

Plan exclusions

There are certain situations we do not cover in our policy. These include:

- Accident, Accidental Bodily Injury or Loss occurring while the insured is in, entering or exiting any aircraft that is owned, leased or operated by the policyholder or on behalf of the policyholder.
- Accident, Accidental Bodily Injury or Loss occurring while the insured is in, entering or exiting any aircraft while acting or training as a pilot or crew member.
- Accident, Accidental Bodily Injury or Loss caused by or resulting from the insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions or medical or surgical treatment thereof.
- Accident, Accidental Bodily Injury or Loss resulting from suicide, attempted suicide or intentionally self-inflicted injury.
- Accident, Accidental Bodily Injury or Loss caused by or resulting from a declared or undeclared war.
- Accident, Accidental Bodily Injury or Loss occurring while an insured person is participating in military action in the armed forces of any country or established international authority. However, this exclusion does not apply to the first 60 consecutive days of active military service.
- Accident, Accidental Bodily Injury or Loss caused by any occurrence while an insured person is incarcerated after conviction.
- Accident, Accidental Bodily Injury or Loss occurring while an insured person is traveling or flying on any rocket propelled or rocket launched aircraft.

This literature is descriptive only. Actual coverage is subject to the language of the policy as issued.



Chubb refers to the insurers of the Chubb Group of Insurance Companies: Federal Insurance Company.

Chubb Group of Insurance Companies
Warren, NJ 07059

www.chubb.com

Form 44-10-0618 (Ed. 1/02)

features

(Continued)

Enhanced Benefit for Dependent Children - If an eligible dependent child suffers accidental loss other than death, the benefit amount payable will be increased by 100%.

Common Accident - If you and your insured spouse die in the same accident, or separate accidents that occur within 24 hours of each other, your spouse's principal sum will be increased to equal your principal sum.

Inflation Protection - This benefit increases the principal sum payable if an accidental bodily injury causes your or your insured dependent's covered loss of life. The increase in the principal sum is calculated by multiplying the principal sum by 3% and the number of full calendar years elapsed since the principal sum was elected or last changed. However, the increase shall not exceed 10% of the principal sum.

Child Care Expense - If you or your insured spouse suffers accidental loss of life and incurs child care expenses within one year of the accidental loss of life, this benefit will pay for actual child care expenses incurred up to an annual maximum of \$5,000 for each dependent child. We will continue to reimburse expenses annually subject to a maximum total payment of \$25,000 for all children (up to the age of 13) and all years combined. If there are no eligible dependent children, a one-time payment of \$2,500 will be paid.

Coma - If an accidental bodily injury causes you or your insured dependent to lapse into a coma within 90 days of the accident, remain in a coma for 30 consecutive days, and be confined to a hospital within the first 90 days, the coverage pays monthly benefit amounts equal to 1% of the principal sum to a maximum of 100%.

Home Alteration and Vehicle Modification - If you or your insured dependent suffers a covered loss due to an accidental bodily injury which results in a physician determining that a home alteration or vehicle modification is needed to accommodate a physical disability, and as a result you or your insured dependent incurs expenses for home alteration or vehicle modification, this benefit will reimburse the actual costs for the home alteration or vehicle modification, up to a maximum of 20% of the principal sum up to \$50,000.

Psychological Therapy - If you or your insured dependent suffers a covered loss resulting in a physician determining that psychological therapy is required, we will reimburse expenses incurred within two (2) years from the date of loss, up to 10% of the principal sum subject to a maximum of \$25,000.

Schedule of benefits

Accidental Loss of Life & Dismemberment Coverage

	Benefit Amount
Loss of Life	100%
Loss of Speech & Loss of Hearing	100%
Loss of Speech & Loss of One of: Hand, Foot or Sight of an Eye	100%
Loss of Hearing & Loss of One of: Hand, Foot or Sight of an Eye	100%
Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a Combination of Any Two of a Loss of a Hand, a Loss of a Foot or Loss of Sight of an Eye	100%
Quadriplegia	100%
Paraplegia75%
Hemiplegia	50%
Loss of One Hand, Loss of One Foot or Loss of Sight of an Eye	50%
Loss of Speech or Loss of Hearing	50%
Uniplegia	25%
Loss of Thumb & Index Finger of the Same Hand	25%

Multiple losses
maximum
payment clause

For the coverages listed below, if an insured has multiple losses as the result of one accident, the insurer pays only the single largest benefit amount applicable:

- Accidental Loss of Life & Dismemberment
- Coma
- Paralysis

Your
beneficiary

Your beneficiary for the loss of life benefit shall be the beneficiary you name on the enrollment form.



Voluntary Accident Insurance Plan

Enhancing your
company's benefit
program

Endorsed by the
Alabama Education
Association

additional
protection
significant
benefits

24
hours
a
day
@ HOME
WORK
TRAVEL
PLAY



It doesn't
always
happen to "someone else"

No one wants to think about the possibility of having a life-threatening accident, but the fact is, thousands of people are seriously injured or killed every year* — in their homes, while traveling, at work and at play. Although most of us believe such tragedies could never happen to us, we can't deny there are many "what ifs" to contemplate.

Accidents can cause serious financial problems for survivors who still have mortgages, loans and education expenses to pay. That's why your employer has made voluntary accident insurance available to you at an affordable rate.

