



TheStandard®

Voluntary Accidental Death and Dismemberment Insurance

FOR EMPLOYEES OF EMPLOYERS PARTICIPATING IN THE
WASHINGTON COUNTIES INSURANCE FUND

Answers to your questions about coverage from Standard Insurance Company



STANDARD INSURANCE COMPANY

About This Booklet

This booklet is designed to answer some common questions about the group Voluntary Accidental Death and Dismemberment (AD&D) insurance coverage offered by Washington Counties Insurance Fund to participating *employers* with eligible employees. It is not intended to provide a detailed description of the coverage.

If coverage becomes effective and you become insured, you will receive a web link to a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the *group policy* issued by Standard Insurance Company. Neither the certificate nor the information presented in this booklet modifies the *group policy* or the insurance coverage in any way. If you have additional questions, please contact your human resources representative.

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



Voluntary AD&D Insurance Features

The time you spend with your family is priceless, and you wouldn't trade those special moments together for anything in the world. But what would happen if you accidentally died or lost a limb? Would your family be financially prepared?

By sponsoring group Voluntary AD&D insurance from Standard Insurance Company, your *employer* offers you an excellent opportunity to help protect your loved ones. With Voluntary AD&D coverage, you or your *beneficiaries*, as applicable, may receive an *AD&D insurance benefit* in the event of death or dismemberment as a result of a covered accident.

The advantages to you and your loved ones include:

Choice – You decide how much coverage you need from the range of amounts available.

Flexibility – If your needs change, you may request to change the amount of coverage.

Convenience – With premiums deducted directly from your paycheck, you don't have to worry about mailing monthly payments.

Peace of Mind – You can take comfort and satisfaction in knowing that you have done something positive for your family's future.

Commonly Asked Questions

The following information provides details to give you a better understanding of group Voluntary AD&D insurance available from The Standard. Written in non-technical language, this is not intended as a complete description of the coverage.

Am I eligible for this coverage?

To be a *member* and eligible for the Voluntary AD&D coverage, you must be insured for Basic Life under Group Policy 645273-B and one of the following:

- An active employee of Whatcom County working at least 80 hours each month;
 - An active employee of an *employer* participating in the Washington Counties Insurance Fund who is regularly working at least 20 hours each week or 80 hours per month, whichever is less;
- or
- An active elected official of an *employer*.

Temporary and seasonal employees, leased employees, independent contractors, and full-time members of the armed forces of any country are not eligible.

Provided you become insured, you may also enroll your eligible *dependents*, including your *spouse* and unmarried *children* under age 25. For your *spouse* and *children* to be eligible for coverage, they must not be full-time members of the armed forces of any country.

When does my insurance go into effect?

You must apply for Voluntary AD&D coverage and agree to pay premiums. Your Voluntary AD&D coverage becomes effective on the latest of:

- The *group policy* effective date;
- The effective date of your *employer's* participation under the *group policy*, and
- The first day of the calendar month coinciding with or next following the date you become a *member*.

Voluntary AD&D coverage for you, your *spouse* and *children*, if elected, becomes effective on the date you and your *dependents* become eligible. Otherwise, coverage will become effective on the date you apply for coverage, provided you and your *dependents* are eligible on that date.

How much Voluntary AD&D coverage may I elect?

You may elect Voluntary AD&D coverage in units of \$25,000, from \$25,000 up to a maximum of \$500,000. However, any amount in excess of \$250,000 may not exceed ten times your *annual earnings*.

If you elect coverage for yourself, you may also elect coverage for your *spouse* and *dependent children*. The amount for each *dependent* is as follows:

- *Spouse*, your choice of 50 percent or 100 percent of your coverage
- *Children*, 10 percent of your coverage for each *child*, not to exceed \$30,000

How much is the AD&D benefit amount?

The amount of the *AD&D insurance benefit* for *loss* of life is equal to the amount of your Voluntary AD&D insurance in effect on the date of the covered accident. The amount of the *AD&D insurance benefit* for other covered *losses* is a percentage of your Voluntary AD&D insurance in effect on the date of the covered accident, as shown below:

Type of Loss	Percentage Payable
One hand or one foot	50%
Sight in one eye	50%
Audible speech	50%
Hearing	50%
Thumb and index finger of the same hand ¹	25%
Two or more of the <i>losses</i> listed above	100%

With respect to a hand or foot, *loss* means actual and permanent severance from the body at or above the wrist or ankle joint. With respect to sight, *loss* means entire and irrecoverable loss of sight. No more than 100 percent of the amount of Voluntary AD&D coverage in effect on the date of the covered accident will be paid for all *losses* incurred by the insured *member* or *dependent* as the result of one accident.

