



The Claremont Colleges

Voluntary Accidental Death & Dismemberment Insurance • GTU 5091313

The following is a brief description of the Voluntary Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this plan, please see the policy.

Eligibility

Class I: 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.

You may elect to include coverage for your eligible dependents under the Family Plan. Eligible dependents include your legally married spouse/domestic partner under age 70 and your unmarried dependent children as defined in the policyholder's medical plan.

No individual may be covered more than once under this plan. You cannot be covered as a spouse/domestic partner or dependent child of another employee.

Benefit Amount

Class I: 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.

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 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%

Description of Coverage

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). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

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 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.

Benefits Provided

If a covered person has an accident that results in any of the following losses, we may pay certain benefit amounts shown within 365 days of the date of the accident to the covered person or the covered person's designated beneficiary. If the 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.

Loss of:	Benefit Amount
(1) Life	100% of benefit amount
(2) Both hands or both feet	100% of benefit amount
(3) One hand and one foot	100% of benefit amount
(4) One hand or one foot plus the sight of one eye	100% of benefit amount
(5) Sight of both eyes	100% of benefit amount
(6) Speech and Hearing	100% of benefit amount
(7) Speech or Hearing	50% of benefit amount
(8) One hand, one foot, or sight of one eye	50% of benefit amount
(9) Thumb and index finger of the same hand	25% of benefit amount

Plegia	Benefit Amount
(1) Quadriplegia (total paralysis of all four Limbs)	100% of benefit amount
(2) Paraplegia (total paralysis of both lower Limbs)	75% of benefit amount
(3) Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	50% of benefit amount

Additional Benefits

Continuation of Insurance Benefit

If you elect Family Plan coverage/dependent coverage and suffer a covered loss of life, your covered dependents will continue to receive all coverages and enhanced benefits under the policy which were in force on the date of the loss, for 365 days after the date of the loss at no additional cost.

Conversion Privilege

If your insurance ceases for reasons other than the termination of the group policy or non-payment of premium, you may be entitled to apply for an Individual or Family (if applicable) Accidental Death & Dismemberment policy. Proof of good health is not required. Maximum benefit of \$250,000.

Day Care Benefit

If you elect Family Plan coverage and either you or your covered spouse/domestic partner suffer a covered loss of life, and have a covered child enrolled in an accredited child care facility (as defined in the policy) or one who enrolls in such facility within 90 days from the date of loss and is under the age of 13, an additional benefit equal to the lesser of the actual cost of the child care or 3% of the benefit amount up to \$3,000 may be paid for four consecutive years.

Higher Education Benefit

If you elect Family Plan coverage and suffer a covered loss of life and have an eligible covered child(ren) who on the date of the accident, is enrolled as a full-time student in an institution of higher learning or is at the 12th grade level and enrolls in an institution of higher learning within one year from the date of the accident, an additional benefit of 5% of your benefit amount to \$5,000 per year may be paid for each such covered child for up to four (4) consecutive years.

Leave of Absence, Layoff or Sabbatical 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 p will continue, provided the required premiums are paid. This extension of coverage is subject to all of the termination provisions of this policy with the exception of if you cease to be eligible for insurance.

Seat Belt Benefit

If a covered person suffers a loss of life in a covered automobile accident while wearing a factory installed or manufactured authorized seat belt, an additional benefit equal to 10% of the covered person's benefit amount to a maximum of \$10,000 may be paid.

Spouse/Domestic Partner Retraining Benefit

If you elect Family Plan coverage and suffer a covered loss of life, your covered spouse/domestic partner may receive the lesser of \$5,000 or the actual cost incurred within 30 months of any professional or trade-training program in which your covered spouse/domestic partner enrolls to obtain an independent source of support and maintenance.

Surviving Spouse/Domestic Partner Benefit

If you elect Family Plan coverage and suffer a covered loss of life, your covered spouse/domestic partner may receive an additional monthly benefit which is equal to 2% of your benefit amount and will be paid over a period of 9 months.

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.

Beneficiary Designation

Benefits for your loss of life will be payable to the beneficiary or beneficiaries designated in writing by you and on file with the policyholder; otherwise we will pay the benefit to your survivors in the following order: 1) your spouse/domestic partner; 2) your children; 3) your parents; 4) your brothers or sisters; 5) your estate.

