

## ***PERSONAL ACCIDENT INSURANCE***

### **Who is Eligible for Coverage?**

*You, the Employee*, are eligible for coverage, if you are an active full-time or part-time employee of Hanford Employee Welfare Trust (HEWT) sponsoring employer, working 20 or more hours per week.

*Your Family is eligible*, as well. You may elect to cover your legal spouse, and your unmarried dependent children, who are under the age of 23. Children must be dependent upon you for more than 50% support, and maintenance, and must reside with you.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

### **How Much Coverage is Available?**

The level of coverage available is from \$10,000 to \$750,000, in units of \$10,000 to \$250,000, then in units of \$50,000 to \$750,000. Based on the level of coverage elected for yourself, your family coverage will be based on your eligible dependents at the time of loss. Your spouse's (if applicable) benefit amount will be 50% of yours, or 60% if you have no eligible dependent children. Each of your covered children's benefit amounts will be 15% of your's, or 20% if you are single parent.

Each family member's coverage is a percentage of the benefit amount that you elect. Insured family members are those eligible at the time of a covered accidental loss.

### **Your Monthly Cost**

The cost of coverage will depend on the benefit amount, and coverage option elected (i.e. Employee or Family). The rate per \$1,000 of coverage is \$.021 for Employee only, or \$.035 for the Family plan (which includes the employee). Spouse and children coverage are a percentage of your benefit amount. Benefit amounts greater than \$500,000 cannot be greater than 10 times your annual earnings base salary. Benefit amounts cannot exceed \$450,000 for your spouse and \$50,000 for each child.

## Employee Coverage Level and Cost Schedule

<b>Employee Coverage</b>	<b>EE Only Rate</b>	<b>Family Rate</b>	<b>Spouse – 50% with dep child</b>	<b>Spouse – 60% no dep child</b>	<b>Child – 15% married parent</b>	<b>Child – 20% single parent</b>
\$10,000	\$.21	\$.35	\$5,000	\$6,000	\$1,500	\$2,000
\$20,000	\$.42	\$.70	\$10,000	\$12,000	\$3,000	\$4,000
\$30,000	\$.63	\$1.05	\$15,000	\$18,000	\$4,500	\$6,000
\$40,000	\$.84	\$1.40	\$20,000	\$24,000	\$6,000	\$8,000
\$50,000	\$1.05	\$1.75	\$25,000	\$30,000	\$7,500	\$10,000
\$60,000	\$1.26	\$2.10	\$30,000	\$36,000	\$9,000	\$12,000
\$70,000	\$1.47	\$2.45	\$35,000	\$42,000	\$10,500	\$14,000
\$80,000	\$1.68	\$2.80	\$40,000	\$48,000	\$12,000	\$16,000
\$90,000	\$1.89	\$3.15	\$45,000	\$54,000	\$13,500	\$18,000
\$100,000	\$2.10	\$3.50	\$50,000	\$60,000	\$15,000	\$20,000
\$110,000	\$2.31	\$3.85	\$55,000	\$66,000	\$16,500	\$22,000
\$120,000	\$2.52	\$4.20	\$60,000	\$72,000	\$18,000	\$24,000
\$130,000	\$2.73	\$4.55	\$65,000	\$78,000	\$19,500	\$26,000
\$140,000	\$2.94	\$4.90	\$70,000	\$84,000	\$21,000	\$28,000
\$150,000	\$3.15	\$5.25	\$75,000	\$90,000	\$22,500	\$30,000
\$160,000	\$3.36	\$5.60	\$80,000	\$96,000	\$24,000	\$32,000
\$170,000	\$3.57	\$5.95	\$85,000	\$102,000	\$25,500	\$34,000
\$180,000	\$3.78	\$6.30	\$90,000	\$108,000	\$27,000	\$36,000
\$190,000	\$3.99	\$6.65	\$95,000	\$114,000	\$28,500	\$38,000
\$200,000	\$4.20	\$7.00	\$100,000	\$120,000	\$30,000	\$40,000
\$210,000	\$4.41	\$7.35	\$105,000	\$126,000	\$31,500	\$42,000
\$220,000	\$4.62	\$7.70	\$110,000	\$132,000	\$33,000	\$44,000
\$230,000	\$4.83	\$8.05	\$115,000	\$138,000	\$34,500	\$46,000
\$240,000	\$5.04	\$8.40	\$120,000	\$144,000	\$36,000	\$48,000
\$250,000	\$5.25	\$8.75	\$125,000	\$150,000	\$37,500	\$50,000
\$300,000	\$6.30	\$10.50	\$150,000	\$180,000	\$45,000	\$50,000
\$350,000	\$7.35	\$12.25	\$175,000	\$210,000	\$50,000	\$50,000
\$400,000	\$8.40	\$14.00	\$200,000	\$240,000	\$50,000	\$50,000
\$450,000	\$9.45	\$15.75	\$225,000	\$270,000	\$50,000	\$50,000
\$500,000	\$10.50	\$17.50	\$250,000	\$300,000	\$50,000	\$50,000
\$550,000	\$11.55	\$19.25	\$275,000	\$330,000	\$50,000	\$50,000
\$600,000	\$12.60	\$21.00	\$300,000	\$360,000	\$50,000	\$50,000
\$650,000	\$13.65	\$22.75	\$325,000	\$390,000	\$50,000	\$50,000
\$700,000	\$14.70	\$24.50	\$350,000	\$420,000	\$50,000	\$50,000
\$750,000	\$15.75	\$26.25	\$375,000	\$450,000	\$50,000	\$50,000

