

If more than one of the Insured Person's Specified Body Areas is Severely Burned as a result of the same accident, the benefit payable is the lesser of: 1) the sum of the benefit amounts calculated separately, according to the above rules, with respect to each such Specified Body Area; or 2) 100% of the Principal Sum.

#### Tuition Benefit

**For Insured Dependents** (Only available with Family Coverage)) Pays an additional benefit, up to a maximum of four (4) consecutive years, to or on behalf of any Insured Dependent Child(ren) under age 25 who was insured under the Policy on the date of the accident causing death and who, on the date of the Insured's death: 1) is a full-time student at any institution of Higher Learning above grade 12; or 2) is in grade 12 and subsequently enrolls as a full-time student in an Institution of Higher Learning within 365 days after the date of the Insured's death. The benefit paid will be equal to the lesser of 1) the actual tuition, 2) 5% of your Principal Sum, or 3) \$5,000 if you suffer a covered accidental death so that your covered eligible dependent child(ren) can continue or commence under certain circumstances their education in an institution of higher learning.

**For Insured Spouses** (Only available with Family Coverage) Pays an additional benefit, up to a maximum of four (4) consecutive years, to or on behalf of any Insured Spouse who was insured under the Policy on the date of the accident causing death and who, for the purpose of obtaining an independent source of support or to enrich his or her ability to earn a living: 1) is enrolled in any institution of Higher Learning or professional or trade training program on the date of the Insured's death; or 2) subsequently enrolls in an Institution of Higher Learning or professional or trade training program within 30 months after (the date of the Insured's death. The benefit paid will be equal to the lesser of 1) the actual tuition, 2) 5% of your Principal Sum, or 3) \$5,000 if you suffer a covered accidental death so that your covered Spouse can continue or commence under certain circumstances their education in an institution of higher learning or so that your covered eligible Spouse can enroll in a professional or trade training program to obtain an independent source of support or to enrich his/her ability to earn a living.

#### Reduction Schedule

The amount payable for a loss will be reduced if an insured person is age 70 or older on the date of the accident causing the loss with respect to any benefit provided under the Policy where the amount payable for the loss is

determined as a percentage of his or her Principal Sum. The amount payable for the insured person's loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

<u>Age on Date of Accident</u>	<u>Percentage of Amount Otherwise Payable</u>
70-74	70%
75-79	45%
80-84	30%
85 and older	15%

#### Termination Date

Coverage for an Insured, Insured Spouse, or Dependent Child(ren) ends on the earliest of:

- 1) the date the policy is terminated;
- 2) the premium due date if premiums are not paid when due;
- 3) the date you request, in writing, that coverage be terminated; or
- 4) the date the Insured Person, Insured Spouse, or Dependent Child(ren) ceases to be eligible as described herein.

#### Definitions

**Domestic Partner** - means an opposite or same sex partner who has met all of the following requirements for at least 12 months: 1) resides with the Insured; 2) shares financial assets and obligations with the Insured; 3) is not related by blood to the Insured to a degree of closeness that would prohibit a legal marriage; 4) is at least the age of consent in the state in which they reside; and 5) neither the Insured or Domestic Partner is married to anyone else, nor has any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

**Eligible Spouse** - means the Insured's legal spouse or Domestic Partner.

**Injury** - means any bodily injury caused by an accident occurring while the Policy is in force as to the person whose injury is the basis of claim and resulting directly and independently of all other causes in a covered loss.

**Insured** - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) who has enrolled for coverage under this Policy; (3) for whom premium has been paid; and (4) while covered under this Policy. However, an Insured does not include any person covered under this Policy solely as an Insured Dependent as defined in the Policy.

**Immediate Family Member** - means a person who is related to the Insured Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild.)

