

## Why buy Group Voluntary Accident insurance?<sup>1</sup>



Unintentional injuries are the fifth leading cause of death over-all and first among people in the age groups from 1 to 44.



On average, 15 unintentional injury related deaths and about 4,520 medically consulted injuries occur every hour during the year.



49% of employees have less than \$1,000 to pay for unexpected out-of-pocket medical expenses and over half of employees would have to borrow from their credit cards or retirement plans.



41% of existing health insurance plan members feel they do not have enough coverage for serious injury or illness.

Individual lifestyles and family dynamics pose different financial consequences when unexpected accidents disrupt lives. Having the right accident insurance protection in the event of a severe accidental injury or even death can be critical. Voluntary Accident (“VAD&D”) can help cover expenses associated with major on- and off-the-job accidental injuries and protect your savings should the unforeseen happen.

- Pays high limit benefits for accidental death and covered injuries — regardless of any other insurance.
- Provides high limit coverage for catastrophic injuries — for increased financial security.

During open enrollment, employees have the opportunity to increase their overall insurance protection with low-cost, high-limit accidental death and dismemberment coverage that covers you 24 hours a day, on or off the job.

(A general description of the benefits is provided on the following pages.)

### Voluntary AD&D Monthly Costs

Zurich AD&D	Benefit	Cost
Employee Only	A Minimum of \$25,000 to a Maximum of \$500,000 in Increments of \$25,000	\$.019/\$1,000
Employee & Dependents	Percentage of Employee Benefit	\$.037/\$1,000

Sources  
 1 National Safety Council Injury Facts 2015 Edition; Health Care Cost Institute, Health Care Cost and Utilization Report: 2011 (2012); “2014 Member Health Plan Study;”  
 J.D. Power, March 10, 2014; [www.commonwealthfund.org/~media/files/publications/fund-report/20\\_13/apr/1681\\_collins\\_insuring\\_future\\_biennial\\_survey\\_2012\\_final.pdf](http://www.commonwealthfund.org/~media/files/publications/fund-report/20_13/apr/1681_collins_insuring_future_biennial_survey_2012_final.pdf) ; [www.ebri.org/pdf/surveys/rcs/2012/ebri\\_ib\\_03-2012\\_no369\\_rcs.pdf](http://www.ebri.org/pdf/surveys/rcs/2012/ebri_ib_03-2012_no369_rcs.pdf) ; [www.pnhp.org/new\\_bankruptcy\\_study/Bankruptcy-2009.pdf](http://www.pnhp.org/new_bankruptcy_study/Bankruptcy-2009.pdf) ; Health Care Cost Institute, Health Care Cost and Utilization Report: 2011 (2012)

# The Claremont Colleges, Inc. Voluntary Accident Insurance

GTU 5091313

This Fact Sheet describes the Voluntary Accidental Death and Dismemberment Plan available to an active eligible employee and a benefits-based part-time employee. All provisions in this summary are effective January 1, 2021. Employees who meet the eligibility requirements listed below are eligible to enroll in the plan.

If you have an accident that results in a loss of life, loss of a limb(s), sight, speech, hearing, loss of use of certain limbs within 365 days of the accident, Zurich American Insurance Company, may pay certain benefit amounts to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable.

The benefits described are subject to certain exclusions and limitations as described in the Policy and the Certificate of Insurance. For detailed plan information, including the plan certificate and a Zurich Travel Assist brochure, please see your benefits administrator.

## Eligibility

All active full-time employees working at least 30 hours per week and benefits-based part-time employees working at least 20 hours per week, domiciled in the United States.

## Benefit Amount

You may purchase a benefit from a minimum of \$25,000 to a maximum of \$500,000 in increments of \$25,000. However, amounts applied for in excess of \$250,000 must not exceed ten (10) times your **Base Annual Earnings**\*.

\* **Base Annual Earnings** means your base annual pay excluding overtime, bonuses, commissions and special compensation.

## Eligibility of Your Dependents

- **Your Dependent Child(ren)** are eligible to become covered persons if you are an Insured.
- **Your Spouse or Domestic Partner** are eligible to become covered persons if you are an Insured. Such Spouse or Domestic Partner must be under age 70.

A legally married Spouse or Domestic Partner will not be eligible for coverage as a Dependent if he or she is also an Insured under the policy. If you and your legally married Spouse or Domestic Partner, legally separated Spouse or Domestic Partner, or former Spouse or Domestic Partner are both Insureds under the policy, only one may select a Plan covering their mutual Dependents.

## Benefit Amounts for Your Dependents

The benefit amount for your covered dependents will be a percentage of your benefit amount, as follows:

Plan Selected	% Spouse/Domestic Partner	% Child(ren)
Spouse/Domestic Partner only:	100%	0%
Dependent Child(ren) only:	0%	30%
Spouse/Domestic Partner and Dependent Child(ren)	80%	20%

Maximum benefit amount of \$50,000 for covered dependent child(ren).

## Reduction of Benefits at Age 70

At age 70, the benefit amount will be reduced based on the covered person's previous benefit amount per the following schedule:

Age at Date of Loss	Percent of Benefit Amount
70-74	65%
75-79	45%
80-84	30%
85 & Over	15%

## 24 Hour Accident Protection, Business & Pleasure, Excluding Corporate Owned or Leased Aircraft, H-1

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against certain injuries resulting from a covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances. Subject to certain limitations (see exclusions/limitations).

