Voluntary AD&D Insurance

For Washington County School District

How the Plan Works

Life is full of many twists and turns. LifeMap Voluntary AD&D coverage protects your family’s future, no matter what life may throw your way.

- **Eligibility Requirement**
  If you (the Employee) elect Voluntary Life, you are eligible to elect Voluntary AD&D.

- **Who pays for the coverage?**
  Voluntary AD&D Insurance premiums are paid by you, the employee, through payroll deduction.

- **Dependent Eligibility Requirement**
  Dependents must be a Legal spouse and child(ren) up to age 26.

- **Guarantee Issue**
  All Voluntary AD&D Coverage is guarantee issue, you are not required to provide proof of insurability. We just require that you are actively at work on the day prior to coverage being effective.

Benefits Summary

<table>
<thead>
<tr>
<th>Plan Benefits</th>
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<tbody>
<tr>
<td>Employee election: $5,000 increments to a maximum of $500,000. Your election may not exceed 100% of your Voluntary Life election. Board members are limited to $100,000.</td>
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</tbody>
</table>

Employee or Family coverage available. You may elect coverage for yourself only (Employee Only) or you may elect to cover yourself and your family (Employee & Family).

If you elect Employee & Family coverage, your eligible dependents will be covered as follows:

- If you have an eligible spouse, but no eligible dependent children, your spouse will be insured for 60% of the *principal sum.
- If you have an eligible spouse AND eligible dependent children, your spouse will be insured for 50% of the principal sum and each eligible dependent child will be insured for 10% of the *principal sum.
- If you have eligible dependent children, but no eligible spouse, each eligible dependent child will be insured for 15% of the *principal sum.

*Principal sum is your elected coverage amount subject to the Age Reduction below. See Age Reduction Sched.

If a husband and wife are both employees of Washington County School District, both may enroll as Employee Only or one may elect to enroll for Employee & Family.

**Plan Features**

If due to an accident you die, lose a limb, sight of an eye or become paralyzed, benefits are available.

- **Life**
  The Principal Sum
- **Quadriplegia**
  The Principal Sum
- **Paraplegia**
  50% of the Principal Sum
- **Hemiplegia**
  50% of the Principal Sum
- **One hand, one foot or sight of one eye**
  50% of the Principal Sum
- **Thumb and Index finger on either hand**
  25% of the Principal Sum

**Age Reduction Schedule**

If you are still working the required number of hours to be eligible for this insurance at age 65, your benefits will reduce to 65% at age 65, to 50% at age 70 and to 35% at age 75.

**Additional Benefits**

The following benefits may also be available in the event of an accidental injury or death:

- Child Education Benefit
- Coma Benefit
- Day Care Benefit
- Spouse Education Benefit
- Coverage Continuation
- Beneficiary Critical Period

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This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.

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To calculate your monthly payroll deduction, use the formula below:

\[
\text{Elected Benefit} \div 1,000 \times \text{Rate (from table above)}
\]

Estimated Monthly Payroll Deduction:

Limitations & Exclusions

- AD&D benefits are not payable for death or dismemberment caused by or as a result of:
  - suicide or such attempts;
  - participation in a riot;
  - war or act of war;
  - military service for any country;
  - committing or attempting to commit an assault or felony;
  - sickness, disease or pregnancy or any medical treatment for sickness, disease or pregnancy;
  - heart attack or stroke;
  - bodily infirmity or disease from bacterial or viral infections not the result of an injury; or
  - taking medications, drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed and used/consumed in accordance with the directions of the prescribing physician or administered by a licensed physician.
  - travel, flight in or descent from any aircraft, including balloons and gliders, except as a fare-paying passenger on a regularly scheduled flight;
  -

Monthly Rates

<table>
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<th>Per $1,000 of Benefit</th>
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<td><strong>Employee Only</strong></td>
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<td><strong>Employee + Family</strong></td>
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