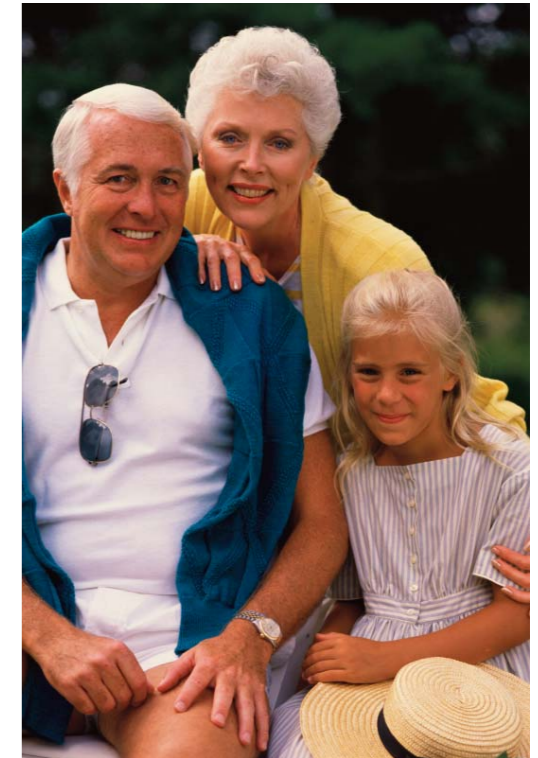
**Insured Person** - means an Insured or an Insured Dependent as defined in the Policy.

**Physician** - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Policyholder.

#### Policy Exclusions

The Plan will not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following: 1) suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury; 2) sickness, disease, or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning; 3) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is: a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; b) performing, learning to perform, or instructing others to perform as a pilot or crew member of any aircraft; c) riding as a passenger in an aircraft owned, leased, or operated by PSEA or the Insured Person's employer; 4) the Insured Person's commission of or attempt to commit a felony; 5) declared or undeclared war, or any act of declared or undeclared war; 6) full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if you enter military service).

## FOR THE RETIRED MEMBERS AND ASSOCIATE MEMBERS OF PSEA



### PERSONAL ACCIDENT INSURANCE

SIMPLE  
AFFORDABLE  
EFFECTIVE



This is only a brief description of the coverage(s) available under policy series C11656CA(REV 3-99). The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. with its principal place of business in New York, NY. This is only a brief description of the coverage(s) available. The Policy will contain reductions, limitations, exclusions, and termination provisions. Certain coverages may not be available in every state. 0406.006a



### Highlights

Today more than ever, shouldn't you be prepared for the unexpected? Accident Insurance can be extremely important to you and your family, in the event one of you is involved in an accident. No matter what precautions we take, accidents DO happen.

PSEA is providing you with the opportunity to purchase Accidental Death and Dismemberment (AD&D) coverage.

### Coverage

If you enroll, you (and your eligible family members if you enroll under any Family Plan), are covered 24-hours a day, 365 days a year against covered accidents occurring in the course of business or pleasure. Coverage is provided for injuries caused by accidents that occur at home, while volunteering, or while traveling (except as limited by the noted exclusions).

### Eligibility

You are eligible to participate in the Program as a Retired Member or Associate Member of PSEA. Under the Member Spouse and Dependent Child(ren) Family Coverage Program, you may also insure your Spouse and any unmarried child(ren), including natural, step, foster or adopted child(ren) from the moment of placement in the home of the Insured, under 19 years of age (25 years of age if attending an accredited institution of higher learning on a full-time basis) and any dependent unmarried child(ren), at any age who are covered prior to reaching the age limit specified above who, by reason of mental or physical incapacity is incapable of sustaining self-employment and is chiefly dependent on the Insured member for support and maintenance.

### How to Enroll

To enroll or make changes to your existing coverage, complete the enclosed enrollment form and return it to PSEA. For complete details of coverage(s) or if you have any questions, please contact PSEA Retiree & Associate Member Desk at 1-800-272-7732 ext 6212.

### Coverage Options and Amounts of Insurance

You may choose an amount of insurance for yourself as described below. The Principal Sum applicable to your covered dependents is an amount based upon the composition of your family at the time of loss and is expressed as a percentage of your Principal Sum as follows: If your covered dependent child suffers a loss payable under the Program and you have a covered Spouse at the date of the loss, that child's Principal Sum will equal 10% of your Principal Sum up to a maximum of \$15,000. If you do not have a covered spouse on the date of the loss, that child's Principal Sum will equal 15% of your Principal Sum up to a maximum of \$150,000. If your covered spouse suffers a loss payable under the Program and there is no covered dependent child on the date of the loss, your spouse's Principal Sum will equal 60% of your Principal Sum. If there is a covered dependent child, on the date of the loss, your Spouse's Principal Sum will equal 50% of your Principal Sum.