## Exposure and Disappearance Coverage

If the conveyance in which a covered person is riding disappears, is wrecked, or sinks, and he or she is not found within 365 days of the event, we will presume that the covered person lost his or her life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay the covered person's benefit amount, subject to all policy terms. If the covered person is exposed to weather because of an accident and this results in a loss of life, we will pay his or her benefit amount, subject to all policy terms and conditions.

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## Coverages and Benefits Provided

### Accidental Death and Accidental Dismemberment and Covered Loss of Use Benefit

If you or your covered spouse/domestic partner have a covered accident that results in any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown to you or your designated beneficiary. If the covered accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

<b>Loss of:</b>	<b>Benefit Amount</b>
Life.....	100% of benefit amount
Both hands or both feet.....	100% of benefit amount
One hand and one foot.....	100% of benefit amount
One hand or one foot plus the sight of one eye.....	100% of benefit amount
Sight of both eyes.....	100% of benefit amount
Speech and Hearing in both ears.....	100% of benefit amount
Speech or Hearing in both ears.....	50% of benefit amount
One hand, one foot, or sight of one eye.....	50% of benefit amount
Thumb and index finger of the same hand.....	25% of benefit amount

<b>Plegia:</b>	<b>Benefit Amount</b>
Quadriplegia (total paralysis of all four Limbs).....	100% of benefit amount
Paraplegia (total paralysis of both lower Limbs).....	75% of benefit amount
Hemiplegia (total paralysis of upper and lower Limbs..... on one side of the body)	50% of benefit amount

<b>Benefit or Coverage</b>	<b>Percentage of Principal Sum</b>	<b>Maximum Benefit Amount:</b>
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(\* ) are for the Insured employee only.

Continuation of Insurance Benefit.....	Up to 365 days for your covered dependents from date of loss at no additional cost	
Day Care Benefit.....	3%.....	\$3,000
If, at the time of the Accident there are no dependent child(ren) who qualify for this benefit, we will pay an additional \$2,000 to your designated beneficiary.		
Higher Education Benefit.....	5%.....	\$5,000
If, at the time of the Accident there are no dependent child(ren) who qualify for this benefit, we will pay an additional \$2,000 to your designated beneficiary.		
Seat Belt Benefit.....	10%.....	\$10,000
Spouse/Domestic Partner Retraining Benefit*.....		Actual Cost or \$5,000
Surviving Spouse/Domestic Partner Benefit*.....	2%.....	Payable up to 9 months

### Conversion Privilege

Maximum benefit of \$250,000 or subject to the limitations permitted by state law.

### To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 5091313.

### Leave of Absence Provision

If you have received approval for a benefits eligible leave of absence, layoff or sabbatical from the policyholder in accordance with the policyholder's written policy, your insurance under the policy will continue, provided the required premiums are paid. This extension of coverage is subject to all of the termination provisions of the policy with the exception of you ceasing to be eligible for insurance.



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## General Exclusions

A loss shall not be a covered loss if it is caused by, contributed to, or resulted from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
5. participation in the commission or attempted commission of any felony or an assault;
6. being intoxicated while operating a motor vehicle.
  - a. A covered person will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated, if operating a motor vehicle.
  - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the covered person's intoxication.
7. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
8. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy.

## Hazard Exclusions

The following exclusions pertain to Hazard H-1.

Coverage is not provided:

- A. If you are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. Unless we have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
  1. any aircraft other than those expressly stated in this Coverage;
  2. any aircraft owned or controlled by, or under lease to the policyholder;
  3. any aircraft owned or controlled by, or under lease to an insured or a member of an Insured's family or household;
  4. any aircraft operated by the policyholder or one of the policyholder's employees including members of an employee's family or household;
  5. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, aerial photography, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, endurance tests, exploration, fire fighting, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, hunting, pipe line inspection, power line inspection, racing, skywriting, or test or experimental purpose;
  6. any conveyance used for tests or experimental purposes, or in a race or speed test.

## General Limitations

**Limitation on Multiple Covered Losses.** If a covered person suffers more than one loss as a result of the same accident, we will pay only one benefit, the largest benefit.

**Limitation on Multiple Benefits.** If a covered person can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Plegia Benefit, as a result of the same accident, the most we will pay for these benefits in total is the Covered Person's benefit amount.

**Limitation on Multiple Hazards.** If a covered person suffers a covered loss that is covered under more than one Hazard, we will pay only one benefit, the largest benefit.

This document provides a general description of the primary features and characteristics of this insurance program solely for informational purposes and does not revise or amend the underlying policy underwritten by Zurich American Insurance Company (NAIC #16535 domiciled in New York), 1299 Zurich Way, Schaumburg, IL 60196-1056. Please refer to your individual policy for a detailed description of the insurance coverage, including the exclusions, limitations, restrictions, and termination, Policy Form GTU 5091313. In the event of a discrepancy between this document and your policy, the terms of your policy shall apply. All benefits are subject to the terms and conditions of your policy.

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