

## Enrollment Form

**Voluntary Accident Election of Coverage** – PSEA Members – Policy #: 9907-00-71

Please check one:

☐ New Enrollment

☐ Change in Existing Coverage

*Please print clearly*

Last Name	First Name	Middle Name
Address		
City	State	ZIP Code
Social Security	Your Loss of Life Beneficiary	Relationship
Name of Spouse	Benefit Amount Selected	

**Please check the box of the plan coverage you want on the reverse side of this form. The complimentary \$1,000 coverage has already been checked for you.**  
By signing, I authorize the premium for this insurance to be deducted from my salary.

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

Please Mail Enrollment Form To: PSEA Benefit Desk, 1390 Willow Pass Road, Suite 240, Concord, CA 94520  
Or Call: (925) 246-6200 (Main Office) • (800) 272-7732 (Toll-Free)

## Chubb. Insured.<sup>SM</sup>

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.new.chubb.com](http://www.new.chubb.com). Insurance provided by U.S. based Chubb underwriting companies. All products may not be available in all states. Coverage is subject to the language of the policies as actually issued. Surplus lines insurance sold only through licensed surplus lines producers. Form 44-10-0648 (Rev. 6/19)

# CHUBB®

## Voluntary Accident Insurance Plan

Enhancing your  
company's  
benefit program



Pacific Services Employees  
Association (PSEA)

Members

It doesn't always  
happen to  
“someone else.”

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

#### **Highlights of the Plan**

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- The insurance plan provides coverage 24 hours a day—worldwide—on and off the job and while traveling for business or pleasure.
- The insurance applies to loss of life, limb, sight, accidental loss of life, dismemberment or bodily injury (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 members may select a Principal Sum as follows: \$25,000, \$50,000, \$100,000, \$150,000, \$200,000, \$250,000, \$300,000, \$350,000, \$400,000, \$450,000, or \$500,000. You may also elect coverage for your spouse/domestic partner and dependent children as follows:

**Spouse or Domestic Partner** - you may elect to cover your spouse or domestic partner for 50% or 100% of your Principal Sum to a maximum of \$250,000.

**Dependent Children** - you may elect to cover each of your dependent children for 15% of your Principal Sum to a maximum of \$30,000.

## Additional Features Available For You

**Burn:** If an accidental bodily injury causes an insured person to suffer third degree burns this benefit will pay an amount 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:** If you or your insured spouse 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

## Schedule of Benefits

### Accidental Loss of Life & Dismemberment Coverage

Loss of Life	100%
Loss of Speech & Loss of Hearing	100%
Loss of Speech & Loss of One of: Hand, foot or Sight of an Eye	100%
Loss of Hearing & Loss of One of Hand, foot or Sight of an Eye	100%
Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a Combination of Any Two of a Loss of a Hand, a Loss of Foot or Loss of Sight of an Eye	100%
Loss of One Hand, Loss of One Foot, or Loss of Sight of an Eye	50%
Loss of Speech or Loss of Hearing	50%
Loss of Thumb & Index Finger of the Same Hand	25%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

### Multiple Losses Maximum Payment Clause

For the coverages listed above, 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
- Enhanced Benefit for Dependent Child
- Coma

### Your Beneficiary

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

## Plan Exclusions

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**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.

\$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.

**COBRA Premium Expense:** If you suffer an accidental loss of life, the cost of the premium charged and paid for your dependents to continue group medical or dental insurance under a group plan provided through the policyholder will be reimbursed up to 5% of the Principal Sum per year to an annual maximum of \$50,000. Reimbursement will continue until the earliest of 1) the date the policyholder ceases to provide a group plan, 2) the dependent terminates COBRA elections or becomes covered under any other plan, 3) three years have elapsed.

**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:** 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, your spouse's or domestic partner's benefit amount will be increased to equal your Principal Sum up to a maximum of \$300,000.

**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.

**Enhanced Benefit for Dependent Children:** If an eligible dependent child suffers accidental loss, other than death, the benefit amount payable will be twice the applicable Dependent Child's Principal Sum.

**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, this benefit pays an additional amount equal to 10% of the Principal Sum up to a maximum of \$50,000 for you and your family.

**Home Alteration or 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 Expense:** 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 maximum benefit amount for seat belt and occupant protection device is subject to an overall maximum of \$50,000.