	Member Only	Family Coverage
<b>Rate per \$1,000 of Benefit per month</b>	<b>\$0.04</b>	<b>\$0.06</b>
<b>Benefit Amount</b>	<b>Quartely Premium</b>	<b>Quarterly Premium</b>
\$200,000	\$24.00	\$36.00
\$100,000	\$12.00	\$18.00
\$50,000	\$6.00	\$9.00

Please note: Dependents can not be covered without the member. If a member and a spouse/domestic partner are both eligible to enroll for coverage under the Program, one, but not both, may purchase the Family Coverage. The other spouse/domestic partner may elect single coverage only.

### Benefits and Coverage

**Accidental Death & Dismemberment & Paralysis**  
If a covered loss occurs within 365 days after the date of the covered accident causing the loss, the Plan will pay in one sum the indicated percentage of Principal Sum as follows:

Loss of	Percentage
Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
One Hand and the Sight of One Eye.....	100%
One Foot and the Sight of One Eye.....	100%
Speech and Hearing in Both Ears.....	100%
The Sight of One Eye.....	50%
One Hand or One Foot.....	50%
Speech or Hearing in Both Ears.....	50%
Hearing in One Ear.....	25%
Thumb and Index Finger of the Same Hand.....	25%
Quadriplegia.....	100%
Paraplegia.....	50%
Hemiplegia.....	50%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. "Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Limb" means entire arm or entire leg. *If you sustain more than one Loss as a result of the same accident, only one amount, the largest, will be paid.*

### ID Theft Services

Travel Guard offers ID Theft Services available for members where indicated in the Policy, Services include:  
1) Use of the Identity Theft Customer Service Center.  
2) A copy of the Identity Theft Recovery Kit if requested, and  
3) Restoration Services. Not all Services described in the policy are provided to all Eligible Persons. Call Travel Guard at 877-244-6871 (domestic) and +1 713-260-5592 (international collect) for assistance if you believe your identity has been stolen.

### Felonious Assault Benefit

If you suffer one or more losses for which benefits are payable under the AD&D Benefit, Paralysis Benefit, Coma Benefit as a result of a Felonious Assault: 1) that is not a moving violation as defined under the applicable state motor vehicle laws; and 2) that is not an act of an Immediate Family Member, a member of the Policyholder

or an individual who resides with the Insured Person on a permanent basis. The amount payable under this Benefit is 20% of the largest benefit payable under any one of the Benefits specified above due to the assault. Only one benefit is payable under this Benefit for all losses as a result of the same Felonious Assault.

### Common Disaster Benefit

*(Family Coverage Only)*

If you and your covered spouse both suffer a covered accidental death in the same accident within 365 days or from separate accidents occurring within a 24-hour period of the covered accident, your spouse's principal sum amount is increased to equal to the lesser of 1) \$100,000 or 2) 100% of the Insured's Principal Sum. Only payable if spouse and child(ren) are covered.

### Rehabilitation Benefit

Reimburses covered rehabilitation expenses, up to a maximum of \$10,000, incurred within two years of and as a result of an accident causing a covered Dismemberment or Paralysis.

### Seat Belt and Air Bag Benefit

Pays an additional benefit to the lesser of \$25,000 or 10% of the covered person's Principal Sum, if an Insured Person suffers a covered accidental death while operating or riding as a passenger in a private passenger automobile if it is verified that such person was wearing a properly-fastened, original, factory installed seat belt or, if the covered person is a child(ren), a properly installed and fastened child(ren) restraint device as defined by state law. In addition, if an Air Bag Benefit is payable if the covered person was also positioned in a seat protected by a properly-functioning, original, factory-installed air bag that inflates on impact in the same accident, then a second benefit to the lesser of \$15,000 or 5% of the covered person's Principal Sum will be payable.

### Severe Burn Benefit

If you suffer a Severe Burn, the Company will pay a benefit. The benefit payable is based on the Maximum Percentage of Principal Sum shown below with respect to the Specified Body Area shown below:

Specified Body Area Max.	% of Principal Sum
Face and Neck and Head .....	99%
Hand and Forearm Below Elbow Joint (Right) .....	22.5%
Hand and Forearm Below Elbow Joint (Left) .....	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right).....	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left).....	13.5%
Torso Below Neck to Shoulder Joints & Hip Joints (Front).....	36%
Torso Below Neck to Shoulder Joints & Hip Joints (Back).....	36%
Thigh Below Hip Joint to Knee Joint (Right) .....	9%
Thigh Below Hip Joint to Knee Joint (Left) .....	9%
Foot and Lower Leg Below Knee Joint (Right).....	27%
Foot and Lower Leg Below Knee Joint (Left) .....	27%