Loss of Life of a Covered Person other than You:

Covered losses for the death of a covered person other than you will be paid to you. If you pre-decease or die at the same time as the covered person other than you, the benefit will be paid to your beneficiary unless your beneficiary designation has not been made or your beneficiary is no longer living at the time of death. In such case, the benefits will be paid to your estate.

All other indemnities shall be payable to you.

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;
9. flying as a pilot or crew member of any aircraft;
10. any aircraft owned or controlled by, or under lease to the policyholder;
11. any aircraft owned or controlled by, or under lease to an insured or a member of a covered person's family or household;
12. any aircraft operated by the policyholder or one of the policyholder's employees including members of an employee's family or household;
13. 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;
14. 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.

Cost and Method of Payment

- The monthly cost for **Employee Only** coverage is \$.020 for each \$1,000 of benefit amount.
- The monthly cost for the **Family Plan** is \$.039 for each \$1,000 of benefit amount.

Premium payments will be deducted automatically from your pay. For example, if you had selected one of the benefit amounts below, your monthly cost would be:

Benefit Amount*	PLAN I Monthly Cost Employee Only	PLAN II Monthly Cost Family Plan
\$ 25,000	\$.50	\$.98
50,000	1.00	1.95
75,000	1.50	2.93
100,000	2.00	3.90
125,000	2.50	4.88
150,000	3.00	5.85
175,000	3.50	6.83
200,000	4.00	7.80
225,000	4.50	8.78
250,000*	5.00	9.75
275,000*	5.50	10.73
300,000*	6.00	11.70
325,000*	6.50	12.68
350,000*	7.00	13.65
375,000*	7.50	14.63
400,000*	8.00	15.60
425,000*	8.50	16.58
450,000*	9.00	17.55
475,000*	9.50	18.53
500,000*	10.00	19.50

* Benefit amounts in excess of \$250,000 may not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

Important

This is a brief description of the coverage provided through the voluntary Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

Zurich

1400 American Lane, Schaumburg, Illinois 60196-1056
800-382-2150 www.zurichna.com

The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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Zurich HelpPoint
Here to help your world.



**NOTICE OF PROTECTION PROVIDED BY
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION**

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

COVERAGE

• **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

• **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

• **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

• **Life Insurance**

80% of death benefits but not to exceed \$300,000

80% of cash surrender or withdrawal values but not to exceed \$100,000

• **Annuities and Structured Settlement Annuities**

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

• **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of April 1, 2011, is \$470,125. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state.
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance
Guarantee Association
P.O Box 16860,
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927- 4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.



Advisory notice to policyholders regarding the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") regulations

No coverage is provided by this policyholder notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided.

This notice provides information concerning possible impact on your insurance coverage due to directives issued by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Please read this Notice carefully.

OFAC administers and enforces sanctions policy based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons." This list can be located on the United States Treasury's web site – <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC restrictions. When an insurance policy is considered to be such a blocked or frozen contract, no payments or premium refunds may be made without authorization from OFAC. Other limitations on premiums and payments also apply.

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ENROLLMENT FORM FOR GROUP ACCIDENT INSURANCE
FOR THE EMPLOYEES OF **THE CLAREMONT COLLEGES**

Underwritten by Zurich American Insurance Company



Policy Number: GTU 5091313

Last Name:		First Name:	M.I.:	Occupation:	
Office Location:			Sex:	Date of Birth: / /	
Beneficiary Designation & Relationship:			The beneficiary for Spouse/Domestic Partner and Dependent Child(ren) is the employee named in the enrollment form.		
<input type="checkbox"/> I authorize the monthly deduction from my salary of the premiums for the insurance as applied for as shown hereunder. <input type="checkbox"/> I have been given the opportunity to apply for this insurance but I do not desire to participate.		Check One:		Social Security No.	
		<input type="checkbox"/> Plan I - Employee Only <input type="checkbox"/> Plan II – Family Coverage		Monthly Premium: \$	
Principal Sum Selected:					
\$					
Your Signature:				Date:	
Spouse's/Domestic Partner's Name:				Occupation:	
U-VA-107-A (CW) (09/06)					