

Offered by Life Insurance Company of North America

## Employee-Paid ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

### Summary of Benefits

Prepared for: Old Dominion University

#### Eligibility:

All active, full-time Employees of the Employer classified as Faculty or Staff Members regularly working 30 hours per week.

**Employee:** You will be eligible for coverage immediately.

**Spouse:** Up to age 70, as long as you apply for and are approved for coverage yourself.

**Child(ren):** Birth to 26, as long as you apply for and are approved for coverage yourself.

#### Available Coverage:

	Benefit Amount	Maximum
Employee	Units of \$25,000	\$150,000
Spouse	40% of employee amount or 50% if no dependent children	40% of employee amount or 50% if no dependent children to a maximum of \$75,000
Children	10% of employee amount or 10% if no spouse	10% of employee amount or 10% if no spouse to a maximum of \$15,000

#### Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; Loss of all four fingers of the same hand; or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

**For Comas** — You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member are in a coma for 30 days or more as a result of a Covered Accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

#### Additional Features:

**For Wearing a Seatbelt & Protection by an Airbag** — You will receive an additional 10% benefit but not more than \$15,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$7,500 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

**For Exposure & Disappearance** — Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a Covered Accident. If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a Covered Accident.

#### For Furthering Education and Spouse Training

The education benefit provides training or education as follows:

**For your children** — If you die in a covered accident, we will pay an extra benefit for each insured child under age 26 who enrolls in a school of higher learning within one year of your death. We will increase your benefit by 2% or \$2,500, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education.

**For your spouse** - If you die in a covered accident and your insured spouse enrolls in an accredited school to gain skills needed for employment within one year of your death, we will pay 2% of the actual cost of this education or training program for not more than 3 years after enrollment begins, up to a maximum of \$1,000.

If you have no spouse or child who qualifies within one year of your death, we will pay an additional \$1,000 to your beneficiary.

## Additional Features — continued

**Conversion** — If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 5 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

### Your Monthly Cost of Coverage: (See rate chart for rates per pay period)

Employee Only Cost Per \$1,000 = \$0.045

Employee and Family Cost Per \$1,000 = \$0.062

*Actual per pay period premiums may differ slightly due to rounding. Benefits will reduce on age (see Benefits Reduction Schedule for details).*

*Rates may be subject to change in the future.*

### How to Calculate Your Monthly Cost of Coverage:

**Step 1:** Find the above Monthly rate.

**Step 2:** Multiply this rate by your desired coverage amount, in units. Reference the information above to find the appropriate unit amounts for employee and/or dependents.

**Step 3:** The result is the Monthly cost.

### Important Definitions and Policy Provisions:

**When your coverage begins** - Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician.

**When your coverage ends** - Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

### Benefit Reductions, Exclusions and Limitations

Benefit Reduction Schedule: If you are still employed, your benefits will reduce to 65% at age 70, 45% at age 75, 30% at age 80 and 15% at age 85. Your premiums will also reduce to match your benefits.

**Exclusions** - Self-inflicted injuries or suicide while sane or insane • commission or attempt to commit a felony or an assault • any act of war, declared or undeclared • any active participation in a riot, insurrection or terrorist act • bungee jumping • parachuting • skydiving • parasailing • hang-gliding • 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 external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it • a Covered Accident that occurs while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days) • traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates • air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

**Limitations** — For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

**THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.**

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 001818. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue New York, NY 10010.

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# INSURANCE ENROLLMENT FORM

**Please use this form to apply for coverage. Simply fill in any missing information below. Don't forget to include your Social Security Number, Birthdate, sign your name and enter today's date.**



Return completed form to New York Life Group Benefit Solutions  
 P.O. Box 20310  
 Lehigh Valley, PA 18003-9924  
 Phone: 1-800-732-1603  
 Fax: 1-800-440-0856

Offered by Life Insurance Company of North America

**Employer:** Old Dominion University

## ALL ABOUT YOU – THE EMPLOYEE

Your Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Employee ID # \_\_\_\_\_ Gender: \_\_\_\_\_

## COMPLETE THIS SECTION ONLY IF YOU WANT COVERAGE FOR YOUR SPOUSE

I am currently married and my date of marriage is: \_\_\_\_\_

**My Spouse's Information** Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

## YOUR COVERAGE ELECTIONS

View the enclosed Summary of Benefits for full costs and instructions for how to calculate premium.

