

# ENROLLMENT FORM Voluntary Accident Election of Coverage

PSEA Retiree & Associate Members – Policy # 9907-00-70

**Please check one:** ☐ New Enrollment ☐ Change in Existing Coverage  
(If you are currently enrolled for this coverage with the previous carrier, no additional action is needed to continue coverage.)

**Please print clearly**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Your Loss of Life Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Member's Benefit Amount	Plan I	Plan II
\$50,000	<input type="checkbox"/> \$6.00	<input type="checkbox"/> \$9.00
\$100,000	<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$18.00
\$200,000	<input type="checkbox"/> \$24.00	<input type="checkbox"/> \$36.00

☐ I will send a check payable to Pacific Employees Association.

Your Signature \_\_\_\_\_

**Please Remit Payment To:** PSEA Retiree and Associate Benefit Desk, 1390 Willow Pass Road, Suite 240, Concord, CA 94520  
Or Call: (925) 246-6200 (Main Office) • (800) 272-7732 (Toll-Free)



**Chubb Group of Insurance Companies**  
Warren, New Jersey 07059  
www.chubb.com

Form 44-10-0650 (Rev. 11/12)

This provides you with an easy-to-read summary of a Voluntary Accident Insurance Plan. This is not a contract of insurance but is simply an informative document. Complete provisions pertaining to the plan of insurance are contained in the master policy on file with the policyholder. If this insurance plan does not conform with your state statutes, it will be amended to comply with such laws. If a statement in this document and any provision in the policy differ, the policy will govern.



## Voluntary Accident Insurance Plan

*Enhancing your  
company's  
benefit program*

**Pacific Service  
Employees  
Association  
(PSEA)**

**RETIREES &  
ASSOCIATES**



Dear PSEA Retiree

PSEA would like to thank you for your continued support throughout the years. To thank you for being a PSEA retiree we are providing you with a member appreciation benefit of \$1,000 of AD&D coverage underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies.

If you are interested in purchasing additional Voluntary AD&D coverage for yourself, spouse and/or children, please review the enclosed brochure for complete details of the terms and conditions and to enroll.

If you are currently enrolled in the Voluntary AD&D Insurance plan and would like to change your benefit amount or enroll as a new subscriber you may do so by contacting your local PSEA office.

Chubb's Voluntary AD&D provides you with additional and enhanced benefits, including:

- No Age Reduction
- Family Continuation Benefit
- Rehabilitation Expense
- Increase Conversion Option Range
- Car Jacking Benefit
- Child Care Expense
- Home Alteration/Vehicle Modification
- Cobra Expense
- Psychological Therapy
- Seat belt And Air Bag
- Paralysis Schedule Plan
- Child Abduction
- Common Accident – Spouse Benefit Increase
- Home Invasion Expense

For a complete description of the benefits, terms and conditions of insurance, please review the Certificate of Insurance on the PSEA website. For those who do not have access to the website, please contact your local PSEA office to request a printed Certificate of Insurance be mailed to you.

# It doesn't always happen to "someone else".

No one wants to think about the possibility of having a life-threatening accident, but the fact is accidents are the fifth leading cause of death\*. Although we may think such tragedies could never happen to us, we can't deny there are many "what ifs" to contemplate. (\*National Vital Statistics Report, Volume 58, Number 19, May 19, 2010)

Accidents can cause financial hardships for survivors who still have mortgages, loans and education costs to pay. That's why PSEA has made voluntary accident coverage available to you at an affordable rate.

## HIGHLIGHTS OF THE PLAN

- The insurance plan provides protection 24 hours a day, 7 days a week anywhere in the world.
- The insurance applies to accidental loss of life, limb, sight, speech or hearing (except as limited by the exclusions included in this booklet).
- No medical/physical examination is required.
- Because it's a group plan, the rate for coverage is substantially lower than the cost of similar insurance you might purchase individually.
- Most coverage will pay in addition to any other insurance you may have.

## PLAN BENEFITS, AMOUNTS, OPTIONS AND COSTS

Eligible retired members and retired associate members may select a Principal Sum amount as follows: \$50,000, \$100,000, or \$200,000. You may select from the following plans:

### Plan I: Member Only

**Plan II: Member + Family** – Covers you for the Principal Sum elected. Your spouse or domestic partner's benefit is equal to 50% of your Principal Sum, and each dependent child's benefit is equal to 10% of your Principal Sum to a maximum of \$15,000. If you have no dependent children, your spouse or domestic partner's benefit is equal to 60% of your Principal Sum. If you have no spouse or domestic partner, each dependent child's benefit is equal to 15% of your Principal Sum to a maximum of \$15,000.

