Personal Accident Insurance

Developed for the Employees of
State of Colorado, Department of Higher Education,
acting by and through the Board of Trustees of
Colorado Mesa University, for the use and
benefit of Colorado Mesa University
Who Needs Personal Accident Insurance?

You do. Accident insurance can help you pay expenses if you or your spouse is seriously injured or killed in a covered accident. This insurance can help ensure that tragedy doesn’t take both an emotional and a financial toll on your family. By purchasing this insurance through your employer, you benefit from:

- Affordable group rates
- Convenient payroll deduction

Who Is Eligible For Coverage?

You — You are eligible for coverage if you are an active full-time Mesa State College employee or a State of Colorado employee on the Mesa State College payroll, regularly working 30 or more hours per week.

Your Spouse* — You may elect coverage for a lawful spouse under age 70.

Your Children — You may elect coverage for your unmarried dependent children who are under age 19 (or under age 25 if they are full-time students). Children must be dependent upon you for support and maintenance.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

* For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner. Your domestic partner is eligible for insurance if you have not been married to any person in the last 12 months and if be or she meets specific criteria stated in the Group Policy. You must have on file an affidavit (available from your employer) which specifies the criteria for being a Domestic Partner under the Group Policy. Additional information is available from your Benefit Services Representative.

How Much Coverage Can You Buy?

You — You may select $10,000, $25,000, $50,000, $100,000, $150,000, $200,000, $250,000 or $300,000 of coverage at an affordable price. Your benefit election may not exceed 10 times your annual compensation.

Your Spouse — Your spouse’s benefit amount will be 40% of yours, or 50% if you have no dependent children. Your spouse’s benefit cannot exceed $150,000.

Your Children — Each of your covered children’s benefit amount will be 10% of yours, or 15% if you have no eligible spouse. The premium is the same regardless of the number of children covered. The benefit amount per child cannot exceed $45,000.

Each family member’s coverage is a percentage of the benefit amount you select.

You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

Your Monthly Cost

The Employee rate per $1,000 of coverage is $0.03. The Spouse rate per $1,000 of coverage is $0.03. The Child(ren)’s rate per $1,000 of coverage is $0.04. To calculate your cost, divide the amount you select by 1,000 and multiply that number by the appropriate cost.

For example:

Employee selects $250,000 of coverage:
$250,000 \div 1,000 = 250; 250 \times 0.03 = $7.50 Monthly Cost

Spouse benefit amount is 40% of yours: ($250,000 \times 40%)
$100,000 \div 1,000 = 100; 100 \times 0.03 = $3.00 Monthly Cost

Child(ren) benefit amount is 10% of yours: ($250,000 \times 10%)
$25,000 \div 1,000 = 25; 25 \times 0.04 = $1.00 Monthly Cost

Total Monthly Cost = $11.50

Costs are subject to change. Spouse and children coverages are a percentage of your benefit amount and may not exceed $150,000 for your spouse and $45,000 for each child.

Benefit Reductions

When you reach age 70, your benefits will be reduced to 65% of the benefit amount selected; at age 75, 45%; at age 80, 30%, and at age 85, 15%. The benefit reductions apply to the benefit amount in force on the day before you reach the age specified in the reductions table. If you elect coverage for your family members, Accidental Death & Dismemberment benefits for your insured family members will be based on your selected benefit amount. Other plan benefits based on your selected benefit amount will be determined by this reduction schedule. Coverage for your spouse ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 69.
A Valuable Combination of Benefits

Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

<table>
<thead>
<tr>
<th>If, within 365 days of a covered accident, bodily injuries result in:</th>
<th>We will pay this % of the benefit amount:</th>
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<tbody>
<tr>
<td>Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears</td>
<td>100%</td>
</tr>
<tr>
<td>Total paralysis of both lower or upper limbs, or Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech, or Loss of hearing in both ears, or Loss of all four fingers of the same hand</td>
<td>50%</td>
</tr>
<tr>
<td>Loss of thumb and index finger of the same hand, or Loss of all toes of the same foot</td>
<td>25%</td>
</tr>
<tr>
<td>Coma</td>
<td>1%</td>
</tr>
</tbody>
</table>

If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any hearing aid or device. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). California Residents: Loss of a thumb and index finger means complete severance of at least one whole phalanx (a bone of the finger) of each. South Carolina Residents: Loss of four whole fingers from one hand means the loss of one hand. Paralysis means loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible. Severance means complete separation and dismemberment of the limb from the body.

Additional Benefits

For Exposure and Disappearance

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident.

If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

For Comas

If you, your spouse, or your children have been in a coma for one full month as a result of a covered accident, we will pay a coma benefit, as shown in A Valuable Combination of Benefits. We will make 11 monthly payments, provided the person remains in a coma during this period. If the person recovers, the payments will stop.

If the insured person dies while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump sum payment equal to the full benefit amount.

Coma means a profound state of unconsciousness which resulted directly and independently from all other causes from a covered accident, and from which the insured is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that covered accident.

For Victims of Crime

This benefit is payable if you are the victim of a crime. If you suffer bodily injury or die as a result of a felonious assault, robbery, holdup, attempted robbery or holdup, kidnapping or attempted kidnapping while at work, we will increase the benefit amount by 10% but not more than $100,000. The insured must provide a copy of the police report describing the felonious assault or violent crime before benefits will be paid.