Are there any limitations?

The *loss* must occur due to an accident and independently of all other causes, within 365 days after the accident. *Loss* of life must be evidenced by a certified copy of the death certificate. All other *losses* must be certified by a *physician* in the appropriate specialty as determined by The Standard.

Will insurance benefits be reduced as I grow older?

Under this plan, your Voluntary AD&D coverage will be reduced to 65 percent of the original amount at age 70, 45 percent at age 75, 30 percent at age 80, 20 percent at age 85, 15% at age 90, and 10% at age 95.

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

Are there any exclusions?

AD&D insurance benefits are not payable for death or dismemberment caused or contributed to by:

- *War* or act of *war*
- Suicide or other intentionally self-inflicted *injury*, while sane or insane
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Voluntary use or consumption of any poison, chemical compound or drug, unless used or consumed according to the directions of a *physician*
- *Sickness* or *pregnancy* existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft if you are a pilot or crew member of the aircraft, or a passenger in an aircraft operated by or for your *employer*

When does coverage end?

Voluntary AD&D insurance ends automatically on the earliest of the following:

- The date you cease to be a *member*; however, insurance may continue for limited periods under certain circumstances described in the *group policy*
- The date the *group policy* terminates
- The date the last period ends for which a premium was paid for your Voluntary AD&D insurance
- For your *spouse*, the date of your divorce or termination of your *domestic partner* relationship
- For any *dependent*, the date the *dependent* ceases to be an eligible dependent
- For a *disabled child*, 90 days after The Standard requests proof of *disability*, if proof is not received
- The date your *employer* ceases to participate under the *group policy*

Are there any other benefits with the Voluntary AD&D insurance coverage?

The AD&D coverage includes the following benefits when an *AD&D insurance benefit* is payable.

Seat Belt Benefit

The *Seat Belt Benefit* provides an additional *AD&D insurance benefit* if an insured employee or *dependent* dies as a result of an automobile accident for which an AD&D benefit is payable while wearing a *seat belt*. The benefit is equal to the amount of the *AD&D insurance benefit* payable for *loss* of the life, up to a maximum of \$10,000.

Higher Education Benefit

The plans for a child's higher education should not end with the death of a parent. The *Higher Education Benefit* helps to keep those dreams alive by paying an additional amount to your eligible *children* in the event of your accidental death. To be eligible, your surviving *child* must register and attend an institution of higher education on a full-time basis within 12 months after your death. The benefit is paid annually for a maximum of four consecutive years beginning on the date of death. The amount payable is 5 percent of your Voluntary AD&D coverage in effect on the date of the accident, up to a maximum of \$5,000 per year for four years, as long as the *child* remains eligible.

This benefit will be paid in addition to any other *AD&D insurance benefit* payable for the same accident. If you have no surviving *child* eligible to receive this benefit, it will not be paid.

Career Adjustment Benefit

Your surviving *spouse* may need to make a career adjustment as a result of your accidental death. The *Career Adjustment Benefit* may help make this transition easier. It pays an additional benefit to your surviving *spouse* if your *spouse* was insured for Voluntary AD&D coverage at the time of the accident. The amount payable is 5 percent of your Voluntary AD&D coverage in effect on the date of the accident, up to a maximum of \$5,000.

This benefit will be paid in addition to any other *AD&D insurance benefit* payable for the same accident. If you have no surviving *spouse*, this benefit will not be paid.

Paralysis Benefit

A benefit for paralysis may be paid if you or your *dependent* suffers paralysis caused by an accident within one year of the date of that accident. The *benefit* is equal to a percentage of the Voluntary AD&D coverage in effect on the date of the accident, as shown below:

Type of Loss	Percentage Payable
<i>Quadriplegia</i>	100%
<i>Hemiplegia</i>	50%
<i>Paraplegia</i>	50%

Quadriplegia means the permanent, complete and irreversible total paralysis of both upper and lower limbs. *Hemiplegia* means the permanent, complete and irreversible total paralysis of the upper and lower limb on the same side of the body. *Paraplegia* means the permanent, complete and irreversible total paralysis of both lower limbs.