### Quarterly Costs (all rates are per \$1,000 and based upon your Principal Sum)

Plan I: \$0.12

Plan II: \$0.18

Sample Benefit & <u>Quarterly</u> Cost Table		
Member's Benefit Amount	Plan I	Plan II
\$50,000	\$ 6.00	\$ 9.00
\$100,000	\$12.00	\$18.00
\$200,000	\$24.00	\$36.00

### Reduction of Principal Sum

The Principal Sum reduces to 65% at age 70; to 45% at age 75; to 30% at age 80; and to 15% at age 85.

## ADDITIONAL FEATURES AVAILABLE FOR YOU

**Burn:** If an accidental bodily injury causes an insured person to be burned, this benefit will pay up to 50% of the Principal Sum up to a maximum of \$50,000.

**Carjacking:** If an insured person suffers a covered loss as the result of a carjacking, this benefit will pay 10% of the Principal Sum to a maximum of \$25,000.

**Child Abduction:** If an insured person suffers an accidental bodily injury as the result of a child abduction, then this benefit will reimburse medical expenses up to \$10,000 after a \$250 deductible for such accidental bodily injury. This benefit will also reimburse psychological therapy expenses and lost salary expenses that are incurred as a result of the child abduction. Finally, this benefit will reimburse the related costs that an insured person incurs for a professional public relations consultant, a professional forensic analyst, a professional security consultant or for publicity expenses incurred to locate the abducted child.

**Child Care Expense Benefit:** If you or your insured spouse or domestic partner suffers accidental loss of life, this benefit will pay for actual child care costs incurred within 1 year of the loss of life up to 10% of the Principal Sum to \$10,000 for each dependent child (up to the age of 13) to a maximum of \$50,000. If there are no eligible dependent children, a one-time payment of \$2,000 will be paid.

**Coma:** If an accidental bodily injury causes an insured person to lapse into a coma within 30 days of the accident, remain in a coma for 30 consecutive days, and be confined to a hospital within the first 30 days, the coverage pays monthly benefit amounts equal to 1% of the Principal Sum. Coma payments will be made until the insured person is no longer in a coma or 100% of the Principal Sum has been paid.

**Common Accident Benefit:** If you and your insured spouse or domestic partner die in a single covered accident, or separate covered accidents occurring within 24 hours of each other, and leave surviving dependent children, your spouse's or domestic partner's benefit amount will be increased to equal your Principal Sum up to a maximum of \$200,000.

**Education Expense:** If you or your insured spouse or domestic partner suffers accidental loss of life, this benefit will reimburse actual incurred costs for your eligible dependent children's tuition, fees, room and board, required books and course supplies billed by an institution of higher learning. This benefit pays for each eligible dependent child who is enrolled, or subsequently enrolls as a full-time student at an institution of higher learning within 2 years of the loss of life. This benefit will reimburse up to 5% of the Principal Sum to a maximum of \$25,000 annually for each eligible child for four consecutive years up to an overall maximum of \$100,000 for all children and all years combined. If there are no eligible dependent children, a one-time payment of \$2,000 will be paid.

**Felonious Assault:** If an accidental bodily injury resulting from a felonious assault causes you to suffer a covered loss while performing the duties of your regular occupation on behalf of the policyholder, this benefit pays an additional amount equal to 10% of the Principal Sum up to a maximum of \$40,000 for yourself and \$50,000 for you and your family.

**Home Alteration and Vehicle Modification:** If an insured person suffers a covered loss due to an accidental bodily injury which results in a physician determining that a home alteration or vehicle modification is needed to accommodate a physical disability, and as a result the insured person incurs expenses for home alteration or vehicle modification, this benefit will reimburse the actual costs for the home alteration or vehicle modification up to 10% of the

Principal Sum for home and 10% of the Principal Sum for vehicle to a maximum of \$50,000.

**Home Invasion:** If an insured person suffers an accidental bodily injury as the result of a home invasion, then this benefit will reimburse medical expenses up to \$10,000 for such accidental bodily injury. This benefit will also reimburse psychological therapy expenses as well as lost salary, temporary relocation expenses and residential security expenses that are incurred as a result of the home invasion.

**Psychological Therapy Benefit:** If an insured person suffers a covered loss resulting in a physician determining that psychological therapy is required, we will reimburse expenses incurred within two years from the date of loss, up to a maximum of \$25,000.

