

# CHUBB®

## Voluntary Accident Insurance Plan 2025

*Enhancing your company's  
benefit program*

**Pacific Services Employees  
Association (PSEA)  
Members**



Dear PSEA Member,

To thank you for being a PSEA member, we are providing you with a member appreciation benefit of \$1,000 of Accidental Death & Dismemberment (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 the PSEA office.

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

- Burn
- Carjacking
- Child Abduction
- Child Care Expense
- COBRA Premium Expense
- Coma
- Common Accident
- Education Expense
- Enhanced Benefit for Dependent Children
- Felonious Assault
- Home Alteration or Vehicle Modification
- Home Invasion
- Psychological Therapy Expense
- Rehabilitation Expense
- Seat Belt and Occupant Protection Device
- Spouse or Domestic Partner Employment Training 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.

**Note:** The product described in this brochure is a supplement to health insurance and is not a substitute for major medical coverage. It is not qualifying health coverage ("minimum essential coverage") that satisfies the health coverage requirement of the Affordable Care Act.

## 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.

### Highlights of the Plan

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- The insurance plan provides coverage 24 hours a day – worldwide – while traveling for business or pleasure.
- The insurance applies to loss of limb, sight, accidental loss of life, dismemberment, or bodily injury (except as limited by the exclusions included in this brochure).
- 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

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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 1) 50% of your Principal Sum, or 2) 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.

### 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

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**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, 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 childcare 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.

**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, or 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.

## 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.



# Schedule of Benefits

## Accidental Loss of Life & Dismemberment Coverage

The applicable Benefit Amount will be paid if an Accident results in a covered Loss not otherwise excluded. The Accident must result from an insured Hazard and occur while an Insured Person is insured under this policy and while it is in force. The covered Loss must occur within one (1) year after the Accident.

Loss of Life	100%
Loss of Speech and Loss of Hearing	100%
Loss of Speech and One of Loss of Hand, Loss of Foot, or Loss of Sight of One Eye	100%
Loss of Hearing and One of Loss of Hand, Loss of Foot, or Loss of Sight of One Eye	100%
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight, or a Combination of Any Two of Loss of Hand, Loss of Foot, or Loss of Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Hand, Loss of Foot, or Loss of Sight of One Eye (Any One of Each)	50%
Loss of Speech or Loss of Hearing	50%
Uniplegia	25%
Loss of Thumb and Index Finger of the Same Hand	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
- Coma

## Your Beneficiary

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



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)
Principle Sum (PS)	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	\$31.00	\$61.00	\$45.00	\$37.50	\$67.50	\$51.50
\$450,000	\$27.90	\$54.90	\$40.50	\$33.75	\$60.75	\$46.35
\$400,000	\$24.80	\$48.80	\$36.00	\$30.00	\$54.00	\$41.20
\$350,000	\$21.70	\$42.70	\$31.50	\$26.25	\$47.25	\$36.05
\$300,000	\$18.60	\$36.60	\$27.00	\$22.50	\$40.50	\$30.90
\$250,000	\$15.50	\$30.50	\$22.50	\$18.75	\$33.75	\$25.75
\$200,000	\$12.40	\$24.40	\$18.00	\$15.00	\$27.00	\$20.60
\$150,000	\$9.30	\$18.30	\$13.50	\$11.25	\$20.25	\$15.45
\$100,000	\$6.20	\$12.20	\$9.00	\$7.50	\$13.50	\$10.30
\$50,000	\$3.10	\$6.10	\$4.50	\$3.75	\$6.75	\$5.15
\$25,000	\$1.55	\$3.05	\$2.25	\$1.88	\$3.38	\$2.58
\$1,000	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 (Member Only) 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.

## Voluntary Accident Election of Coverage Enrollment Form

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 Number		Your Loss of Life Beneficiary	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 Active Membership & Benefits Desk, 1390 Willow Pass Road, Suite 240, Concord, CA 94520  
You may also call **925.246.6200** (Main Office) or **800.272.7732** (Toll-Free) or email [jibq@pge.com](mailto:jibq@pge.com)

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