Highlights of the plan

- This insurance plan provides protection 24 hours a day—worldwide—on and off the job and while traveling for business or pleasure.
- This insurance applies to accidental loss of life, dismemberment or bodily injury (except as limited by the exclusions included in this booklet).
- No medical/physical examination is required.
- Because it's a group plan, the rate for coverage is substantially lower than the cost of similar insurance you might purchase individually.
- Most coverage will pay in addition to any other insurance you may have.

*National Safety Council, *Injury Facts* 2000 Edition

Plan benefits

amounts, options and costs

Active Full-time Members & Retired Members Insured Prior to Retirement

Eligible Persons

Eligible persons may select benefit amounts in increments of \$10,000, subject to a minimum of \$10,000 and a maximum of \$500,000. Amounts in excess of \$250,000 can not exceed 10 times your annual salary.

Spouse or Domestic Partner

An eligible person may select benefit amounts for his/her spouse or domestic partner in increments of \$5,000, subject to a minimum of \$10,000 and a maximum of \$250,000. The spouse's benefit amount can not exceed 50% of the eligible person's benefit amount.

Child(ren)

An eligible person may select benefit amounts for his/her eligible dependent children in increments of \$5,000, subject to a minimum of \$10,000 and a maximum of \$50,000. The dependent child's benefit amount cannot exceed 10% of the eligible person's benefit amount.

Retired Members Enrolled after Retirement

Eligible Persons

Eligible persons may select benefit amounts in increments of \$5,000, subject to a minimum of \$5,000 and a maximum of \$25,000

Spouse or Domestic Partner

An eligible person may select benefit amounts for his/her spouse or domestic partner in increments of \$500, subject to a minimum of \$500 and a maximum of \$12,500. The spouse's benefit amount can not exceed 50% of the eligible person's benefit amount.

Child(ren)

An eligible person may select benefit amounts for his/her eligible dependent children in increments of \$500, subject to a minimum of \$500 and a maximum of \$2,500. The dependent child's benefit amount cannot exceed 10% of the eligible person's benefit amount.

Monthly Costs:

Members & Retired Members Insured Prior to Retirement:
\$.032 per \$1,000

Retired Members Enrolled after Retirement:
\$.055 per \$1,000

Additional features

available for you

Education Expense - If you or your insured spouse suffers accidental loss of life, this benefit will reimburse actual incurred costs for your eligible dependent child(ren)'s tuition, fees, room and board, required books and course supplies billed by an institution of higher learning. This benefit pays for each eligible dependent child who is enrolled at, or subsequently enrolls as a full-time student at an institution of higher learning within 2 years of the loss of life. This benefit will reimburse up to \$5,000 annually for each eligible child for four (4) consecutive years up to an overall maximum of \$25,000 for all children and all years combined. If there are no eligible dependent children, a one-time payment of \$2,500 will be paid.

Medical Evacuation and Repatriation - If accidental bodily injury, disease or illness causes you or your insured dependent to require medical evacuation and/ or repatriation while on a covered trip more than 100 miles from home and lasting no more than 180 days, this coverage will pay for covered expenses up to a maximum of \$50,000. This benefit will also pay for hospital admission guaranty; family travel expense for a family member to join an insured who is confined to a hospital for more than 5 days at a hospital that is at least 75 miles from the insured's permanent residence; and return of a dependent child to his or her primary residence if the child was traveling with an insured person who requires a hospital stay for more than 5 days. The medical evacuation or repatriation, and all transportation expenses for family travel and return of a dependent child, must be ordered by a physician and arranged by our Assistance Services Administrator.

Rehabilitation Expense - If an accidental bodily injury causes you or your insured dependent to suffer a covered loss which results in a physician determining that rehabilitation is required, then this benefit will reimburse expenses incurred within 2 years from the date of loss, up to 10% of the principal sum, subject to a maximum of \$25,000.

Spouse Employment Training Expense - If an accidental bodily injury causes you to suffer a covered loss of life, this benefit will reimburse actual incurred costs for your spouse's tuition, fees, room and board, required books and course supplies at an institution of higher learning, up to a maximum benefit of \$5,000 if expenses are incurred within 2 years of your loss of life.

(Continued on back panel)

Enrollment form

Voluntary Accident Election of Coverage Endorsed by the Alabama Education Association

Policy No: 6475-30-70

Effective: April 1, 2007

School System: _____

Work Location: _____

- New Enrollment
- Change in Existing Coverage

Please print clearly

Last Name First Name Middle Name

Social Security Number Date of Birth

Your Loss of Life Beneficiary

Relationship

Name of Spouse

Your Benefit Amount Selected Salary

Plan Choice: (check plan applicable)

- Eligible Person Only
- Spouse* Benefit Amount: _____
- Dependent Child* Benefit Amount: _____

*See maximum allowable benefit under Plan Benefits

I understand that if I apply for any Benefit Amount over \$250,000, it cannot exceed ten (10) times my base annual salary.

- I authorize the premium for this insurance to be deducted from my salary.
- Monthly Premium \$ _____

For Retired member – enrolled after retirement*

*See maximum allowable benefit under Plan Benefits

- I authorize Retirement Systems to deduct monthly from my Retirement check.

Your Signature Date