



The University of Wisconsin System
 Voluntary Accidental Death & Dismemberment Insurance
 GTU 8364005



The following information briefly describes the Accidental Death & Dismemberment (AD&D) Plan available to University of Wisconsin System employees. All provisions in this summary are effective November 1, 2010. Employees who are eligible to enroll in the State of Wisconsin Group Health Insurance Plan are eligible to enroll in this plan.

If you have an accident that results in a loss of life, loss of a limb(s), sight, speech, hearing, loss of use of certain limbs within 365 days of the accident, or permanent and total disability within 180 days of the date of the accident, Zurich American Insurance Company, may pay certain benefit amounts to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable.

Coverage under this plan also includes Zurich Travel Assist coverage at no extra cost. Zurich Travel Assist is a comprehensive travel assistance program that provides you benefits when you travel 100 miles or more from your residence.

The benefits described are subject to certain exclusions and limitations as described in the Policy and the Certificate of Insurance. For detailed plan information, including the plan certificate and a Zurich Travel Assist brochure, please visit www.uwsa.edu/hr/benefits/ins/ladd.htm.

Benefit Levels and Premiums

You may select one of the Employee Benefit Amounts listed below. You may change your selected benefit amount at any time by submitting an application to your benefits office. Your dependents will be covered for a percentage of the Benefit Amount you select, subject to certain maximums. See below for dependent coverage levels. Your Benefit Amount is subject to a reduction schedule at age 70.

Monthly premiums are listed below. Premiums will be deducted from your paycheck.

Employee Benefit Amount	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
Employee Only Premium	\$.73	\$ 1.45	\$ 2.90	\$ 4.35	\$ 5.80	\$ 7.25
Family Plan Premium	\$ 1.10	\$ 2.20	\$ 4.40	\$ 6.60	\$ 8.80	\$ 11.00
Employee Benefit Amount	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000	
Employee Only Premium	\$ 8.70	\$ 10.15	\$ 11.60	\$ 13.05	\$ 14.50	
Family Plan Premium	\$ 13.20	\$ 15.40	\$ 17.60	\$ 19.80	\$ 22.00	

Benefit Levels for Your Covered Dependents

The benefit amount for your covered dependents will be a percentage of your benefit amount, as follows:

Plan Selected	Spouse/Domestic Partner	Child(ren)
Family plan that covers employee and a spouse/domestic partner only:	60%	Not applicable
Family plan that covers employee and dependent child(ren) only:	Not applicable	20%
Family plan that covers a spouse/domestic partner & dependent child(ren)	50%	15%

Spouse/domestic partner maximum benefit: \$300,000; dependent child(ren) maximum benefit: \$50,000

Enrollment

Eligible employees may enroll in coverage at any time by submitting an application to your institution’s payroll and benefits office. An application is available online at: www.uwsa.edu/hr/benefits/ins/uws1245.pdf. Coverage is effective on the first of the month on or after your benefits office receives the application. You may elect either the Employee Only or the Family Plan. The Family Plan provides coverage for your spouse/domestic partner and your eligible children.

If you would like to cover a domestic partner or partner’s children, you must first establish a domestic partnership for employee benefit purposes. See www.uwsa.edu/hr/benefits/dpsummary.pdf for more information.

Eligible children include your and your spouse/domestic partner’s unmarried children, including natural children, stepchildren, adopted children, legal wards and children in an adoptive placement who are more than 14 days old. Children remain eligible for coverage until the end of the calendar year in which they attain age 19, or until the end of the calendar year in which they are no longer a full-time student or attain age 25, whichever is earlier.

If you and your covered spouse/domestic partner are both UW System employees, only one of you may select the Family Plan.

Description of Coverage

24 Hour Accident Protection, Business & Pleasure; Including Corporate Owned or Leased Aircraft, Passenger and Crew, H-1

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against certain injuries resulting from a covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). This includes coverage while you are a pilot, operator, member of the crew or cabin attendant on any aircraft that is owned or leased and on file with the policyholder and coverage while you are a pilot, operator, member of the crew or cabin attendant on any aircraft as defined by the policy. The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

Exposure and Disappearance Coverage

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, we will presume that you lost your life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay your benefit amount, subject to all policy terms.

If you are exposed to weather because of an accident and this results in a loss of life, we will pay your benefit amount, subject to all policy terms and conditions.

Reserve Corps/National Guard Provision

If a covered person suffers a loss due to an injury sustained while a member of an organized Reserve Corps or National Guard Unit as specified in the policy, plan benefits may be paid. No benefit is payable for any loss that occurs during active duty.