### **Provide a Combination of Benefits**

In additional to paying the full benefit amount in the event of accidental loss of life, the plan will pay benefits for paralysis, dismemberment, loss of eyesight, speech or hearing according to the chart below.

<b>If, within 365 days of a covered accident, bodily injuries result in:</b>	<b>We will pay this % of the benefit amount:</b>
Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	<b>100%</b>
Total paralysis of both lower limbs, or Total paralysis of upper and lower limbs on one side of the body, or Loss of one hand, foot, or sight in one eye or Loss of four fingers of the same hand, or Loss of speech, or Loss of hearing in both ears	<b>50%</b>
Loss of thumb and index finger of the same hand	<b>25%</b>

*If the same accident causes more than one of these losses, the insurance carrier will pay only one amount, but it will be the largest amount that applies.*

*Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any hearing aid or device. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).*

### **Additional Benefits**

**Victims of Crime** - PAI pays an additional benefit for employees who are victims of crime. If you suffer bodily injury or die as a result of a felonious assault, robbery, attempted robbery holdup or kidnapping during a holdup, or attempted kidnapping while at work, the plan will increase your benefit amount by 25% to a maximum of \$100,000. PAI will not pay if you are assaulted by a fellow employee, or household or family member.

**Coma** – PAI will pay a “coma benefit” if you, or an insured family member, enters a coma as a result of a covered accident and the insured person has been in a coma for one full month, PAI will begin to make monthly payments of 1% of the covered person’s full benefit amount. PAI

will make 11 monthly payments, provided the person remains in a coma during this period. The payments will stop at the time of the person's recovery.

If the insured person dies, as a result of a covered accident, while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, the individual will be entitled to a lump sum payment equal to the full benefit amount, minus any amounts PAI paid under the schedule of losses. This lump sum payment will end the insured person's coverage under the plan. No further benefit will be paid.

**Wearing a Seatbelt and Protection by an Airbag** – PAI is payable if an insured person dies as a result of injuries sustained in a covered accident while driving or riding in a private passenger automobile\*, and while wearing a properly fastened, original, factory-installed seatbelt. That person's death benefit will be increased by 10%, to a maximum of \$25,000.

