

Virginia Polytechnic Institute and State University

Voluntary Accidental Death & Dismemberment Insurance
GTU 5091373

The following is a brief description of the Voluntary Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the Policy. For specific definitions of terms used below as well as further details and information about this Plan, please see the Policy.

Eligibility and Benefit Amount

Class I: All Employees who are employed on a half-time to full-time permanent appointment and annual salary basis and who are not included as a **Class II** Employee, domiciled in the United States.

Class I Benefit Amount:

You may purchase a Benefit from a minimum of \$10,000 to a maximum of \$250,000 in increments of \$10,000.

Class II: All Employees who are employed on a full-time permanent appointment and annual salary basis who were insured as of April 30, 1975 under policy OKY 2108 issued by the Life Insurance Company of North America, domiciled in the United States.

Class II Benefit Amount:

The amount of Accidental Death & Dismemberment insurance in effective as of April 30, 1975 under policy OKY 2108 issued by the Life Insurance Company of North America. Effective June 1, 1975 the Accidental Death & Dismemberment amount may be changed by submission of a completed and signed enrollment form to the personnel department of the **Policyholder**.

Class III: Retired Employees previously covered under **Class I** or **Class II**, domiciled in the United States.

Class III Benefit Amount: Amount in effect as of retirement date.

You may elect to include coverage for your eligible dependents under the Family Plan. Eligible dependents include your legally married Spouse and your unmarried dependent children from birth to 19 years of age, or to age 25 if attending an accredited school or college on a full-time basis, and are primarily dependent upon you for their support and maintenance.

No individual may be covered more than once under this Plan. You cannot be covered as a Spouse or dependent child of another employee.

Covered Dependents Benefit Amounts:

The Benefit Amount for your Covered Dependents will be a percentage of your Benefit Amount, as follows:

<u>Plan Selected</u>	<u>% Spouse</u>	<u>% Child(ren)</u>
Spouse only:	50%	0
Dependent Child(ren) only:	0	15%
Spouse and Dependent Child(ren)	40%	10%

At age 70, for you and your dependents, the Benefit Amount will be reduced based on the previous Benefit Amount per the following schedule:

<u>Age at Date of Loss</u>	<u>Percent of Principal Sum</u>
70-74	80%
75-79	55%
80-84	35%
85 & Over	20%

Retired employees may continue their coverage, up to age 70, for no more than the amount they had on their retirement date.

Description of Coverage

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). 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.

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 are based on the Benefit Amount shown in the Schedule.

Loss of:	Benefit Amount
(1) Life	100% of Benefit Amount
(2) Both hands or both feet	100% of Benefit Amount
(3) One hand and one foot	100% of Benefit Amount
(4) One hand or one foot plus the sight of one eye	100% of Benefit Amount
(5) Sight of both eyes	100% of Benefit Amount
(6) Speech and Hearing	100% of Benefit Amount
(7) Speech or Hearing	50% of Benefit Amount
(8) One hand, one foot, or sight of one eye	50% of Benefit Amount
(9) Thumb and index finger of the same hand	25% of Benefit Amount

Plegia	Benefit
(1) Quadriplegia (total paralysis of all four Limbs)	100% of Benefit Amount
(2) Paraplegia (total paralysis of both lower Limbs)	75% of Benefit Amount
(3) Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	50% of Benefit Amount

Additional Benefits through the Plan

After School Benefit

If you elect Family Plan Coverage and either you or your Covered Spouse suffer a covered loss of life, We may reimburse the charges actually incurred for the after school care of each Covered Child, who is 10 years old or less, up to a maximum of the lesser of 2% of the Benefit Amount or \$2,000 per year for four consecutive years if the child is under 10 years of age at the time of each payment.

Day Care Benefit

If you elect Family Plan Coverage and either you or your Covered Spouse suffer a covered loss of life, and have a Covered Child enrolled in an Accredited Child Care Facility (as defined in the Policy) or one who enrolls in such facility within 90 days from the date of loss and is under the age of 13, an additional benefit equal to the lesser of the actual cost of the child care or 3% of the Benefit Amount up to \$3,000 may be paid for four consecutive years.

Common Disaster Benefit

If you elect Family Plan Coverage and you and your Covered Spouse both suffer a covered loss of life as a result of injuries suffered in the same accident and within 90 days of the accident, your Covered Spouse's Benefit Amount will be increased to equal that payable to you subject to a combined maximum amount of \$500,000.

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 5% of your Benefit Amount to \$5,000 per year may be paid for each such Covered Child for up to four (4) consecutive years.

Continued

Additional Benefits through the Plan

Leave of Absence Coverage

Faculty members who are granted leave of absence approved by the Policyholder may continue coverage under the following conditions:

1. The premiums must be paid in advance.
2. You must be continued to be carried as an employee on the Policyholder's personnel record.
3. Coverage cannot be continued for more than one year from the date your leave of absence commences.
4. The limit of coverage cannot exceed the limit you had as coverage one year prior to the date your leave of absence commences.