Employee-Paid (Voluntary) Accidental Death & Dismemberment Insurance Policy # OK 001818		
Applicant	Available Coverage	Choose your desired coverage amount below or enter a different amount in the "Other" field.
Employee	Units of \$25,000 up to \$150,000.	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$150,000** <input type="checkbox"/> Other _____ <span style="background-color: yellow;">Amount must be a multiple of \$25,000.</span> <input type="checkbox"/> Decline Coverage
Family	Spouse and Children will receive a percentage of the Employee's selected coverage amount. Rates will be higher if you elect Employee & Family coverage.	<input type="checkbox"/> Accept Coverage Annual Salary _____ <input type="checkbox"/> Decline Coverage


**\*\*This is the maximum amount that you can choose under this plan.**  
 All coverage elected during this enrollment period will take effect on the latest of 09/01/2021, the date your election form is received by your employer, or if applicable the day your Evidence of Insurability Form is approved by the Insurance Company.

**Please see "Voluntary Product Costs" page for rate information per pay period.**

**SIGN HERE TO ACCEPT YOUR DEDUCTION FROM YOUR PAYCHECK**

I accept the insurance options chosen above. If premiums are to be paid by payroll, I authorize my employer to deduct the necessary amounts from my paycheck. If I did not choose coverage now, and I decide I want coverage at a later date, I may be required to provide evidence of insurability at my own expense. I understand that coverage is subject to New York Life Group Benefit Solutions' approval and that my insurance will not go into effect unless I am actively at work on the effective date. I also understand that coverage for each of my dependents will go into effect only if the person is not confined in a hospital or institution, or receiving certain medical treatment. I understand my information is protected by privacy laws and will be released only in accordance with these laws. Additional information about the rules and conditions around the requested insurance is described in the policy and certificate. Insurance coverage is underwritten by VA: Life Insurance Company of North America.

**Pre-Existing Condition Limitation (applies to long-term disability insurance only):** "Pre-existing Condition" means any Injury or Sickness for which the Employee incurred expenses, received medical treatment, care or services, including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 3 months before his or her most recent effective date of insurance.

I understand if I become insured, I will not receive benefits for a Pre-existing Condition until I have been insured for 12 months for the Disability coverage.

**Please Sign Here**  Signature \_\_\_\_\_ Date \_\_\_\_\_

**BENEFICIARY SECTION**

To specify a beneficiary, complete the section below. You will be the beneficiary for your spouse and child(ren). If you need additional space to indicate your beneficiary designations, attach a separate piece of paper using the below format including the appropriate policy number, the date, and your signature.

Voluntary Accidental Death & Dismemberment Insurance			Policy No. OK 001818	
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)

**Community Property Laws**—If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary payment of benefits may be delayed or disputed unless your spouse provides their signature in the space provided below.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Please see next page for rate information per pay period.**

# Voluntary product costs.

Prepared for the employees of Old Dominion University.

## Voluntary Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance pays benefits if you die or are seriously injured as a result of a covered accident.

Semi-Monthly Rates per elected amount			
Employee		Employee + Family	
\$25,000	\$0.56	\$25,000	\$0.78
\$50,000	\$1.13	\$50,000	\$1.55
\$75,000	\$1.69	\$75,000	\$2.33

Semi-Monthly Rates per elected amount			
Employee		Employee + Family	
\$100,000	\$2.25	\$100,000	\$3.10
\$125,000	\$2.81	\$125,000	\$3.88
\$150,000	\$3.38	\$150,000	\$4.65