When a covered felonious assault or violent crime requires that you be hospitalized, the plan will pay a benefit of $100 per day, up to a maximum of 365 days per covered accident. The covered person must be under a doctor's care and the hospitalization must begin within 30 days of the felonious assault or violent crime.

We will not pay benefits if you are assaulted by a fellow employee, or a household or family member, or for losses incurred when you commit a violent crime or felonious assault.
Additional Benefits (cont’d)

For Wearing a Seatbelt and Protection by an Airbag

This benefit is payable if an insured person dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile*, while wearing a properly fastened seatbelt (or if the insured is a child, a child restraint as defined by law). That person’s death benefit will be increased by 10% but not more than $10,000. If the insured person was also positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System ** (Airbag), we will increase that person’s death benefit by an additional 5% but not by more than $5,000.

Verification of the actual use of the seatbelt and that the supplemental restraint system inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be certified, in writing, by the investigating officer(s) and submitted with the claim.

If it is unclear whether the insured had been wearing a seatbelt or that the person was positioned in a seat protected by a properly functioning and properly deployed airbag, the plan will pay a benefit of $1,000.

*Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes but is not limited to a sedan, station wagon, sport utility vehicle or a motor vehicle of the pickup, van, motor home or camper type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

**Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.

What Is Not Covered

Plan benefits are not payable if an injury or a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; any active participation in a riot or insurrection; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound or accidental food poisoning.)

Benefits are also not payable if the loss occurs while the covered person is voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol (intoxicated is defined by the law of the state in which the covered accident occurred) or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates (an aircraft will be deemed to be "controlled" by the sponsoring organization if the aircraft may be used as the sponsoring organization wishes for more than 10 straight days, or more than 15 days in any year); flying in, boarding or alighting from an aircraft or any craft designed to fly above the earth’s surface, except as a passenger on a regularly scheduled commercial airline; that is; an ultra-light or glider, designed to be used in outer space; being used by any military authority, except the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew; being used for parachuting, crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, skydiving, pipeline or power line inspection, aerial photography or exploration, racing or endurance tests, stunts or acrobatic flying, or any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).

In addition, benefits will not be paid for services or treatment rendered by a physician, nurse or any other person who is employed or retained by the subscriber or who is providing homeopathic, aroma-therapeutic or herbal therapeutic services, living in the covered person’s household or a parent, sibling, spouse or child of the insured.
When Your Coverage Begins and Ends

Current employees can sign up during this enrollment period. New employees have 31 days from the date they become eligible to enroll. Coverage becomes effective on the later of the program’s effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. Provided the application has been received and the appropriate premium paid, dependent coverage will start when your coverage begins. If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work.

For insurance for your spouse and/or children to become effective, he/she must not be an inpatient in a hospital, receiving chemotherapy or radiation therapy on an outpatient basis, confined at home and under the care of a physician for sickness or injury or totally disabled.

Your coverage will continue as long as you remain an eligible employee, pay your premium when due and we agree with your employer to continue this group policy. For your spouse and dependent children, coverage ends when your coverage terminates, when their premiums are not paid or when he or she is no longer eligible, whichever occurs first.

**Totally disabled** means, if the covered person is employed, he/she is unable to perform any work for which he/she is (or may reasonably become) qualified by education, training or experience. If the covered person is not employed, totally disabled means he/she is unable to perform all the activities of daily living without human supervision or assistance.

Changing from the Group Plan to Individual Coverage

If, before you reach age 70, this group coverage is reduced or ends for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

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**Signing Up Is Easy**

No medical examination is required to apply!

Just follow these steps.

1. Choose the benefit amount and coverage options that are right for you.
2. Fill out the enrollment form and return it to your Human Resource Department.

Don’t forget to...

Use the full name of your beneficiary. For example, use "Mary Jones Smith" not "Mrs. John A. Smith."

If you have any questions about the plan, please contact your Human Resources Department.
Complete the following to enroll:

Full Name_________________________ Date of Birth __/__/______

Address_________________________ Social Security # _____-____-______

STREET

CITY STATE ZIP

Select Coverage Option: ☐ Employee ☐ Spouse ☐ Child/ren

My Benefit Amount $__________ Total Cost $_____/ per month

If you select coverage for your family, benefits for family members will be a percentage of yours.

My Beneficiary_________________________ Relationship__________________

You will be your family members' beneficiary unless you tell us otherwise in writing.

I enroll and authorize my employer to deduct the premiums from my earnings. I understand that the insurance selected will begin on the effective date as described in the brochure. If I am not actively at work, or my family members are not actively at work, or they are unable to engage in all the usual duties of a person of like age and sex, the effective date of coverage will be delayed until the individual returns to work, or the family member resumes usual duties.

SIGNATURE_________________________ DATE __/__/______

☐ DECLINATION — Check here and sign above if you do not want this coverage.

Return to your employer. Be sure to make a copy for your records.

TL-007112
This plan provides ACCIDENT insurance only. It pays benefits for bodily injury. It does not provide coverage for sickness. This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in policy OK-961208 on Policy Form No. GA-00-1000.00 issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Services Industry. The group policy is subject to the laws of the state in which it is issued. The availability of this offer may change. Please keep this material as a reference.

Coverage is underwritten by
Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, PA 19192

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CLASS 1