



**Group Voluntary AD&D Insurance Plan Design Summary for  
BROOKS COUNTY ISD / TEEBC TRUST F021842 – 299**

<b>Voluntary AD&amp;D</b>		
	<b>Employee Only Plan</b>	<b>Family Plan</b>
<b>Eligibility</b>	All active full-time Employees who regularly work 20 hours per week are eligible for insurance on their date of hire.	All active full-time Employees; Spouse of Covered Employee; Children of Covered Employee to age 26
<b>Employee Voluntary AD&amp;D Benefit</b>	\$10,000 - \$500,000 in increments of \$10,000 not to exceed 5 times your Base Annual Earnings.	\$10,000 - \$500,000 in increments of \$10,000 not to exceed 5 times your base annual earnings.
<b>Family Plan Benefits (Pct. of Covered Employee Benefit)</b>		Spouse: 50% Child: 10%
<b>Age Reduction Schedule</b> <i>Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown.</i>	35% at age 65 50% at age 70 Benefits terminate at retirement.	35% at age 65 50% at age 70 Benefits terminate at retirement.
<b>Additional AD&amp;D Features</b>		
<b>Seat Belt Benefit</b>	10% - \$10,000	10% - \$10,000
<b>Air Bag Benefit</b>	5% - \$5,000	5% - \$5,000
<b>Education Benefit</b>	N/A	3% - \$3,000 per year Up to four years
<b>Repatriation Benefit</b>	\$5,000	\$5,000
<b>Felonious Assault Benefit</b>	10% - \$25,000	10% - \$25,000
<b>Coma Benefit</b>	1% - 11 months	1% - 11 months
<b>Waiver of Premium</b>	Included	Included
<b>COSTS</b>		
<b>Policyholder Contribution</b>	0%	0%
	<b>Employee Only Monthly Rate per \$1,000</b>	<b>Family Plan Monthly Rate per \$1,000</b>
	\$0.03	\$0.03
<b>Exclusions and Limitations for Voluntary AD&amp;D*</b>		
Dearborn National will not pay any benefit for a loss resulting from or caused by:		
<ul style="list-style-type: none"> <li>• Disease of the mind or body, and any medical or surgical treatment thereof</li> <li>• Infection</li> <li>• Suicide or attempted suicide</li> <li>• Intentionally self-inflicted injury</li> <li>• War</li> <li>• Travel or flight in any aircraft while a member of the crew</li> <li>• Under the influence of any narcotic</li> <li>• Intoxication</li> <li>• Participation in a riot</li> </ul>		
*Refer to the policy and certificate for other exclusions and limitations that may apply.		

The Accidental Death and Dismemberment (AD&D) plan pays an additional benefit when a covered insured loses their life, or a limb due to an accident. The loss must occur within 365 days of the accident. Benefits are paid based on the following schedule.

<b>AD&amp;D SCHEDULE OF LOSSES</b>	<b>BENEFIT AMOUNT</b>
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Thumb and Index Finger of Same Hand	25%

**The following additional benefits are included with our Accidental Death & Dismemberment plan. For amount and availability of benefits, please refer to the Plan Design Summary.**

**Seat Belt Benefit**

Pays an additional benefit, up to the percentage and maximum amounts indicated in the Plan Design Summary, if the covered insured dies in an automobile accident while wearing a properly worn seat belt.

**Air Bag Benefit**

Pays an additional benefit, up to the percentage and maximum amounts indicated in the Plan Design Summary, if the covered insured dies in an automobile accident while seated in a seat containing a factory installed air bag.

**Repatriation**

If a covered insured dies as a result of an accident more than 75 miles from their principal place of residence, the benefit pays the actual costs, up to the maximum amount indicated in the Plan Design Summary, for the preparation and transportation of the insured employee's body back to their home.

**Education Benefit**

For employees who have elected the Family Plan, pays an additional benefit, up to the percentage and annual maximum indicated in the Plan Design Summary, if a covered insured dies in an accident and has qualified dependent children attending a school of higher learning. The benefit is payable for each insured child and up to four annual payments.

**Coma Benefit**

Pays a monthly benefit, up to the percentage and number of months indicated in the Plan Design Summary, if the covered insured becomes comatose within 31 days of an accident and remains in a coma for 31 days. If the insured person dies before receiving the full coma benefits, the balance of their principal sum will become payable.

**Felonious Assault Benefit**

Pays an additional benefit, up to the percentage and maximum amounts indicated in the Plan Design Summary, if the covered employee loses their life while at work and as a result of a felony committed by someone other than a fellow employee or a member of their family.