Common Disaster Benefit

In the event both you and your *spouse* insured as a *dependent* die as the result of the same covered accident, the *Common Disaster Benefit* will pay 200 percent of your Voluntary AD&D insurance in effect on the date of the accident.

Any *Common Disaster Benefit* will be paid in equal shares to each of your surviving children. If you have no surviving children, the increased benefit will not be paid.

How much will the Voluntary Accidental Death and Dismemberment coverage cost?

Use the following rates to determine the monthly premium for your Voluntary AD&D coverage.

Coverage	Cost per \$1,000 of Coverage
Employee.....	\$.025
Spouse.....	\$.025
Child.....	\$.030

To calculate your employee or *spouse* Voluntary AD&D premium:

$$\begin{array}{r} \$ \underline{\hspace{2cm}} \div \$1,000 = \underline{\hspace{2cm}} \times \$0.025 = \$ \underline{\hspace{2cm}} \\ \text{Amount Elected} \hspace{15em} \text{Your monthly cost} \end{array}$$

To calculate the premium for your *child* Voluntary AD&D coverage:

$$\begin{array}{r} \$ \underline{\hspace{2cm}} \div \$1,000 = \underline{\hspace{2cm}} \times \$0.030 = \$ \underline{\hspace{2cm}} \\ \text{Amount Elected} \hspace{15em} \text{Your monthly cost} \end{array}$$

How do I apply for Voluntary AD&D insurance coverage?

To apply for the group Voluntary AD&D insurance, complete the Enrollment Form in your enrollment packet, place it in a confidential envelope and submit it to your human resources department. You can apply at any time.

What if I have additional questions?

If you have any additional questions, please contact your human resources representative.

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name Washington Counties Insurance Fund (WCIF)		Group Number(s) 645273	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Your Employer			Job Title/Occupation		

AD&D	<p><i>Check with your Human Resources Department about coverage options available to you.</i></p> <p>Voluntary Accidental Death and Dismemberment (AD&D) Insurance <i>Employee must be insured under the plan to be eligible to elect coverage for the Spouse and/or eligible Child(ren).</i></p> <p><input type="checkbox"/> Employee Your requested amount \$ _____ (Not to exceed \$500,000. Any amount in excess of \$250,000 may not exceed 10 times your annual earnings.)</p> <p>Dependent Voluntary Accidental Death and Dismemberment (AD&D) Insurance <i>You may elect to insure your Spouse under one of the following options:</i></p> <p><input type="checkbox"/> Spouse AD&D (50% of employee Voluntary AD&D coverage. Not to exceed \$250,000) <input type="checkbox"/> Spouse AD&D (100% of employee Voluntary AD&D coverage. Not to exceed \$500,000)</p> <p><i>Child(ren)</i></p> <p><input type="checkbox"/> Child AD&D (10% of employee Voluntary AD&D coverage. Not to exceed \$30,000)</p>					
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BENEFICIARY	<p><i>This designation applies to Accidental Death and Dismemberment (AD&D) Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.</i></p>					
	Primary - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit

CHANGE	<p>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</p>					
	<input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent		<input type="checkbox"/> Name Change		<input type="checkbox"/> Beneficiary Change	
	Date of add/delete _____		Former name _____		<input type="checkbox"/> Other _____	

SIGNATURE	<p>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.</p>					
	Member/Employee Signature Required				Date (Mo/Day/Yr)	

Human Resources Department - Complete this section. Retain form for your records.

Dvsn ID 0001	Billing Cat. 0100	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr
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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 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.
- Benefits payable because of the death of a Dependent are payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.

About Standard Insurance Company

Your employer has chosen Standard Insurance Company to provide group Voluntary AD&D coverage to eligible employees. The Standard has earned a solid reputation for its quality products, superior customer service, expert resources, steady growth, innovation and strong financial performance. Founded in 1906, The Standard has developed a national presence in the employee benefits industry, providing customers with group and individual disability insurance and retirement plans, and group life and dental insurance.

Just as others count on you, you can count on The Standard for Voluntary AD&D insurance in a time of need. Talk with your employer's human resources representative for more information about group Voluntary AD&D insurance from The Standard.



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A subsidiary of StanCorp Financial Group, Inc.