



The Standard®
Positively different.



School Administrator
Special Services

Voluntary Accidental Death and Dismemberment Insurance

**SCHOOL ADMINISTRATOR SPECIAL SERVICES
FOR MEMBERS OF ACSA AND ACCCA**





Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through your *Association*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, check with the Plan Administrator.

Please note that defined terms and provisions from the *group policy* are italicized in this material.

Who is eligible?

A regular member of the Policyholder, School Administrators Special Services (SASS), and members of the following associations:

- Association of California School Administrators (ACSA) or
- Association of California Community College Administrators (ACCCA)
- Your *spouse* and/or child(ren) are eligible for coverage when the member enrolls.
- An eligible insured does *not* include a full-time member of the armed forces.

Coverage Amounts

You may elect Voluntary AD&D coverage in the following amounts: \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, \$200,000, \$250,000 or \$300,000.

If you elect coverage for yourself, you may also elect coverage for your *spouse* and *dependent* children who are unmarried to age 19 or through age 22, if a full-time student.

- Your *spouse's* coverage will equal no more than 60 percent of your elected amount, when there is no coverage elected for your children
- Your *dependent* children's coverage will equal no more 20 percent of your elected amount, when there is no coverage elected for a *spouse*
- If you elect coverage for both your *spouse* and *dependent* children, *spouse* coverage will equal no more than 50 percent of your elected amount and 15 percent of your elected amount for each *child*

Age Reductions

Under this policy, insurance coverage reduces by 35 percent at age 70, 55 percent at age 75, 70 percent at age 80, 85 percent at age 85.

Voluntary AD&D Rates - Monthly Cost

| <u>Coverage Amount</u> | <u>Plan 1 Member Only</u> | <u>Plan 2 Family Plan</u> |
|------------------------|-------------------------------|-------------------------------|
| \$25,000 | \$1.00 | \$1.50 |
| \$50,000 | \$2.00 | \$3.00 |
| \$75,000 | \$3.00 | \$4.50 |
| \$100,000 | \$4.00 | \$6.00 |
| \$150,000 | \$6.00 | \$9.00 |
| \$200,000 | \$8.00 | \$12.00 |
| \$250,000 | \$10.00 | \$15.00 |
| \$300,000 | \$12.00 | \$18.00 |

These monthly rates assume you are paid 12 months during the calendar year. If you are only paid 10 months during the calendar year, you can determine your monthly deduction by multiplying the 12 month cost by 12 and dividing the result by 10.

Example: $\$6.00 \times 12 = \$72.00 \div 10 = \$7.20$ monthly deduction

Voluntary AD&D Benefits

Dismemberment benefits are payable to the insured for the loss of:

| <u>Type of Loss</u> | <u>Percentage Payable</u> |
|--|---------------------------|
| Life | 100 percent |
| Hand or foot | 50 percent |
| Sight in one eye | 50 percent |
| Audible speech | 50 percent |
| Hearing in both ears | 50 percent |
| Two or more of the losses listed above | 100 percent |
| Quadriplegia | 100 percent |
| Paraplegia | 50 percent |
| Hemiplegia | 50 percent |
| Thumb and index finger of the same hand ¹ | 25 percent |

Additional Features

- Seat Belt Benefit
- Higher Education Benefit
- Career Adjustment Benefit
- Exposure coverage
- Disappearance coverage
- Common Disaster Benefit: the *Common Disaster Benefit* provides an increased benefit in the event of the death of both you and your insured *spouse* as the result of the same accident. In this situation, The Standard will pay 200 percent of the amount of Voluntary AD&D insurance in effect on the date of the covered accident.

This benefit will be paid in place of any other *AD&D insurance benefit* payable for the same accident. It will be paid in equal shares to each surviving *child*. If you have no surviving *child* or if your *spouse* is also an insured *member* under the *group policy*, this benefit will not be paid.

About These Highlights

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The controlling provisions are in the *group policy* issued by Standard Insurance Company. Neither the certificate nor the information presented in this document modifies the *group policy* or the insurance coverage in any way.

¹ This benefit is not payable if an AD&D insurance benefit is payable for the loss of the entire hand.

**SASS Voluntary AD&D Plan
Enrollment and Change Form**

Mark all boxes and complete all sections that apply. Return completed form to the address at the bottom of this form.

| | | | | | | |
|---|--|--------------------------|--|---------------------|--------------------------------------|---------------------------|
| APPLICANT | Your Name (Last, First, Middle) | | Group Name School Administrators Special Services (SASS) | | Group Number(s) 641419-C | |
| | Your Address | | City | | State | ZIP |
| | Your Soc. Sec. No. | Date of Birth | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Job Title/Occupation | |
| | School District Name | | | | | |
| AD&D | Accidental Death and Dismemberment (AD&D) Insurance | | | | | |
| | <input type="checkbox"/> Voluntary AD&D – Member Only Plan 1 | | Member requested amount \$ _____ | | | |
| <input type="checkbox"/> Voluntary AD&D – Family Plan 2 | | Spouse name _____ | | Date of Birth _____ | | |
| BENEFICIARY | <i>This designation applies to Accidental Death and Dismemberment (AD&D) Insurance available through SASS. Designations are not valid unless signed, dated, and delivered to the Plan Administrator during your lifetime. See page 2 for further information.</i> | | | | | |
| | Primary - Full Name | | Address | | Soc. Sec. No. | Relationship % of Benefit |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Contingent - Full Name | | Address | | Soc. Sec. No. | Relationship % of Benefit |
| | | | | | | |
| CHANGE | Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply. | | | | | |
| | <input type="checkbox"/> Add Family Plan | | <input type="checkbox"/> Delete Family Plan | | <input type="checkbox"/> Name Change | |
| <input type="checkbox"/> Beneficiary Change | | Date of add/delete _____ | | Former name _____ | | |
| <input type="checkbox"/> Other _____ | | | | | | |
| SIGNATURE | <input type="checkbox"/> I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. | | | | | |
| | <input type="checkbox"/> I wish to make the choices indicated on this form. If electing coverage, I wish to be billed at my home on a quarterly basis to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. | | | | | |
| Member Signature Required | | | | Date (Mo/Day/Yr) | | |

Mail Enrollment Form to the Plan Administrator at: Mestmaker and Associates
 PO Box 2302
 Bakersfield, CA 93303
 Phone: 877.472.6722

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated _____.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.

Standard Insurance Company

Standard Insurance Company has earned a solid reputation for its quality products, expert resources, superior service, steady growth, innovation and strong financial performance. Founded in 1906, Standard Insurance Company is a leader in the group disability, life and dental insurance market, while also offering individual disability and retirement plans for groups and individuals.

For more information about group Accidental Death and Dismemberment insurance coverage, or for assistance, please contact your Plan Administrator.



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