



University of Wisconsin System

Accidental Death & Dismemberment (AD&D) Insurance
Policy GTU 8364005
Application



You can enroll in coverage under the AD&D plan at any time provided you meet the following criteria:

1. You are working for the University of Wisconsin System, and
2. You are eligible for coverage under the State of Wisconsin Group Health Insurance Plan, and
3. You are not collecting a Wisconsin Retirement System benefit.

For an overview of plan provisions, please review the AD&D fact sheet at: www.wisconsin.edu/ohrwd/benefits/download/life/add/fact.pdf or the certificate of insurance at: www.wisconsin.edu/ohrwd/benefits/download/life/add/cert.pdf. Retain a copy of the certificate for your records.

Plan Summary

The Accidental Death & Dismemberment Insurance plan is sponsored by the Board of Regents of the University of Wisconsin System. This plan offers accidental death and dismemberment insurance, as well as the Zurich Travel Assist® plan to employees, and employee's spouse/domestic partner and eligible dependent children.

Enrollment and Effective Date of Coverage

- New employees may enroll within 30 days of employment. Coverage is effective the first of the month following 30 days from your date of hire or WRS eligibility event date.
- Employees may also enroll during the Annual Benefits Enrollment Period for coverage effective January 1st.
- Eligible employees may enroll in, change or cancel coverage at any time. Coverage is effective on the first of the month on or following receipt of the application by your UW institution's human resources office.

Coverage Level Options

You may select employee or family coverage. Family coverage includes your spouse or domestic partner and eligible children. You may select a benefit amount from \$25,000 to \$500,000. Covered family members will be insured for a percentage of the benefit amount you select. See the AD&D fact sheet for details.

Accidental Death & Dismemberment Coverage

If you or a covered family member have a covered accident that results in a loss of life, loss of limb(s), sight, speech, hearing, loss of use of certain limbs and/or permanent and total disability, benefits may be payable under this plan.

Travel Assistance Coverage

Coverage under this plan includes Zurich Travel Assist® coverage at no extra cost. Zurich Travel Assist® is a comprehensive travel assistance program that provides you benefits while traveling 100 miles or more from your residence. For more information or to register using your policy number, go to: www.zurichtravelassist.com.

Identity Theft Coverage

Effective January 1, 2019, you and your family have a place to turn for proactive education, risk-reduction strategies, identity theft protection, privacy management, and unlimited 24/7 resolution support in fighting identity theft and fraud at no extra cost. All identity management services are provided by CyberScout™. For more information, or if you wish to report a fraud, please contact the CyberScout Resolution Center at 1-877-432-7463, or go to: www.CyberScout.com/knowledgecenter.

UW System Employees Married to or in a Domestic Partnership with another UW System Employee

You may be covered under this plan as either an employee or as a spouse or domestic partner on another UW System employee's coverage – not both. If both UW System employees are covered as an employee, only one may select a family plan that covers their mutually eligible children.

Conversion and Continuation Rights

At termination or loss of eligibility under the group plan, you may convert your coverage to a non-group plan within 60 days of the coverage end date. If you terminate coverage due to retirement, you may continue group coverage at the same rate by submitting a Continuation Form (UWS 1249) within 60 days of the coverage end date.



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Section 1: Applicant Information

Applicant Name (Last, First, Middle)		Employee ID
Address (Street, City, State, Zip Code)		
UW Institution Name	Date of Birth (Mo/Day/Yr)	

Section 2: Reason for Submitting Application

<input type="checkbox"/> New Enrollment: Check this box if you do not currently carry coverage. Coverage is effective as outlined under the Enrollment and Effective Date of Coverage Section.	<input type="checkbox"/> Change Coverage Level or Benefit Amount: Check this box to change from single to family coverage or family to single coverage and/or change your benefit amount. Coverage is effective as outlined under the Enrollment and Effective Date of Coverage Section.
<input type="checkbox"/> Annual Benefits Enrollment (ABE): Check this box if you are enrolling during the Annual Benefits Enrollment period. Coverage is effective January 1 st .	<input type="checkbox"/> Cancellation of Coverage: Check this box to cancel your current coverage. Coverage will end at the end of the month upon receipt of your application.

Section 3: Select Coverage Level and Benefit Amount

Benefit Amounts	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
Enrollment: I want to enroll for the AD&D insurance coverage level indicated below:											
<input type="checkbox"/> Employee Only Coverage	Enter Benefit Amount Selected:										
<input type="checkbox"/> Family Plan Coverage	Enter Benefit Amount Selected:										

*If you would like to cover a domestic partner or a domestic partner's children under the family plan, you must first establish a domestic partnership for employee benefit purposes. See www.wisconsin.edu/ohrwd/benefits/dp for more information.

Section 4: Signature (Sign here and return completed application to your institution's Human Resources Office)

I understand that Wis. Stats §943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct. I agree to the provisions of the plan and hereby authorize deductions of the monthly premium from my salary.	
Date (Mo/Day/Yr)	Employee Signature

*Missing information may delay enrollment processing.

Beneficiary Designation available online at www.wisconsin.edu/ohrwd/benefits/download/life/add/bendes.pdf
Access and print your Zurich Travel Assist® ID Card at www.wisconsin.edu/ohrwd/benefits/download/life/add/zurichcard.pdf

For Office Use Only:

Date Received by Employer (Mo/Day/Yr)	Received By	Hire Date (Mo/Day/Yr)	Coverage Effective Date	Processor Initials
Has employee established a UWS domestic partnership? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Effective Date: _____				