**Spouse 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.



Dear PSEA Member,

PSEA would like to thank you for your continued support throughout the years. To thank you for being a PSEA member 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 an active member who is 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 the 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 members 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.

Monthly Cost						
Coverage	Member Only	Member and Spouse	Member and Spouse	Member and Child(ren)	Member, Spouse and Child(ren)	Member, Spouse and Child(ren)
Principal Sum	Member 100%	Member 100%, Spouse 100% of Member PS up to \$250,000	Member 100%, Spouse 50%	Member 100%, Child(ren) 15% up to \$30,000	Member 100%, Spouse 100% up to \$250,000, Child(ren) 15% up to \$30,000	Member 100%, Spouse 50%, Child(ren) 15% up to \$30,000
\$500,000	<input type="checkbox"/> \$16.50	<input type="checkbox"/> \$33.00	<input type="checkbox"/> \$24.80	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$36.50	<input type="checkbox"/> \$28.30
\$450,000	<input type="checkbox"/> \$14.85	<input type="checkbox"/> \$29.70	<input type="checkbox"/> \$22.32	<input type="checkbox"/> \$18.00	<input type="checkbox"/> \$32.85	<input type="checkbox"/> \$25.47
\$400,000	<input type="checkbox"/> \$13.20	<input type="checkbox"/> \$26.40	<input type="checkbox"/> \$19.84	<input type="checkbox"/> \$16.00	<input type="checkbox"/> \$29.20	<input type="checkbox"/> \$22.64
\$350,000	<input type="checkbox"/> \$11.55	<input type="checkbox"/> \$23.10	<input type="checkbox"/> \$17.36	<input type="checkbox"/> \$14.00	<input type="checkbox"/> \$25.55	<input type="checkbox"/> \$19.81
\$300,000	<input type="checkbox"/> \$9.90	<input type="checkbox"/> \$19.80	<input type="checkbox"/> \$14.88	<input type="checkbox"/> \$12.00	<input type="checkbox"/> \$21.90	<input type="checkbox"/> \$16.98
\$250,000	<input type="checkbox"/> \$8.25	<input type="checkbox"/> \$16.50	<input type="checkbox"/> \$12.40	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$18.25	<input type="checkbox"/> \$14.15
\$200,000	<input type="checkbox"/> \$6.60	<input type="checkbox"/> \$13.20	<input type="checkbox"/> \$9.92	<input type="checkbox"/> \$8.00	<input type="checkbox"/> \$14.60	<input type="checkbox"/> \$11.32
\$150,000	<input type="checkbox"/> \$4.95	<input type="checkbox"/> \$9.90	<input type="checkbox"/> \$7.44	<input type="checkbox"/> \$6.00	<input type="checkbox"/> \$10.95	<input type="checkbox"/> \$8.49
\$100,000	<input type="checkbox"/> \$3.30	<input type="checkbox"/> \$6.60	<input type="checkbox"/> \$4.96	<input type="checkbox"/> \$4.00	<input type="checkbox"/> \$7.30	<input type="checkbox"/> \$5.66
\$50,000	<input type="checkbox"/> \$1.65	<input type="checkbox"/> \$3.30	<input type="checkbox"/> \$2.48	<input type="checkbox"/> \$2.00	<input type="checkbox"/> \$3.65	<input type="checkbox"/> \$2.83
\$25,000	<input type="checkbox"/> \$0.83	<input type="checkbox"/> \$1.65	<input type="checkbox"/> \$1.24	<input type="checkbox"/> \$1.00	<input type="checkbox"/> \$1.83	<input type="checkbox"/> \$1.42
\$1,000	<input checked="" type="checkbox"/> Complimentary					

**PLEASE NOTE:** Dependents cannot be covered without the member. If a member and Spouse/Domestic Partner are both eligible to enroll for coverage under the Plan, one, but not both, may purchase the Family Coverage. The other Spouse/Domestic Partner may elect Option 1 Coverage Only.  
\*Spouse/Domestic Partner and Child(ren) coverages are a percentage of your benefit amount and cannot exceed \$250,000 for your Spouse/Domestic Partner and \$30,000 for each Child(ren).  
\*\*Complimentary benefit paid by PSEA. No cost to the employees.