

Additional AD&D Insurance
Administered by Zurich



Willmar ISD 347

Trustees of Schools Insurance Fund presents
Group Accidental Death & Dismemberment Insurance Plan • GTU 3514257
...protection against the unexpected

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 eligible employees of schools associated with the Willmar ISD 347 who have enrolled by Joinder Agreement in the Trust.

You may elect to include coverage for your eligible dependents under the Family Plan.
Eligible dependents include your legally married spouse and your unmarried dependent children from birth to 19 years of age, or to age 26 if attending an accredited school or college on a full-time basis, and are primarily dependent upon you for their support and maintenance.
No individual may be covered more than once under this plan. You cannot be covered as a spouse or dependent child of another employee.

Benefit Amount

Class I: You may purchase a benefit from a minimum of \$25,000 to a maximum of \$300,000 in increments of \$25,000. However, amounts applied for in excess of \$150,000 must not exceed ten (10) times your base annual pay excluding overtime, bonuses and commissions.

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	% Child(ren)
Spouse only:	50%	0
Dependent Child(ren) only:	0	15%
Spouse and Dependent Child(ren)	50%	10%

Maximum benefit amount of \$25,000 for dependent child(ren).

Reduction of Benefits at Age 70

At age 70, for the insured employee only, 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%

Additional AD&D Insurance (Continued)

Administered by Zurich



Benefits Provided

If you have an accident that results in any of the following losses, Zurich American Insurance Company may pay certain benefit amounts shown within 365 days of the date of the accident 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. 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

Loss of Use of:	Benefit Amount
(1) Four Limbs	100% of benefit amount
(2) Three Limbs	75% of benefit amount
(3) Two Limbs	66% of benefit amount
(4) One Limb	50% of benefit amount

Cost and Method of Payment

- The monthly cost for **Employee Only** coverage is \$.026 for each \$1,000 of benefit amount.
- The monthly cost for the **Family Plan** is \$.04 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	PLAN I Monthly Cost Employee Only	PLAN II Monthly Cost Family Plan
\$ 25,000	\$.65	\$ 1.00
50,000	1.30	2.00
75,000	1.95	3.00
100,000	2.60	4.00
125,000	3.25	5.00
150,000*	3.85	6.00
175,000*	4.55	7.00
200,000*	5.20	8.00
225,000*	5.85	9.00
250,000*	6.50	10.00
275,000*	7.15	11.00
300,000*	7.80	12.00

* Benefit amounts in excess of \$150,000 may not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

Waiver of Premium Benefit

If you become totally disabled (as defined in the policy), we will waive your premium provided your disability has continued for a period greater than six (6) consecutive months. Premium payments shall continue for the six (6) months of continuous Total Disability. After this six (6) month period, premium shall be waived until the earliest of the following: 1) you are no longer totally disabled because of the injury; 2) the policy terminates; or 3) you attain age 70.