*\*Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to a sedan, station wagon, or sports-utility vehicle, or a motor vehicle of the pickup, van, camper or motor home type. Automobile does not include automobile home or any motor vehicle which is used in mass or public transit.*

If the seatbelt benefit is payable, and the covered person was positioned in a seat protected by a properly functioning, original factory-installed airbag that inflates on impact, we will increase the death benefit by an additional 5%, to a maximum of \$12,500.

Verification of the actual use of the seatbelt, and that the airbag inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be certified, in writing by the investigating officer(s).

**Dual Accidents** – As a result of the same covered accident or separate covered accidents that occur within the same 24-hour period, you and your insured spouse die, PAI will increase your spouse's benefit amount to 100% of yours. You and your spouse must be survived by one or more dependent children. Both benefits combined cannot be more than \$1,200,000.

**Training for Your Spouse** – Your spouse will receive educational reimbursement if he or she enrolls, within one year of your death in a covered accident, in an accredited school to gain skills need for employment. PAI will pay the actual cost of this education or training program, for not more than one year after enrollment begins, to a maximum of \$7,500.

**College Education** – If you or your insured spouse dies in a covered accident, PAI will pay an extra benefit for each insured child who is enrolled in college or is in the 12<sup>th</sup> grade and enrolls in college within one year of the accident. Your benefit will be increased by 2%, to a maximum of \$7,500, for each qualifying child. This benefit is payable each year for four consecutive years as long as your children continue their college education. If there is no qualifying child, PAI will pay an additional \$1,000 to the insured's beneficiary(ies).

**Child Care Expenses** – In the event that you or your insured spouse die as a result of a covered accident, and you or your spouse have a surviving child under 13, who is enrolled in a licensed child care center at the time of the accident, or within one year afterward, PAI will pay a child care center benefit. This benefit will be an annual sum for each covered child of up to 3% of the insured's benefit amount, but not more than \$5,000 a year for 5 consecutive years, or until the child turns 13, whichever occurs first. PAI will make payment to the child's surviving custodial parent or legal guardian. Each payment will be made at the end of a 12-month period in which there were documented child care center expenses.

**Rehabilitation** – If you or your insured family member incurs rehabilitative expenses within two years of the date of the covered accident, the insurance carrier will pay expenses to a maximum of \$2,500 for such expenses. Rehabilitative expenses means any medical service, medical supply, medical treatment or hospital confinement that is necessary for physical rehabilitative training. Rehabilitative training must be prescribed and under the care of a doctor And meet the generally accepted standards of medical practice.

### **What is not Covered**

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following:

1. intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. declared or undeclared war or act of war;
4. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
  - a. except as a passenger on a regularly scheduled commercial airline;
  - b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
  - c. designed for flight above or beyond the earth's atmosphere;
  - d. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
5. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental cut or wound or accidental ingestion of contaminated food;
6. travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
7. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days;
8. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
9. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.

### **When Coverage Begins and Ends**

New employees have 31 days from the date they become eligible to enroll. Coverage becomes effective on the "date of hire". Current employees may enroll during any calendar year quarter,

with the effective date of enrollment being the first of the following quarter (i.e. January, April, July, or October). If you are not actively at work, the effective date of your coverage will be deferred until you are actively at work. Your coverage will continue as long as you remain an eligible employee, pay your premium when due, do not serve more than 30 days full-time active duty in any Armed Forces, and agree with the employer to continue this group policy. For your spouse and dependent children, coverage ends when your coverage terminates, when their premiums are not paid, or when he or she is no longer eligible, whichever is first.

### **Changing from the Group Plan to Individual Coverage**

If, before you reach age 70, this group coverage ends for any reason except non-payment of premium, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation with 31 days after your group coverage ends. Family member may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in the certificate, should you become insured under the plan.

### **Disclaimer**

The benefits offered by this plan are underwritten by Life Insurance Company of North America, a subsidiary of CIGNA Corporation, which means that Life Insurance Company of North America is responsible for claim payments and other costs. CIGNA Group Insurance products and services are provided by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America. "CIGNA" is used to refer to these subsidiaries and is a registered service mark. Any discrepancies with this document and the contract, the contract provisions will prevail."