

Plan Highlights

Voluntary Group Accidental Death & Dismemberment Insurance



Iowa State Association of Counties

ELIGIBILITY

All eligible employees.

BENEFIT AMOUNT

Employee Only Coverage:

Choose from a minimum of \$25,000 to a maximum of \$250,000 in \$25,000 increments

Employee and Family Coverage:

Available as a package based on the following percentages of your benefit amount:

Spouse only: 50%

Spouse with Child(ren): 40% / Child(ren): 15% per child

Employee and Child(ren) Coverage:

Available as a package based on the following percentages of your benefit amount:

Child(ren): 15% per child

Dependents: You must be insured in order for Dependents to be covered

Dependents are:

- ▶ your legal spouse not legally separated or divorced from you.
- ▶ your unmarried dependent children* from birth to 26 years

A person may not have coverage as both an Employee and Dependent. Only one insured spouse may cover Dependent children.

AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Two or more Members	100%
Speech and hearing	100%
One Member	50%*
Speech or Hearing	50%*
Thumb & Index Finger of Same Hand	25%

*"Member" means hand, foot or eye.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

Age Original Benefit Reduced to:

75

50%

RATES

See attached Premium/Rate Sheet

FEATURES

- ▶ COMA Benefit
- ▶ Conversion Privilege
- ▶ Day Care Benefit
- ▶ Education Benefit
- ▶ Exposure & Disappearance
- ▶ Home Alteration and Vehicle Modification Benefit
- ▶ Rehabilitation Benefit
- ▶ Seat Belt & Air Bag Benefit
- ▶ Survivor Benefit
- ▶ Therapeutic Counseling Benefit
- ▶ Total Loss of Use Benefit

EXCLUSIONS

Benefits will not be payable for any loss: to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; caused by suicide, or intentionally self-inflicted injuries; caused by or resulting from war; caused by an accident that occurs while in the armed forces of any country; caused by or resulting from: piloting any aircraft; or riding in or getting into or out of any non civilian aircraft or any aircraft owned, leased or operated by you or any of your employers; sustained during the insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic alcoholic intoxication is a contributing factor; or, to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8604, et al.