

## Plan Highlights

### Voluntary Group Accidental Death & Dismemberment Insurance



#### ELIGIBILITY

**Employees:** You are eligible when actively-at-work on a Full-time or Part-Time basis as defined by your employer, except if you are working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you
- ▶ Your unmarried financially dependent children\* birth to 26 years.

\*Natural and adopted children; stepchildren and foster children in your custody.

Also included are your children beyond the limiting age incapable of self-sustaining employment by reason of intellectual disability or physical handicap and chiefly dependent on you for support and maintenance (may vary by state).

For dependents who are confined in a hospital or at home on the date on which they would otherwise become insured, insurance will be effective as of the date the confinement ends.

- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

#### VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

#### BENEFIT AMOUNT

**Employee:**

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments.

*Subject to ten times earnings for a principal sum over \$250,000*

**Dependent:**

*Spouse Coverage with no child(ren): 100% of the employee amount*

*Spouse Coverage with child(ren): 60% of the employee amount*

*Child(ren) Coverage with spouse: 10% of the employee amount*

#### CONTRIBUTION REQUIREMENTS

**Employee:**

Coverage is 100% employee paid.

**Dependent:**

*Spouse:* Coverage is 100% employee paid.

*Dependent Child(ren):* Coverage is 100% employee paid.

#### AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Two or More Members*	100%
Speech and Hearing	100%
One Member*	50%
Speech or Hearing	50%
Thumb and Index Finger of Same Hand	25%

\* "Member" refers to a hand, foot or eye

#### BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

Age	Original Benefit Reduced to
75	50%
80	25%

#### FEATURES

- ▶ Conversion Privilege
- ▶ Exposure and Disappearance
- ▶ FMLA / MSLA Continuation

## **EXCLUSIONS**

### **LIMITATIONS:**

If you or your insured dependent die by suicide, while sane or insane, within two (2) years of your effective date for True VAR and/or Dependent insurance coverage, our payment will be limited to a refund of all life insurance premiums paid prior to the date of death.

### **AD&D EXCLUSIONS:**

AD&D benefits will not be payable for a loss: caused or contributed by by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor.

For a comprehensive list of exclusions and specific limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.