may be paid. Verification of the covered person's actual use of the seat belt or lap and shoulder restraints is required as follows: 1) in the official law enforcement report of the accident, through certification by the investigating officers; or 2) by other reasonable proof, acceptable to us.

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 provided the covered person's seat belt or lap and shoulder restraint was properly fastened at the time of the accident. The proper functioning and/or deployment of the air bag must be certified in the official law enforcement report of the accident, through certification by the investigating officers or by other reasonable proof, acceptable to us.

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.

Travel Assistance Plan

This Travel Assistance Plan will apply to the following Covered Persons when they are traveling 100 miles or more from their Principal Residence: you and your Spouse and/or Child(ren) covered under the policy. The transportation and/or services provided under this Travel Assistance Plan must be pre-authorized by Us. Coverage includes the following benefits:

	Maximum Benefit Amount		Maximum Benefit Amount
Medical Evacuation:	Unlimited	Visit to Hospital:	Unlimited
Medical Repatriation:	Unlimited	Return of Child (per child):	Unlimited
Non-Medical Repatriation:	Unlimited	(per attendant):	Unlimited
Return of Remains:	Unlimited	Return of Companion:	Unlimited

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.zurichtravelassist.com.

Visit the Zurich Travel Assist® website: <http://www.zurichtravelassist.com>

Features Include:

- Information on Services Provided
- Travel Risk & Security Information including country intelligence, security advice, travel health and Identity Theft
- Printable Membership Card
- Contact Information

Download the Travel Assist App: "TravelKit-Mobile Traveller"

Designed to prepare and assist traveling insureds and their families

- Features an itinerary that will keep you up-to-date with the latest news and events that may affect your travel
- Features travel information
- Risk ratings
- Security intelligence

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.

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 your survivors in the following order: 1) your spouse/domestic partner; 2) your children; 3) your parents; 4) your brothers or sisters; 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.

General Exclusions

A loss shall not be a covered loss if it is caused by, contributed to, or resulted from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, 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;
5. voluntary participation in any felony, insurrection or riot;
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity;
7. being legally intoxicated while operating a motor vehicle.
 - a. A covered person will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated, if operating a motor vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the covered person's intoxication.
8. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
9. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy.

Hazard Exclusions

The following exclusions pertain to Hazard H-1.

Coverage is not provided:

- A. Coverage is not provided if you are flying as a pilot or crew member of any aircraft;
- B. Unless We have previously consented in writing to the use, Coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
 1. any aircraft other than those expressly stated in the coverage;
 2. any aircraft owned or controlled by, or under lease to the policyholder;
 3. any aircraft owned or controlled by, or under lease to an insured or a member of a covered person's family or household;
 4. any aircraft operated by the policyholder or one of the policyholder's employees including members of an employee's family or household;
 5. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, aerial photography, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, hang gliding, endurance tests, exploration, fire fighting, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit

or waiver from the authority having jurisdiction over civil aviation, even though granted, hunting, parachuting or skydiving, pipe line inspection, power line inspection, racing, skywriting, or test or experimental purpose;

- 6. any conveyance used for tests or experimental purposes, or in a race or speed test..

General Limitations

Limitation on Multiple Covered Losses. If a covered person suffers more than one loss as a result of the same accident, we will pay only one benefit, the largest benefit.

Limitation on Multiple Benefits. If a covered person can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Covered Loss of Use Benefit, Coma Benefit as a result of the same accident, the most we will pay for these benefits in total is the Covered Person's benefit amount.

Limitation on Multiple Hazards. If a covered person suffers a covered loss that is covered under more than one Hazard, we will pay only one benefit, the largest benefit.

Cost and Method of Payment

The monthly cost for:

- **Employee Only** coverage is \$.012 for each \$1,000 of benefit amount.
- **Employee & Family** coverage is \$.015 for each \$1,000 of benefit amount.

Premium payments will be deducted automatically from your pay. For example, if you had selected one of the benefit amounts below, your monthly cost would be:

Benefit Amount	Monthly Cost You Only	Monthly Cost You & Your Family
\$ 25,000	\$.30	\$.38
50,000	.60	.75
100,000	1.20	1.50
150,000	1.80	2.25
200,000	2.40	3.00
275,000	3.30	4.13
350,000	4.20	5.25
450,000	5.40	6.75
500,000	6.00	7.50
600,000	7.20	9.00
700,000	8.40	10.50
750,000	9.00	11.25
800,000	9.60	12.00
900,000	10.80	13.50
1,000,000	12.00	15.00

If you enroll in new coverage or increase your existing benefit amount on or after January 1, 2013, amounts applied for in excess of \$250,000 must not exceed (10) times your **Base Annual Earnings***.

* **Base Annual Earnings** means your base annual pay excluding overtime, bonuses, commissions and special compensation.

Waiver of Premium

If you are Totally Disabled while covered under the policy, we will waive your premium due under the policy, provided the disability has continued for a period greater than six (6) consecutive months.

Premium payments will continue for the first six (6) months of continuous Total Disability. After this six (6) month period of continuous Total Disability, your premium for the Policy will be waived until the earliest of the following:

1) you are no longer Totally Disabled because of the injury; 2) the Policy terminates; 3) your employment terminates; 3) you attain age 70.

For purposes of this waiver, Totally Disabled means that you are: 1) unable to perform the substantial and material duties of his or her regular occupation; and 2) attended to, on a regular basis, by a duly licensed physician, other than the Insured or a member of his or her immediate family.

To apply for this waiver, the policyholder will notify Us in writing of your Total Disability and request a Waiver of Premium Form and a Disability Claim Form. These forms must be completed by the Policyholder, you and the attending physician, and mailed to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60916-8041.

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.

Sanctions Exclusion Endorsement

Notwithstanding any other terms under the policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under the policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED

ENROLLMENT FORM FOR GROUP ACCIDENT INSURANCE
FOR THE EMPLOYEES OF UTAH STATE UNIVERSITY



Underwritten by Zurich American Insurance Company
1400 American Lane
Schaumburg, IL 60196

Policy Number: GTU 4379833

Last Name:	First Name:	M.I.:	Occupation:
------------	-------------	-------	-------------

Office Location:	Sex:	Date of Birth:
------------------	------	----------------

Beneficiary Designation & Relationship:	The beneficiary for Spouse/Domestic Partner and Dependent Child(ren) is the employee named in the enrollment form.
---	--

<input type="checkbox"/> I authorize the monthly deduction from my salary of the premiums for the insurance as applied for as shown hereunder. <input type="checkbox"/> I have been given the opportunity to apply for this insurance but I do not desire to participate.	Check One: <input type="checkbox"/> Plan I - Employee Only <input type="checkbox"/> Plan II – Employee & Spouse/Domestic Partner <input type="checkbox"/> Plan III – Employee & Children <input type="checkbox"/> Plan IV – Employee & Family	Social Security No. Monthly Premium: \$
	Principal Sum Selected: \$	

Your Signature:	Date:
-----------------	-------

Spouse's/Domestic Partner's Name:	Occupation:
-----------------------------------	-------------

U-VA-107-A (UT) (12/09)

Zurich

1299 Zurich Way, Schaumburg, Illinois 60196-1056
800-382-2150 www.zurichna.com

The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

©2022 Zurich American Insurance Company