**Rehabilitation Expense:** If an accidental bodily injury causes an insured person to suffer a covered loss which prevents such insured person from performing duties of his/her occupation and which results in a physician determining that rehabilitation is required, then this benefit will reimburse expenses incurred within 2 years from the date of loss, up to \$25,000.

**Seat Belt and Occupant Protection Device:** If an insured person suffers an accidental bodily injury resulting in a covered loss of life while operating or riding in a private passenger automobile and using a seat belt, an additional benefit of 10% of the Principal Sum will be paid. If it cannot be determined if the insured person was using a seat belt, then an alternate benefit amount of \$2,000 will be paid. This benefit also pays an additional 10% of the Principal Sum if an insured person suffers an accidental bodily injury as set forth above and is positioned in a seat protected by a properly deployed occupant protection device. The benefit amount for an occupant protection device will only be paid if a benefit amount (other than the alternate benefit amount) for seat belt is paid. The Seat Belt and Occupant Protection Device benefit is subject to an overall maximum of \$50,000.

## **Spouse or Domestic Partner Employment Training**

**Expense:** If an accidental bodily injury causes you to suffer a covered loss of life, this benefit will reimburse actual incurred costs for your spouse's or domestic partner's tuition, fees, room and board, required books and course supplies at an institution of higher learning, up to a maximum benefit of 10% of the Principal Sum to a maximum of \$50,000 if expenses are incurred within 3 years of your loss of life.

**Travel Assistance:** Services include pre-travel country information, worldwide medical, dental and legal referrals, translation services and emergency travel arrangements. Services are provided to you by MEDEX Global Solutions.

## **PLAN EXCLUSIONS**

Insurance does not apply to any accident, accidental bodily injury or loss when the United States has imposed any trade sanctions or there is another legal prohibition to providing the insurance, or when caused by or resulting from: 1) an insured person being in /entering /exiting any aircraft: a) owned, leased or operated by the policyholder or on the policyholder's behalf, or b) operated by an employee of the policyholder on the policyholder's behalf; 2) an insured person acting / training as a pilot / crew member (unless temporarily performing duties in a life-threatening emergency); 3) an insured person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunction, or medical or surgical treatment thereof (this exclusion doesn't apply to an insured person's bacterial infection caused by an accident or by accidental consumption of a substance contaminated by bacteria); 4) an insured person's incarceration after conviction; 5) an insured person's participation in active military service (except for the first 60 consecutive days of active military service); 6) an insured person's flight on a rocket propelled / launched aircraft or any flight requiring a special

government permit or waiver; 7) an insured person's suicide, or intentionally self-inflicted injury; 8) a declared or undeclared war.

**This insurance does not apply to any Accident, Accidental Bodily Injury or Loss when:** 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any **Accident, Accidental Bodily Injury or Loss**; or 2) there is any other legal prohibition against providing insurance of any **Accident, Accidental Bodily Injury or Loss**.

**Insurance also does not apply to any accident, accidental bodily injury or loss when:**

- the United States of America has imposed any trade or economic sanctions prohibiting insurance of any accident, accidental bodily injury or loss; or
- there is any other legal prohibition against providing insurance of any accident, accidental bodily injury or loss.

## SCHEDULE OF BENEFITS

### **Accidental Loss of Life & Dismemberment Coverage**

The full Principal Sum is payable for accidental loss of life; loss of speech and loss of hearing; loss of speech and one of loss of hand, foot or sight of one eye; loss of hearing and one of loss of hand, foot or sight of one eye; loss of both hands, both feet, loss of sight or any combination thereof; or quadriplegia that occurs as the result of an accident. 75% of the Principal Sum is payable for paraplegia that occurs as the result of an accident. 50% of the Principal Sum is payable for accidental loss of hand, foot or sight of one eye (any one of each); loss of speech or loss of hearing; or hemiplegia that occurs as the result of an accident. 25% of the Principal Sum is payable for accidental loss of thumb and index finger of the same hand; or uniplegia that occurs as the result of an accident.

## MULTIPLE LOSSES MAXIMUM PAYMENT CLAUSE

For the coverages listed below, if an insured has multiple losses as the result of one accident, the insurer pays only the single largest benefit amount applicable:

- Accidental Loss of Life & Dismemberment
- Coma

## YOUR BENEFICIARY

Your beneficiary for the loss of life benefit shall be the beneficiary you name on the enrollment form.