

**Who is eligible?**

All active, regular employees including but not limited to extended day facilitators (this excludes but is not limited to substitutes, limited term, student workers and extended day workers), working 10 hours or more per week, and the spouse of a Class II Insured Employee. Each unmarried, dependent child of a Class II Insured Employee (or spouse of the Insured Employee) ages 1 year through 19 years (or 23 years if attending a college or other school on a full-time basis) is eligible.

**How much coverage can I select?**

You may select a benefit amount in \$10,000 increments up to 10 times your annual salary. Your family members may be insured for a portion of your benefit amount. Your spouse will be covered for 50% of your benefit amount, or 40% if you have eligible children. Each of your eligible children will be insured for 15% of your benefit amount, or 10% if your spouse is eligible for coverage.

**How much does coverage cost?**

Group accident protection is affordable. Coverage costs \$.75 semi-monthly for every \$50,000 of benefits you select from a minimum of \$10,000 to a maximum of \$300,000. If you choose more than \$150,000 of coverage, your benefit amount must not be more than 10 times your annual salary. You and your family may be covered for \$1.29 semi-monthly for every \$50,000 of your benefit amount. Some frequently selected benefit amounts and corresponding semi-monthly costs are shown below:

<b>Benefit Amount</b>	<b>Employee Coverage</b>	<b>Family Coverage</b>
\$50,000	\$.75	\$1.29
\$100,000	1.50	2.58
\$150,000	2.25	3.87
\$200,000	3.00	5.16
\$300,000	4.50	7.74

Premiums are conveniently paid through payroll deduction. That way you will never forget to pay your premium.

**How are benefits paid?**

Benefits will be paid for specific losses caused by a covered accident in accordance with the following schedule:

<b>For Loss of:</b>	<b>% of Benefit* Payable</b>
Life	100%
Both hands or both feet	100%
Sight in both eyes	100%
One hand or one foot	50%
Sight in one eye	50%
Thumb and index finger on same hand	25%
Speech or hearing in both ears	25%

\*Loss must occur within 365 days of the accident. If more than one loss occurs as the result of the same accident, the total payment for all losses cannot exceed 100% of the employee's benefit amount.

If a covered loss occurs after age 69, the benefit amount paid will be a percentage of your selected benefit.

<b>Age On Date of Loss</b>	<b>Benefit Amount</b>
Age 69 or younger	100%
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

For example, if you enrolled in the plan at age 55 and selected a benefit amount of \$100,000, your benefit amount would reduce to \$65,000, if loss occurred at age 70-74.

**Additional Benefits**

For you and your family:

**✓ Education**

In the event of your death, 5% up to a maximum of \$5,000 of your benefit amount will be paid for each insured child enrolled as a full-time student, or who is in the 12th grade and enrolls in an institution of higher learning within 365 days after the date of your death. This benefit is payable up to a maximum of 4 consecutive years. We will pay the actual tuition expense incurred by the Insured's spouse, up to \$5,000 if: the Insured's spouse attends an institution of higher learning for the purposes of obtaining a source of support and maintenance, and

the tuition is incurred within 30 months after the date of the Insured's death.

**✓ Safe Driving**

A benefit is paid in an amount equal to the lesser of 10% of the Insured's Principal Sum, if a covered loss is a result of an automobile accident, providing the driver was not under the influence of alcohol or drugs and the insured person was wearing a properly fastened seatbelt. An additional benefit of 5% will be paid if the Insured Person is driving a four wheel vehicle that is equipped with factory installed supplemental restraint system. The maximum benefit for both seatbelt and airbag is \$50,000.

**✓ COBRA Benefit**

An additional benefit equal to the lesser of 3% of your benefit amount, or \$3,000 will be paid in three annual payments for the continuation of the family members' medical coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) in the event of your death.

**✓ Paralysis**

If you suffer Injury to the spinal cord within 365 days of a covered accident, resulting in Paraplegia or Quadriplegia, you will receive 1% of the percentage shown below of your benefit amount. This benefit is payable for 100 months beginning with the 13th month of Paralysis, provided such paralysis continues. This benefit when combined with benefits payable under the AD&D schedule will not exceed 100% of your benefit amount.

Paraplegia .....	75%
Hemiplegia.....	75%
Quadriplegia.....	100%

**✓ In-Hospital Benefit**

If you or your insured family member is hospitalized as the result of a covered accident, this benefit will pay 2% of the Insured person's benefit.

**Group Voluntary Accidental Death & Dismemberment Insurance**

Underwritten by Hartford Life Group Insurance Company

**Enrollment Form (PLEASE PRINT)**

Please complete the front and back of this form and return to your Human Resources Department.

Name Last First Initial

Social Security Number

Date of Birth

Sex Male Female

Address Street Apt.

