Ventura Unified School District Plan Benefits

All Active Full Time Employees

Explore the coverage that makes it easy to give yourself and your loved ones more security today…and in the future.

Voluntary Accidental Death and Dismemberment Insurance (VAD&D)

MetLife's Voluntary Accidental Death & Dismemberment (VAD&D) insurance helps protect you 24 hours a day, 365 days a year.

This valuable coverage is available to you even if you already have accident insurance. It provides benefits beyond your disability or life insurance for losses due to covered accidents — while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

You can add this valuable option to your benefits package by enrolling now. With VAD&D insurance, you and your family can enjoy even greater financial protection.

Coverage Amounts for You:

As an employee of the District, you are eligible to receive $2,000 of Voluntary Accident Death and Dismemberment Insurance. You are also eligible to enroll for additional amounts of Accident Death and Dismemberment coverage.

For All Employees who enroll during the designated enrollment period:

$2,000

You can choose the Voluntary AD&D option that meets your needs:

Benefit amounts under additional optional Employee Insurance:

- Option 1: $10,000
- Option 2: $25,000
- Option 3: $50,000
- Option 4: $100,000
- Option 5: $250,000
- Option 6: $500,000

If you enroll in Option 4, Option 5 or Option 6, the amount of insurance, combined between your Optional Employee Insurance and Additional Optional Life Insurance, cannot exceed the lesser of (1) or (2):

(1) 10 times your annual Earnings.
(2) $500,000

Coverage Amounts for Spouse/Domestic Partner and Child[ren]

You can choose to cover your dependent spouse/domestic partner and child(ren)* with Voluntary AD&D coverage. Your dependents will be eligible for the following coverage:

Dependent Spouse/Domestic Partner only:
60% of your coverage amount

Dependent Child(ren) only:
25% of your coverage amount, not to exceed $50,000 for each child

*Child(ren)'s Eligibility: Dependent children ages from birth to age 26 years.

Table of Covered Losses

This VAD&D insurance pays benefits for covered losses that are the result of a covered accidental injury or loss of life. The full amount of VAD&D coverage you select is called the "Full Amount" and is equal to the benefit payable to the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and are listed in the following table of covered losses. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Covered Losses	Percent of Full Amount
Life	100% of Full Amount
Hand	50% of Full Amount
Foot	50% of Full Amount
Arm	75% of Full Amount
Leg	75% of Full Amount
Sight of one eye	50% of Full Amount
Thumb & index finger of same hand	25% of Full Amount
Speech & hearing	100% of Full Amount
Speech or hearing	50% of Full Amount
Paralysis of both arms and both legs	100% of Full Amount
Paralysis of both legs	75% of Full Amount
Paralysis of the arm & leg on either side of the body	50% of Full Amount
Paralysis of one arm or leg	25% of Full Amount
Brain Damage	100% of Full Amount
Coma	1% monthly up to 60 months

Standard Additional Benefits Include

The following benefits are payable in addition to the covered losses listed in the above table:

- Air Bag
- Seat Belt
- Common Carrier
- Child Care Center
- Child Education
- Spouse Education
- Hospitalization
- Common Disaster

Once Enrolled, You have Access to MetLife Advantages℠ – Services to Help Navigate What Life May Bring

Beneficiary Claim Assistance

For support when beneficiaries need it most

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for Massachusetts Mutual Life Insurance Company (Mass Mutual) financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.

Life Settlement Account[1]

For immediate access to death proceeds

The Total Control Account® (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of $5,000

or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

Travel Assistance[2]

A travel assistance benefit is available when you enroll in MetLife's AD&D coverage.

Travel assistance services, offered on your AD&D/business travel accident coverage, offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. This service provides you and your dependents with medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home. You also have access to Mobile Assist Service to provide you information to help avoid expensive mobile telephone charges and help effectively use overseas options. Mobile Assist Service also offers a detailed guide that includes essential applications and resources and connects employees to their concierge services. Identity Theft Solutions is also available to help educate you on identity theft prevention and provide assistance in the event you are a victim of identity theft. Please visit the AXA website for more information [or refer to the enclosed Travel Assistance Brochure for more details.

http://webcorp.axa-assistance.com
Login: axa
Password: travelassist

Portability

So you can keep your coverage even if you leave your current employer

Should you leave the District for any reason and voluntary AD&D insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group, and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least $10,000 up to a maximum of $1,000,000 .

Portability is also available on coverage you've selected for your spouse/domestic partner and dependent child(ren). The maximum amount of coverage for spouse/domestic partners is $250,000; the maximum amount of dependent child coverage is $25,000. Increases, decreases and maximums are subject to state availability.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your plan administrator/employer or certificate for specific details.
Please note that if you experience an event that makes you eligible for portability, please call a MetLife representative at 1-888-252-3607 or contact your plan administrator/employer for more information.