Benefits Provided

If you have an accident that results in any of the following losses, Zurich American Insurance Company may pay certain benefit amounts shown within 365 days of the date of the accident to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts payable are listed below:

150% of benefit amount	100% of benefit amount	75% of benefit amount	66 2/3 % of benefit amount	50% of benefit amount	25% of benefit amount
<i>Loss of use of:</i> Four limbs	<i>Loss of:</i> Life Both hands or both feet One hand & one foot One hand or one foot, plus sight of one eye Sight of both eyes Speech & hearing	<i>Loss of use of:</i> Three limbs	<i>Loss of use of:</i> Two limbs	<i>Loss of:</i> Speech or hearing One hand, one foot or sight of one eye <i>Loss of use of:</i> One limb	<i>Loss of:</i> Thumb & index finger of same hand

Travel Assistance Coverage

Zurich Travel Assist[®] is a comprehensive travel assistance program that offers benefits and services when traveling 100 miles or more from your residence. If you elect Family Plan coverage, you and all covered family members will be covered by this

program. Services provided include medical, informational, legal, and personal assistance. You can access Zurich Travel Assist[®] services online at www.zurichna.com/travelassist or by calling 1-800-263-0261 and referencing policy number GTU 8364005.

Benefits to Care for Surviving Family Members

Day Care Benefit

If you elect Family Plan coverage and either you or your covered spouse/domestic partner suffer a covered loss of life, and have a covered child under 13 enrolled in an accredited child care facility (as defined in the policy) or one who enrolls in such a facility within 90 days from the date of covered loss of life, an additional benefit equal to the lesser of the actual cost of the child care or 3% of the benefit amount up to \$5,000 may be paid for four (4) consecutive years.

Higher Education Benefit

If you elect Family Plan coverage and suffer a covered loss of life, and have an eligible covered child(ren), who on the date of the accident, is enrolled as a full-time student in an institution of higher learning or is at the 12th grade level and enrolls in an institution of higher learning within one year from the date of the accident, an additional benefit of 10% of your benefit amount up to \$25,000 per year may be paid for each such covered child for up to four (4) consecutive years.

Spouse/Domestic Partner Retraining Benefit

If you elect Family Plan coverage and suffer a covered loss of life, we will pay your covered spouse/domestic partner the actual cost of any professional or trade-training program in which your covered spouse/domestic partner enrolls up to the lesser of 5% of your benefit amount or \$25,000. The purpose of the training program must be to obtain an independent source of support and maintenance and the actual cost must be incurred within thirty (30) months from the covered death.

Surviving Spouse/Domestic Partner Benefit

If you elect Family Plan coverage and suffer a covered loss of life, your covered spouse/domestic partner may receive an additional monthly benefit over a period of 12 months equal to 1% of your benefit amount.

Continuation of Insurance Benefit

If you elect Family Plan coverage and suffer a covered loss of life, your covered dependents will continue to receive all coverages and enhanced benefits under the policy which were in force on the date of the loss, for 365 days after the date of the loss at no additional cost.

Benefits for Covered Injuries

Permanent and Total Disability Benefit

If your injury makes you permanently and totally disabled within 180 days of your injury and your permanent and total disability continues for twelve (12) months and you cannot work, for any income, at any job that you are reasonably suited by education, training or experience as a result of your covered injury, you may receive an additional benefit equal to your Benefit Amount. This provision only applies to covered active employees, not retirees.

Home Alteration and Vehicle Modification Benefit

If a covered person suffers an injury and receives a benefit under the Accidental Dismemberment Benefit of the policy, he or she may be entitled to an additional benefit of 10% of the covered person's benefit amount, up to a maximum of \$50,000 for the one-time cost of alterations to the covered person's primary residence to make it wheelchair accessible and habitable; and the one-time cost of modifications necessary to his/her motor vehicle to make the vehicle accessible or drivable.

Hearing Aid or Prosthetic Appliance Benefit

If a covered person suffers an injury resulting in a covered loss which requires the covered person to use a hearing aid or prosthetic appliance within one (1) year of the injury, we may pay an additional benefit of the actual cost of the hearing aid or prosthetic appliance up to the lesser of 10% of the covered person's benefit amount or \$15,000.

Therapeutic Counseling Benefit

If you elect Family Plan coverage and you or your covered dependents suffer a covered injury which requires therapeutic counseling by a licensed therapist or counselor, we will reimburse the charges for such counseling up to a maximum of \$2,500, to the individual who incurs the expense, provided: 1) all terms and conditions of the policy are met; 2) therapeutic counseling begins within ninety (90) days of the covered accident; and 3) therapeutic counseling must be received within one (1) year from the date of the covered loss.

Coma Benefit

If a covered person sustains a covered injury within 365 days of a covered accident and such injury causes the covered person to be in a coma for at least 31 consecutive days, he or she may receive a monthly benefit equal to 1% of the covered person's benefit amount per month for the first 12 months the covered person remains in a coma. At the end of the 12 months of

payment, if the covered person remains in a coma, we will pay a lump sum benefit equal to the benefit amount less the amount of the 12 months of benefit already received.

