



The University of Wisconsin System
Voluntary Accidental Death & Dismemberment Insurance
Policy # GTU 8364005



The following information briefly describes the AD&D Plan, which is available to university staff and employees who are eligible for the State of Wisconsin Group Health Insurance Plan. The benefits described are subject to certain exclusions and limitations as described in the Policy and the Certificate of Insurance. For additional information, please visit www.uwsa.edu/hr/benefits/ins/ladd.htm on the web.

ENROLLMENT

Interested employees should complete an Enrollment Application, available on the web at www.uwsa.edu/hr/benefits/ins/uws1245.pdf and, if applicable, complete an Affidavit of Domestic Partnership, available on the web at <http://www.uwsa.edu/hr/benefits/ins/uws50.pdf> and submit it to their institution's benefit office.

Employees who enroll may elect to include coverage for their eligible dependents under the Family Plan. Eligible dependents include your legally married spouse or eligible Domestic Partner and your dependent children or grand children or dependent children of your covered Domestic Partner from birth to 20 years of age, or to age 25 if attending an accredited school or college on a full-time basis, and are primarily dependent upon you for their support and maintenance.

If the Insured and his or her Covered Spouse/Domestic Partner are both Insureds under this Policy, only one may select the Family Plan..

BENEFIT AMOUNT

You may select a Benefit Amount of \$25,000; \$50,000; \$100,000; \$150,000, \$200,000, or \$250,000*. Benefit Amounts selected in excess of \$200,000 may not exceed ten (10) times your basic annual remuneration received from the Policyholder excluding bonuses, overtime and commissions. Your dependents will be covered for a percentage of the Benefit Amount you select, subject to certain maximums. Your Benefit Amounts are subject to a reduction schedule at age 70.

DESCRIPTION OF COVERAGE

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any covered loss 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.

BENEFITS PROVIDED

If you have an accident that results in a loss of life, loss of a limb(s), sight, speech, hearing, loss of use of certain limbs within 365 days of the accident, or permanent and total disability within 180 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.

ADDITIONAL BENEFITS PROVIDED THROUGH THE PLAN

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/Domestic Partner's Benefit Amount will be increased to equal that payable for you subject to a combined maximum amount of \$250,000.

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 equal to the actual tuition, exclusive of room and board, charged by such institution per school year to a maximum of \$2,000 per year may be paid for each such Covered Child for up to 4 consecutive years.

SEAT BELT 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 \$10,000 may be paid.

SPOUSE/DOMESTIC PARTNER RETRAINING BENEFIT

If you elect Family Plan Coverage and suffer a covered loss of life, your Covered Spouse/Domestic Partner may receive the lesser of \$3,500 or the actual cost incurred within 30 months of your death for any professional or trade-training program in which your Covered Spouse/Domestic Partner enrolls to obtain an independent source of support and maintenance.

ADDITIONAL BENEFITS PROVIDED THROUGH THE PLAN *continued*

SURVIVING SPOUSE/DOMESTIC PARTNER BENEFIT

If you elect Family Plan Coverage and suffer a covered loss of life, an additional monthly benefit of 1% of your Benefit Amount may be paid to your Covered Spouse/Domestic Partner for a period of 12 months in addition to any other benefits payable under this Policy.

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 Amount of \$250,000.

SPECIAL AIR AMBULANCE COVERAGE EXTENSION:

If you are a Medical Staff employee, pilot, operator, member of the crew or cabin attendant who is otherwise a Covered Employee and have occasion to ride on or operate the University owned or operated air ambulance, you may elect to extend coverage while on this aircraft for an additional premium. Coverage must be approved in writing by Zurich American Insurance Company.

PRIVATE PILOT COVERAGE:

If you are a Covered Person, you may apply for private pilot coverage. You must pay an additional premium for this coverage. Coverage must be approved in writing by Zurich American Insurance Company.

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 or with your computer, go to their web site at www.zurichna.com/travelassist and referencing Policy number GTU 8364005. Services provided include Medical, Informational, Legal, and Personal Assistance.

EXCLUSIONS

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, disease or infection; pregnancy, including childbirth, but not including complications thereof; skydiving, parasailing, hanggliding, bungee-jumping, or any similar activity; participation in the commission or attempted commission of any felony or assault; flying as a pilot, operator, member of the crew or cabin attendant of any aircraft, with the exception of specifically named individuals on file with the Policyholder; 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 with the exception of the University owned or operated air ambulance; 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.

COST AND METHOD OF PAYMENT

The monthly cost for Employee Only Coverage is \$.029 for each \$1,000 of Benefit Amount. The monthly cost for the Family Plan is \$.044 for each \$1,000 of Benefit Amount. Listed below are the Benefit Amounts you may apply for and your Monthly Cost:



Principal Sum	\$ 25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000*
Employee Only Premium	\$.73	1.45	2.90	4.35	5.80	7.25
Family/ Domestic Partner Premium	\$ 1.10	2.20	4.40	6.60	8.80	11.00
Private Pilot and Air Ambulance Coverage Requires underwriting approval						
Monthly Premium(in addition to above)						
Private Pilot Coverage: \$.55 per \$10,000						
Air Ambulance Coverage: \$ 1.00 per \$10,000						

* Amounts selected over \$250,000 may not exceed (10) times your basic annual remuneration exclusive of overtime, bonuses, and commissions.

Premium payments will be deducted automatically from your pay.

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.