

VOLUNTARY AD&D INSURANCE

BENEFITS SUMMARY



For Employees of: **Alvin Independent School District**

ELIGIBILITY					
Employee Eligibility Requirement	You must be an active full-time (working 20+ hours or more per week) employee of the Policyholder domiciled in the United States. Employee means a citizen or permanent resident of the United States or a person who is authorized to work in the United States pursuant to the Immigration and Nationality Act and related rules and regulations.				
Dependent Eligibility Requirement	You must elect insurance for your dependent(s) to be eligible. Eligible dependent(s) include your spouse and any unmarried dependent child(ren) or foster child(ren) under the age of 19 (26 if enrolled full-time in an accredited college or university or any age if incapacitated).				
Premium Payment	You pay 100% of the premium for this insurance.				
BENEFIT AMOUNT GUIDELINES					
	Employee	Family Plans			
		+ Spouse Only	+ Child(ren) Only		
Minimum Benefit	\$10,000	10,000	\$5,000		
Maximum Benefit	\$500,000 Amounts are subject to 7 times base annual salary.	\$500,000	\$20,000		
Increment(s)	\$10,000	\$10,000	\$5,000		
BENEFITS					
About This Insurance	This accidental death and dismemberment (AD&D) insurance plan offers protection on a worldwide basis against any covered accident in the course of business or pleasure, whether on or off the job, or in or away from home. This protection is available 24 hours a day, everyday.				
Benefit Amount (The Principal Sum)	Within the coverage guidelines defined above, you select the amount of AD&D insurance coverage you want. This plan also includes the option to select coverage for your spouse and dependent child(ren). The AD&D benefit amount is also known as the Principal Sum.				
Basic Benefits	Benefits are payable if you (or your dependent, if covered) are injured as a result of an accident, the injury is independent of sickness and all other causes, and a loss occurs within 365 days after the date of the accident. Benefits are paid as indicated below:				
	Loss		Benefit		
	<ul style="list-style-type: none"> ▪ Life ▪ Both hands, both feet or entire sight of both eyes ▪ One hand and one foot ▪ One hand and entire sight of one eye ▪ One foot and entire sight of one eye ▪ Speech and hearing (both ears) 		Principal Sum		
	<ul style="list-style-type: none"> ▪ One hand, one foot or entire sight of one eye ▪ Speech or hearing (both ears) 		50% of the Principal Sum		
<ul style="list-style-type: none"> ▪ Loss of thumb and index finger of same hand 		25% of the Principal Sum			
FEATURES					
Additional AD&D Benefits	In addition to basic AD&D Benefits, you and your dependents (if applicable) are protected by the following: <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> ▪ Air Bag Benefit ▪ Common Carrier Benefit </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> ▪ Paralysis Benefit ▪ Seat Belt Usage Benefit </td> </tr> </table>			<ul style="list-style-type: none"> ▪ Air Bag Benefit ▪ Common Carrier Benefit 	<ul style="list-style-type: none"> ▪ Paralysis Benefit ▪ Seat Belt Usage Benefit
<ul style="list-style-type: none"> ▪ Air Bag Benefit ▪ Common Carrier Benefit 	<ul style="list-style-type: none"> ▪ Paralysis Benefit ▪ Seat Belt Usage Benefit 				
<i>Note: Additional information about the benefits and features of this plan will be included in the certificate on file with the Policyholder. Please contact your employer if you have questions.</i>					

AGE REDUCTIONS

Your AD&D Principal Sum is subject to age reductions. At age 65, amounts reduce to 65% of your original Principal Sum. At age 70, amounts reduce to 50% of your original Principal Sum. At age 75, amounts reduce to 35% of your original Principal Sum.

EXCLUSIONS

- suicide or any attempt thereat while sane;
- loss caused by an act of declared or undeclared war;
- injuries received while participating in training exercises or maneuvers of an armed service while a member of an armed service;
- injuries received while traveling by air, except as provided by the policy;
- injuries received because the insured person was under the influence of any controlled substance unless administered on the advice of a physician;
- injuries received because the insured person was intoxicated;
- injuries received while traveling in any aircraft which is owned or leased by: (a) the Policyholder, subsidiary or affiliate of the Policyholder; or (b) a director, officer or employee of the Policyholder, subsidiary or affiliate of the Policyholder.

Information about additional exclusions for this plan will be included in the certificate on file with the Policyholder.

Please contact your employer or benefits administrator if you have questions prior to enrolling.

AD&D BENEFIT AMOUNT SELECTION AND PREMIUM AMOUNTS

To select your benefit amount and determine your monthly premium, do the following:

- 1) Determine whether you are electing coverage for yourself only or for yourself and your dependents.
- 2) Locate the benefit amount you want to select from the top row of the appropriate premium table. Your benefit amount must be in an increment of \$10,000 (ex. \$10,000, \$50,000 or \$150,000) or increments of \$5,000 for your dependent spouse or \$2,000 for your dependent children.
- 3) Locate the corresponding bi-monthly (24) premium amount in the row below.
- 4) Enter your benefit amount and bi-monthly (24) premium amount into their respective areas in the AD&D section of your enrollment form.

Employee Only Coverage Premium Table (24 Payroll Deduction)

Benefit Amount	\$10,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$500,000
Monthly Premium	\$0.07	\$.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.50

Spouse Coverage Premium Table (24 Payroll Deduction)

Benefit Amount	\$10,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$500,000
Monthly Premium	\$0.15	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	7.50

Child (ren) Coverage Premium Table (24 Payroll Deduction)

Benefit Amount	\$5,000	\$10,000	\$15,000	\$20,000						
Monthly Premium	\$0.07	\$0.13	\$0.20	\$0.26						

This information describes some of the features of the benefits plan. Certain benefits within the insurance may not be available in all states. Please refer to the certificate for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the policy/certificate and this outline, the policy/certificate will prevail. Benefits availability is subject to final acceptance and approval by Mutual of Omaha. Accidental death & dismemberment insurance is underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175.