Additional Dismemberment Benefit for Children

If you elect Family Plan coverage and a covered child has certain covered dismemberments, an additional benefit amount may be payable.

Other Benefits

Natural Disaster Benefit

If a covered person suffers an injury resulting in a covered loss as a direct result of a natural disaster (as defined in the policy), you may receive an additional benefit equal to the lesser of 10% of the covered person's benefit amount or \$50,000.

Carjacking Benefit

If a covered person suffers a covered loss of life as a direct result of an accident that occurs during a carjacking as defined by the policy, we may pay an additional benefit equal to 10% of the applicable benefit amount to a maximum of \$25,000.

Safety Device Benefit

If a covered person suffers an injury resulting in a covered loss of life and the injury which caused the accidental death directly resulted from an accident, the covered person may receive an additional benefit equal to 10% of the covered person's benefit amount to a maximum of \$25,000, provided the covered person was wearing or protected by a safety device as defined in the policy and was taking part in specific activities defined by the policy.

Seat Belt/Air Bag Benefit

If a covered person suffers a covered loss of life in a covered automobile accident while wearing a factory installed or manufacturer authorized seat belt or lap and shoulder restraint, an additional 10% of the benefit amount to a maximum of \$25,000 may be paid. An additional benefit equal to 10% of the covered person's benefit amount to a maximum of \$25,000 may be paid if the covered person was driving or riding in a private passenger automobile with a manufacturer equipped air bag.

Continuation and Conversion of Coverage

Unpaid Leave of Absence and Lay-Off Provision

You may continue your coverage for up to thirty-six (36) months during the course of an unpaid leave of absence or lay-off provided you pay the appropriate premium and the premium is received prior to the date of the covered loss. This provision only applies to covered active employees, not retirees.

Conversion Privilege (terminate prior to retirement)

If your insurance ceases for reasons other than the termination of the group policy or non-payment of premium, you may be entitled to apply for an Individual or Family (if applicable) Accidental Death & Dismemberment policy within 60 days of the coverage end date. Proof of good health is not required. Maximum benefit of \$250,000. See the conversion brochure (UWS 1250) for details: www.uwsa.edu/hr/benefits/ins/uws1250.pdf.

If you terminate employment due to retirement, you may continue group coverage (see below).

Continuation at Retirement

Retirees may continue group coverage in effect as of the date of retirement by submitting a Continuation Form (UWS 1249) within 60 days of the coverage end date. Proof of good health is not required. Retirees may not increase coverage and coverage is subject to a reduction in benefits at age 70.

A continuation form is available at: www.uwsa.edu/hr/benefits/ins/uws1249.pdf

Age Reduction Schedule

At age 70, an employee's coverage is reduced per the following schedule:

Age at Date of Loss	Percent of Employee Benefit Amount
70-74	65%
75-79	45%
80-84	30%
85 & Over	15%

At age 70, an insured spouse/domestic partner's coverage will also be reduced by the percentages referenced above.

To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 8364005.

Beneficiary Designation

Benefits for your loss of life will be payable to the beneficiary or beneficiaries designated in writing by you and on file with the policyholder; otherwise we will pay the benefit to the insured's survivors in the following order:

1. Your spouse/domestic partner, if living; otherwise;
2. Your surviving children equally; otherwise;
3. Your surviving grandchildren equally; otherwise;
4. Your surviving parents equally; otherwise;
5. Your surviving siblings equally; otherwise;
6. Your estate.

The beneficiary designation is available at: www.uwsa.edu/hr/benefits/ins/uws1247.pdf.

Loss of Life of a Covered Person Other than You

Covered losses for the death of a covered person other than you will be paid to you. If you pre-decease or die at the same time as the covered person other than you, the benefit will be paid to your beneficiary unless your beneficiary designation has not been made or your beneficiary is no longer living at the time of death. In such case, the benefits will be paid to your estate.

All other indemnities shall be payable to you.

Exclusions

This plan does not cover any loss caused by, contributed to or resulting from: intentionally self-inflicted injuries, suicide or attempted suicide; war or any act of war; involvement in any type of active military service; illness, disease or infection, regardless of how contracted; medical or surgical treatment of illness or disease; complications following the surgical treatment of illness or disease; except for accidental ingestion of contaminated foods; commission or attempt to commit a felony, or that occurs while engaged in an illegal occupation; parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity; being voluntarily intoxicated per policy guidelines; being under the voluntary influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage; travel or flight in any aircraft except to the extent stated in the Coverage section of the policy; any aircraft being used for aerial photography, test or experimental purposes; any aircraft that requires a special permit or waiver even if granted; any conveyance used in a race or speed test or being used for tests or experimental purposes.

Zurich

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The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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