Standard Insurance Company Reed College Group Policy #163531



# Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Accidents can happen to anyone, anywhere. Voluntary AD&D insurance can provide extra protection in the event an accident happens to you. Standard Insurance Company (The Standard) has developed this document to provide you with information about the elective coverage you may select through Reed College.

## Eligibility Requirements

Employee  Dependent	You must be an active employee of Reed College, working at least 18.75 hours each week.  Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.  You must elect Voluntary AD&D insurance for yourself in order to elect Dependents AD&D insurance.  Spouse means a person to whom you are legally married, or your domestic partner as recognized by law.
	Child means your child from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution).  Your spouse or children must not be full-time member(s) of the armed forces.
Premium	You pay 100 percent of the premium for this coverage through easy payroll deduction.

## Coverage Amount Guidelines

Within the coverage amount guidelines shown below, you select the amount of Voluntary AD&D for which you are interested in applying.

	Minimum	Incremental Unit	Maximum
Employee	\$10,000	\$10,000	\$500,000

You may also elect Voluntary AD&D coverage for your family. The coverage amount for each dependent is as follows:

Spouse only Child(ren) only Spouse and Child(ren)	50% of your AD&D coverage amount  15% of your AD&D coverage amount for each child  40% of your AD&D coverage for your spouse and 10% of your AD&D coverage amount for each child
Note: The amount for your child may not exceed \$25,000	

## **Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period (defined as first of the month that follows the date you become a member), agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance including Dependents AD&D insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding these requirements that must be satisfied for your insurance to become effective.

## Voluntary AD&D Age Reductions

Under this plan, the coverage amount reduces to 65 percent at age 70, to 45 percent at age 75, to 30 percent at age 80, to 20 percent at age 85, to 15 percent at age 90, and to 10 percent at age 95. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

## Voluntary AD&D Insurance Benefit Schedule

The amount of your or your dependents AD&D benefit for losses covered under this plan is a percentage of the amount of your or your dependents AD&D insurance in effect on the date of the covered accident as shown below.

Loss:	Percentage Payable:
Loss of Life <sup>1</sup>	100%
One hand or one foot <sup>2</sup>	50%
Sight in one eye, speech, or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand <sup>3</sup>	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	75%

<sup>1</sup> Including loss of life by accidental exposure to adverse weather conditions or disappearance if the disappearance is caused by an accident that could have reasonably resulted in your death.

<sup>2</sup> Even if the severed part is surgically re-attached. This benefit is not payable if a Voluntary AD&D benefit is payable for Quadriplegia, Hemiplegia, or Paraplegia involving the same hand or foot.

3 This benefit is not payable if a Voluntary AD&D benefit is payable for the loss of the entire hand.

The loss must be caused solely and directly by an accident and occurs independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

#### **AD&D Insurance Exclusions**

Subject to state variations, AD&D benefits are not payable for death or dismemberment caused or contributed to by:

- War or act of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Suicide or other intentionally self-inflicted injury, while sane or insane
- · Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according
  to the directions of a physician
- · Sickness or pregnancy existing at the time of the accident
- · Heart attack or stroke
- · Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft, unless you are a fare paying passenger on a commercial aircraft

## Voluntary AD&D Insurance Features

The following are brief descriptions of features included in this plan. These features offer additional benefits when an AD&D benefit is payable.

Air Bag Benefit⁴	This provides an additional benefit if you or your dependent die as a result of a covered automobile accident where an eligible air bag system deployed at the time of the accident and for which a seat belt benefit is payable.
Family Benefits Package	Eligible family members may be entitled to receive additional financial help for child care, college or career training in the event of your death. Included are the Child Care Benefit, Higher Education Benefit and Career Adjustment Benefit.
Paralysis Benefit⁴	This provides a portion of your AD&D benefit if you suffer an accident that results in quadriplegia, hemiplegia, or paraplegia.
Repatriation Benefit	This provides a reimbursement for expenses associated with transporting your body back to a mortuary near your home in case your covered accidental death occurs away from your primary place of residence.
Seat Belt Benefit⁴	This provides an additional benefit if you or your dependent die as a result of a covered automobile accident while properly using a seat belt system.

<sup>4</sup> This benefit is also available to your dependents.

### When Insurance Ends

Coverage ends automatically on the earliest of the following:

- The last date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your AD&D coverage for dependents ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when insurance ends, contact your human resources representative.

## Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

## Voluntary AD&D Rates

	÷ \$1,000 =	x \$0.03 =
Your Amount Elected		Your monthly cost
To calculate Volu	ntary AD&D premiu	ım for your family:
To calculate Volu	ntary AD&D premiu _ ÷ \$1,000 =	ım for your family: x \$0.05 =

Coverage For	Cost per \$1,000 of Coverage
Employee Only	\$0.03
Employee plus Family	\$0.05

Premiums for this coverage will be deducted directly from your paycheck.

#### **About Standard Insurance Company**

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

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