

Group Voluntary Accidental Death And Dismemberment Insurance

For Employees of Employers Participating in the Washington Counties Insurance Fund
Answers To Your Questions About Coverage From The Standard



Booklet Includes

- Coverage Highlights
- Enrollment Form

Standard Insurance Company





Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Accidents can happen to anyone, anywhere. Voluntary AD&D insurance can provide extra protection in the event an accident happens to you. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through your employer, who must be participating in Washington Counties Insurance Fund (WCIF).

Eligibility Requirements

- Policy # 645273-E**
 - The group policy effective date is January 1, 2009
- Employee**
 - You must be enrolled in Basic Life insurance under group policy 645273-B, and one of the following:
 - An active employee of an employer participating in WCIF, who is working at least the minimum amount of hours required by your employer to be eligible under the group policy*; or
 - An elected official of an employer participating in WCIF
 - Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
- Dependent**
 - You must elect Voluntary AD&D insurance for yourself in order to elect Dependents AD&D insurance
 - Spouse means a person to whom you are legally married or your domestic partner as recognized by law
 - Child means your child from live birth through age 25
 - Your spouse or children must not be full-time member(s) of the armed forces
- Premium**
 - You pay 100 percent of the premium for this coverage through easy payroll deduction

*Please ask your human resources representative for more information about eligibility requirements

Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Voluntary AD&D for which you are interested in applying.

	Minimum	Incremental Unit	Maximum
Employee	\$25,000	\$25,000	\$500,000

Any amount over \$250,000 may not exceed 10 times your annual earnings.

You may also elect Voluntary AD&D coverage for your family. The coverage amount for each dependent is as follows:

Spouse only	Your choice of 50% or 100% of your AD&D coverage amount
Child(ren) only	10% of your AD&D coverage amount for each child

Note: The amount for your child may not exceed \$30,000

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period if applicable, and agree to pay premium.

Please contact your human resources representative to determine if you must serve an eligibility waiting period and for more information regarding these requirements that must be satisfied for your insurance to become effective.

Voluntary AD&D Age Reductions

Under this plan, the coverage amounts for you and your spouse reduce by 35 percent at age 70, by 55 percent at age 75, by 70 percent at age 80, by 80 percent at age 85, by 85 percent at age 90, and by 90 percent at age 95.

Voluntary AD&D Insurance Benefit Schedule

The amount of your or your dependents AD&D benefit for losses covered under this plan is a percentage of the amount of your or your dependents AD&D insurance in effect on the date of the covered accident as shown below.

Loss:	Percentage Payable:
Loss of Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech, or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

¹ Including loss of life by accidental exposure to adverse weather conditions or disappearance if the disappearance is caused by an accident that could have reasonably resulted in your death.

² This benefit is not payable if a Voluntary AD&D benefit is payable for Quadriplegia, Hemiplegia, or Paraplegia involving the same hand or foot.

³ This benefit is not payable if a Voluntary AD&D benefit is payable for the loss of the entire hand.

The loss must be caused solely and directly by an accident and occurs independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Voluntary AD&D Insurance Exclusions

Subject to state variations, AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft if you are a pilot or crew member of the aircraft or if you are a passenger in an aircraft operated by or for your employer

Voluntary AD&D Insurance Features

The following are brief descriptions of features included in this plan. These features offer additional benefits when an AD&D benefit is payable.

Seat Belt Benefit	Provides an additional benefit in the event of a covered automobile accident.
Higher Education Benefit	Eligible children may be entitled to receive additional financial help for college in the event of your death
Career Adjustment Benefit	Eligible spouses may be entitled to receive additional financial help for career training in the event of your death
Paralysis Benefit	Provides a portion of your AD&D benefit if you suffer an accident that results in quadriplegia, hemiplegia, or paraplegia.
Common Disaster Benefit	Provides an additional benefit to your child(ren) if both you and your spouse die as a result of the same accident for which an AD&D benefit is payable for the loss of both lives.

When Insurance Ends

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy, or your employer’s coverage under the group policy, terminates

In addition to the above requirements, AD&D coverage for your dependents ends automatically when your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your human resources representative.

Group Insurance Certificate

If coverage becomes effective, and you become insured, you may retrieve a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events from www.wcif.net or by calling (800) 344-8570. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Voluntary AD&D Rates

	<u>Cost per \$1,000 of Coverage</u>
Employee Only	\$0.025
Spouse	\$0.025
Child(ren)	\$0.030

To calculate Voluntary AD&D premium for you:

$$\frac{\text{Your Amount Elected}}{\$1,000} = \text{_____} \times \$0.025 = \text{Your monthly cost}$$

To calculate Voluntary AD&D premium for your spouse:

$$\frac{\text{Your Amount Elected}}{\$1,000} = \text{_____} \times \$0.025 = \text{Your monthly cost}$$

To calculate Voluntary AD&D premium for your child(ren):

$$\frac{\text{Your Amount Elected}}{\$1,000} = \text{_____} \times \$0.030 = \text{Your monthly cost}$$

Premiums for this coverage will be deducted directly from your paycheck.

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name Washington Counties Insurance Fund (WCIF)		Group Number(s) 645273	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Your Employer			Job Title/Occupation		

AD&D	<p><i>Check with your Human Resources Department about coverage options available to you.</i></p> <p>Voluntary Accidental Death and Dismemberment (AD&D) Insurance <i>Employee must be insured under the plan to be eligible to elect coverage for the Spouse and/or eligible Child(ren).</i></p> <p><input type="checkbox"/> Employee Your requested amount \$ _____ (Not to exceed \$500,000. Any amount in excess of \$250,000 may not exceed 10 times your annual earnings.)</p> <p>Dependent Voluntary Accidental Death and Dismemberment (AD&D) Insurance <i>You may elect to insure your Spouse under one of the following options:</i></p> <p><input type="checkbox"/> Spouse AD&D (50% of employee Voluntary AD&D coverage. Not to exceed \$250,000) <input type="checkbox"/> Spouse AD&D (100% of employee Voluntary AD&D coverage. Not to exceed \$500,000)</p> <p><i>Child(ren)</i></p> <p><input type="checkbox"/> Child AD&D (10% of employee Voluntary AD&D coverage. Not to exceed \$30,000)</p>					
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BENEFICIARY	<p><i>This designation applies to Accidental Death and Dismemberment (AD&D) Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.</i></p>					
	Primary - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit

CHANGE	<p>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</p>					
	<input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent		<input type="checkbox"/> Name Change		<input type="checkbox"/> Beneficiary Change	
Date of add/delete _____		Former name _____		<input type="checkbox"/> Other _____		

SIGNATURE	<p>I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.</p>					
	Member/Employee Signature Required				Date (Mo/Day/Yr)	

Human Resources Department - Complete this section. Retain form for your records.

Dvsn ID 0001	Billing Cat. 0100	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr
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Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated _____.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Benefits payable because of the death of a Dependent are payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.



For more than 100 years we have been dedicated to our core purpose: to help people achieve financial security so they can confidently pursue their dreams. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance. We provide insurance to more than 25,000 groups, covering over 8.1 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

For more information about group Voluntary AD&D insurance from The Standard, contact your human resources department. To learn more about The Standard, visit us at **www.standard.com**.

* As of Dec. 31, 2012, based on internal data developed by Standard Insurance Company.

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www.standard.com

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