Rehabilitation Benefit

If you suffer an Injury which causes you to receive an Accidental Dismemberment Benefit under the Policy, you may be entitled to receive an additional benefit for the Reasonable and Customary expenses actually incurred for a prescribed Rehabilitation Training program by a licensed physician that is required due to your injury which will prepare you for an occupation which you would not have engaged in except for the injury in an amount equal to the lesser of the actual expenses that are incurred within two years from the date of your covered accident for the Rehabilitation Training; \$10,000; or 10% of your Benefit Amount.

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 \$10,000 may be paid. An additional benefit equal to 5% of the Covered Person's Benefit Amount to a maximum of \$5,000 may be paid if the Covered Person was driving or riding in a private passenger automobile with a manufacturer equipped air bag.

Spouse Retraining Benefit

If you elect Family Plan Coverage and suffer a covered loss of life, your Covered Spouse may receive the lesser of 2% of your Benefit Amount, \$3,000 or the actual cost incurred within 30 months of any professional or trade-training program in which your Covered Spouse enrolls to obtain an independent source of support and maintenance.

Survivor's Benefit

If you elect Family Plan Coverage and You suffer a Covered Loss, We may pay an additional benefit to your Covered Spouse and/or Dependent Child(ren) of 1% of your Benefit Amount for a period of six (6) months.

Therapeutic Counseling Benefit

If you elect Family Plan coverage and your 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 \$1,000, 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.

Travel Assistance Coverage

A comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your residence. You can access Zurich Travel Assist[®] services by calling, toll-free, 1-800-263-0261 and referencing Policy number GTU 5091373 or logging on to their web site at www.zurichna.com/travelassist. Services provided include Medical, Informational, Legal, and Personal Assistance.

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 5091373.

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;
2. Your Children;
3. Your Parents;
4. Your Brothers or Sisters;
5. Your Estate.

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

A loss will not be a Covered Loss if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury including, but not limited to, any attempt to restrict the flow of oxygen to the brain for purposes of auto-eroticism or auto-erotic asphyxiation;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted, medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
5. participation in the commission or attempted commission of a crime, any felony, an assault, insurrection or riot;
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity;
7. being intoxicated.
8. being under the 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;
9. travel or flight in any aircraft except to the extent stated in the Coverage Section;
10. release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
11. a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident;
12. alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a licensed medical provider operating within his or her scope of authority;
13. flying as a pilot or crew member of any aircraft except for pilots on file with the Policyholder;
14. any aircraft being used for aerial photography, test or experimental purposes;
15. any aircraft that requires a special permit or waiver even if granted;
16. any aircraft owned or controlled by, or under lease to the Policyholder, an Insured, or a member of a Covered Person's family or household;
17. any aircraft which is operated by the Policyholder, or one of its employees including members of an employee's family or household;
18. any conveyance used in a race or speed test or being used for tests or experimental purposes.

Important

This is a brief description of the coverage provided through the Voluntary Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the Master Policy or if any point is not covered herein, the terms of the Master Policy shall govern in all cases.

Cost and Method of Payment

Class I Only:

- The monthly cost for **Employee Only Coverage** is \$.034 for each \$1,000 of Benefit Amount.
- The monthly cost for the **Family Plan** is \$.054 for each \$1,000 of Benefit Amount.

Premium payments will be deducted automatically from your pay. For example, if you had selected one of the Benefit Amounts below, your monthly cost would be:

Benefit Amount*	PLAN I Monthly Cost Employee Only	PLAN II Monthly Cost Family Plan
\$ 10,000	\$.34	\$.54
20,000	\$.68	1.08
30,000	1.02	1.62
40,000	1.36	2.16
50,000	1.70	2.70
60,000	2.04	3.24
70,000	2.38	3.78
80,000	2.72	4.32
90,000	3.06	4.86
100,000	3.40	5.40
110,000	3.74	5.94
120,000	4.08	6.48
130,000	4.42	7.02
140,000	4.76	7.56
150,000	5.10	8.10
160,000	5.44	8.64
170,000	5.78	9.18
180,000	6.12	9.72
190,000	6.46	10.26
200,000	6.80	10.80
210,000	7.14	11.34
220,000	7.48	11.88
230,000	7.82	12.42
240,000	8.16	12.96
250,000	8.50	13.50



Advisory notice to policyholders regarding the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") regulations

No coverage is provided by this policyholder notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided.

This notice provides information concerning possible impact on your insurance coverage due to directives issued by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Please read this Notice carefully.

OFAC administers and enforces sanctions policy based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons." This list can be located on the United States Treasury's web site – <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC restrictions. When an insurance policy is considered to be such a blocked or frozen contract, no payments or premium refunds may be made without authorization from OFAC. Other limitations on premiums and payments also apply.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.