City State Zip

Employer

Occupation

**CHECK ALL BOXES THAT APPLY:**

I wish to enroll in the Group Voluntary AD&D Insurance Program and authorize my employer to make a monthly payroll deduction to cover the cost of the program I have selected. (Please complete the reverse side)

Check the Program desired (select only one):

Employee Only Plan Family Plan

Benefit Amount Selected (in \$10,000 increments):

I have been made aware of the Group Voluntary AD&D Insurance Program available through my employer and do NOT wish to enroll at this time.

Employee Signature

Date

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company, Hartford Life Group Insurance Company, and Hartford Life Group Insurance Company. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or

## Beneficiary Designation

If you have elected to enroll in the Program, please complete this form. If there is no beneficiary designation in effect at the time of your death, benefits will be paid to your beneficiary as designated under the Group Life Insurance policy.

PLEASE PRINT

<b>Primary Beneficiary*</b>	Last	First
Initial		

<b>Relationship</b>	<b>Percentage</b>	<b>of</b>	<b>Benefit</b>
<b>Amount</b>			

<b>Address</b>	Street
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City	State	Zip
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<b>Primary Beneficiary*</b>	Last	First
Initial		

<b>Relationship</b>	<b>Percentage</b>	<b>of</b>	<b>Benefit</b>
<b>Amount</b>			

<b>Address</b>	Street
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City	State	Zip
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<b>Contingent Beneficiary</b>	Last	First	Initial
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<b>Relationship</b>	<b>Percentage</b>	<b>of</b>	<b>Benefit</b>
<b>Amount</b>			

<b>Address</b>	Street
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City	State	Zip
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\*If the Family Plan is selected, the Primary Beneficiary for each dependent is automatically the insured employee. If

you select more than one beneficiary, the sum of the indicated percentages of Benefit Amount must equal 100%.

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**Employee Signature**

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**Date**

amount to a maximum of \$3,000 per month, not to exceed 12 months.

### ✓*Psychological Therapy Benefit*

A benefit will be paid when an Insured Person requires Psychological Therapy as the result of an accident. A licensed physician must recommend such therapy. The benefit amount pays for 10 visits or a total of \$1500, or until a licensed physician determines psychological therapy is no longer needed.

### ✓*Increased Child Dismemberment*

If an insured dependent child suffers an injury as the result of an accident, a benefit will be paid under the Accidental Death and Dismemberment policy equal to 100% of the applicable principal sum as follows:

<b>For Loss of:</b>	<b>% of Benefit* Payable</b>
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Both arms or both legs	100%
Both hands or both feet	100%
One arm or one leg	25%
One hand or one foot	25%
Speech or hearing in both ears	25%
Thumb and index finger on same hand	20%

\*Benefit is based on the Insured's Principal Sum.

### ✓*Travel Care Benefits*

If a Physician orders the emergency medical evacuation of you or your insured family member(s) because of an injury or sickness while traveling outside your country, up to a maximum of \$30,000 of reasonable expenses will be paid for: economy airfare for travel companions; and up to \$3,000 for the repatriation of remains in the event of loss of life.

## Is coverage portable?

If coverage ends for any reason other than non-payment of premium, you and your insured family member(s) may purchase an AD&D conversion policy. Conversion is not available if Volusia County School Board provides access to another group policy within 31 days of policy termination.

## Air Travel Coverage

Full coverage is provided for air travel as a passenger (but not as a pilot or crew member) while

riding, boarding or alighting from any passenger aircraft, except an aircraft owned, operated or leased by or on behalf of Volusia County School Board.

## What's not covered?

This policy does not cover any loss caused by or resulting from: Riding in any vehicle or device for aerial navigation, except as provided under "Air Travel Coverage"; Declared or undeclared war or an act of either; Service in the armed forces of any country. However, orders to active military service for reserve training for 2 months or less shall not constitute service in the armed forces; Suicide or a suicide attempt while sane or self-destruction or an attempt to self-destroy while insane; Sickness or disease, except pyogenic infections which occur through an accidental cut or wound; The voluntary use of any drug or controlled substance unless used as prescribed by a physician.

## When does coverage end?

As long as the plan is in force, you are an eligible employee, and you pay your premium, your coverage remains in effect. Your family members will remain insured as long as they are eligible, you are covered and their premium is paid. Handicapped children shall remain insured, regardless of age, as long as they continue to be handicapped and your coverage remains in force.

## How do I enroll?

Simply fill out the attached form and return it to Insurance & Employee Benefits Dept., Deland or Bert Reames Insurance Services, P.O. Box 1030, Daytona Beach, FL 32115-1030. Your coverage will be effective on the first of the month after your employer receives your enrollment form. Proof of coverage will be forwarded to you along with other necessary documents.

**Group  
Voluntary  
Accidental Death  
and  
Dismemberment  
Insurance**

**Volusia  
County  
School Board**