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family.

Additional Coverage Information

How To Enroll

Complete your enrollment form and return it to your Human Resources Manager today! Be sure to indicate your Beneficiary.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect for your spouse/domestic partner's and eligible children's coverage to take effect. In addition, your spouse/domestic partner and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the first of the month following the receipt of your completed application. The coverage for your spouse/domestic partner and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

1 The Total Control Account (TCA) is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife's general account and are subject to claims of MetLife's creditors. MetLife bears the investment risk of the assets backing TCAs, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

2 Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

3 WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Ventura Unified School District are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Coverage is provided under a group insurance policy (GPNP99) issued to your employer by MetLife. VAD&D coverage terminates when your employment ceases, when your VAD&D contributions cease or upon termination of the group contract. In addition, coverage for dependents terminate when the employee's employment ceases (including upon the death of the employee) and when a dependent no longer qualifies. This plan provides ACCIDENT insurance only. This plan does not provide coverage for sickness. Certain exclusions and limitations may be subject to state specific requirements.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Keenan Associates

Ventura Unified SCHOOL DISTRICT

MetLife

Ventura Unified School District

Voluntary AD&D Rates - 10thly Billing

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
$10,000	$0.42	$0.67	$0.47	$0.72
$25,000	$1.06	$1.69	$1.16	$1.80
$50,000	$2.10	$3.36	$2.33	$3.59
$100,000	$4.20	$6.72	$4.66	$7.18
$250,000	$10.50	$16.80	$11.40	$17.70
$500,000	$21.00	$33.60	$21.90	$34.50

MetLife
Metropolitan Life Insurance Company, New York, NY

VOLUNTARY ADD • ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)

Name of Group Customer/Employer	Group Customer #	Division	Class	Dept Code

Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee in blue or black ink)

Name (First, Middle, Last)	Social Security # – –	☐ Male ☐ Female

Address (Street, City, State, Zip Code)	Date of Birth (MM/DD/YYYY)

Employee Retiree	Job Title:	Basic Annual Earnings: $	Salaried Hourly	Hours Worked Per Week:

New Enrollment Change in Enrollment If due to a Qualifying Event, enter date (MM/DD/YYYY)

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand the amounts of insurance I request must comply with and are limited by the plan design described in my enrollment materials.

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

☐ Voluntary Accident Death & Dismemberment (Buy-Up)

Enter amount requested $_____

The Amount of Insurance on each of your Qualified Dependents is a percent of your amount of Employee Insurance under coverage.

The amount of insurance applicable to family members is expressed as a percentage of the Employee amount:

☐ *Spouse Only*
- 60% of Employee amount

☐ *Children Only*
- Each Child: 25% of Employee amount (Max $50,000)

☐ *Spouse and Children*:
- 60% on Spouse and 25% on each Child (Child Max $50,000)

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

I designate the following person(s) as primary beneficiary(ies) for any amount payable upon my death for the MetLife insurance coverage applied for in this enrollment form. With such designation any previous designation of a beneficiary for such coverage is hereby revoked. I understand I have the right to change this designation at any time.

☐ Check if you need more space for additional beneficiaries and attach a separate page. Include all beneficiary information, and sign/date the page.

Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL: 100%

If all the primary beneficiary(ies) die before me, I designate as contingent beneficiary(ies):

Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	

Payment will be made in equal shares or all to the survivor unless otherwise indicated. TOTAL: 100%

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MetLife
Metropolitan Life Insurance Company, New York, NY

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling and, if I am enrolling for any contributory life insurance, that I was actively at work for at least 20 hours during the 7 calendar days preceding my date of enrollment. I understand that if I am not actively at work on the scheduled effective date of insurance, such insurance will not take effect until I return to active work.
3. I understand that if I do not enroll for life coverage during the initial enrollment period, or if I do not enroll for the maximum amount of coverage for which I am eligible, evidence of insurability satisfactory to MetLife may be required to enroll for or increase such coverage after the initial enrollment period has expired. Coverage will not take effect, or it will be limited, until notice is received that MetLife has approved the coverage or increase.
4. I understand that if I do not sign the payment authorization below, coverage for which contributions are required will not take effect until I have provided such authorization.
5. I affirmatively decline coverage for any benefits for which I am eligible which I do not request on this enrollment form.
6. I have read the Beneficiary Designation section provided in this enrollment form and I have made a designation if I so choose.
7. I have read the applicable Fraud Warning(s) provided in this enrollment form.

Sign Here

Signature of Employee	Print Name	Date Signed (MM/DD/YYYY)

PAYMENT AUTHORIZATION

By signing below, I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.

Sign Here

Signature of Employee	Print Name	Date Signed (MM/DD/YYYY)