



Example of coverage

Coverage

Insured persons are covered for Accidental Death and Dismemberment (AD&D) which pays a benefit if a covered accident results in loss of life, limb, sight, speech or hearing. Insured persons are also covered if an accident results in quadriplegia, paraplegia, hemiplegia or uniplegia, which lasts longer than 365 days. Insured persons are covered 24 hours a day, 365 days a year. The maximum AD&D principal sum amount is equal to \$12,000.

100% is payable for accidental loss of life or loss of both hands or loss of both feet or loss of one hand and one foot or sight of both eyes or loss of speech and hearing (both ears) or quadriplegia.

50% is payable for accidental loss of one hand or one foot or the sight of one eye or loss of hearing (both ears) or paraplegia or hemiplegia.

25% is payable for accidental loss of thumb and index finger of the same hand or uniplegia.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Severance means the complete separation and dismemberment of the part from the body. Paralysis means loss of use, without severance, of a limb. This loss must be determined by a Physician to be complete and not reversible.

Beneficiary

Covered person's loss of life benefits will be paid in one sum to the first surviving class in the following order:
1. Spouse; 2. Child or children; 3. Mother or father; 4. Sisters or brothers; or 5. The estate of a covered person.

Exclusions

Certain exclusions apply and vary by state; refer to the master policy on file with your employer.

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Please speak with your benefits counselor for additional details. No quote or purchase of insurance necessary and need not be a Combined Insurance policyholder. Not available in all states and void where prohibited. This is not intended to replace any current life policies you may have.

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Effective date

Coverage is in effect for 12 months from the enrollment date and will cease on the date the policy is terminated.

This Example of Coverage is not a contract of insurance but a sample summary of coverage. Complete provisions pertaining to this coverage are contained in the master policy on file with your employer. Please see your employer for master policy details and to receive your synopsis of coverage.

If a statement in this Example of Coverage and any provision of the policy differ, the policy will govern.

Underwritten by: United States Fire Insurance Company

