

Why buy Group Voluntary Accident insurance?¹



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



On average, 17 unintentional injury related deaths and about 4,630 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.
- Offers premier travel assistance when on- or off-the-job — travel protection when a hundred (100) miles from home or on the other side of the world.

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
General Employee	3 or 5 times your Base Annual Salary to \$500,000	\$.026/\$1,000
General Family	Percentage of Employee Benefit	\$.036/\$1,000
Protective Employee	3 or 5 times your Base Annual Salary to \$500,000	\$.044/\$1,000
Protective Family	Percentage of Employee Benefit	\$.060/\$1,000

([Sample Premium Calculation](#) provided on the last page.)

Sources
 1 National Safety Council Injury Facts 2017 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 ; www.ebri.org/pdf/surveys/rcs/2012/ebri_ib_03-2012_no369_rcs.pdf ; www.pnhp.org/new_bankruptcy_study/Bankruptcy-2009.pdf ; Health Care Cost Institute, Health Care Cost and Utilization Report: 2011 (2012)

State of Wisconsin Group Insurance Board Voluntary Accident Insurance

GPA 0214266

This Fact Sheet describes the Voluntary Accident Plan available to an active employee who is eligible for State-sponsored health insurance plan, with or without Employer contribution through the Department of Employee Trust Funds Group Insurance Board who are General or Protective Occupation. All provisions in this summary are effective January 1, 2018. Employees who are eligible to enrol in the State of Wisconsin Group Health Insurance Plan are eligible to enrol in this 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, or permanent and total disability within 365 days of the date 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 please visit <https://ZurichPlanInfo.qwikcoverage.com>.

24 Hour Accident Protection, Business & Pleasure

Protection on a worldwide basis, 24 hours a day, 365 days a year. Coverage for air travel is provided while the Covered Person while riding in or on, boarding or alighting from any Air Travel Carrier against certain injuries sustained by a Covered Person resulting in a Covered Loss anywhere in the world. Subject to certain limitations (see exclusions/limitations).

Benefit Amount

You may purchase an amount of Principal Sum from three (3) or five (5) times your Base Annual Salary* to a maximum of \$500,000.

* **Base Annual Salary** means the monthly wage or salary that you were receiving from your employer as of **October 1st**. It excludes overtime earnings, bonuses or other 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	% Child(ren)
Spouse only:	60%	0%
Dependent Child(ren) only:	0%	20%
Spouse and Dependent Child(ren)	50%	15%

Maximum benefit amount of \$300,000 for covered spouse.

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

Reduction of Benefits at Age 70

At age 70, your benefit amount will be reduced based on your previous benefit amount as follows:

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

Travel Assistance

When traveling 100 miles or more from your principal residence. Coverage includes the following benefits: Medical Evacuation, Medical Repatriation, Non-Medical Repatriation, Return of Remains, Visit to Hospital, Return of Child and Return of Companion. For more information call: In the U.S. and Canada, 800-263-0261 or anywhere else in the world, collect at 1-416-977-0277. When calling, please identify yourself as an insured of Zurich in North America.

Coverages and Benefits Provided

Accidental Death and Accidental Dismemberment and Covered Loss of Use Benefit

Any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown:

Loss of:	Benefit Amount
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

Loss of:	Benefit Amount
Speech and Hearing.....	100% of benefit amount
Speech or Hearing.....	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

Loss of Use of:	Benefit Amount
Four Limbs.....	150% of benefit amount
Three Limbs.....	75% of benefit amount

Loss of Use of:	Benefit Amount
Two Limbs.....	66.67% of benefit amount
One Limb.....	50% of benefit amount



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Accidental Death and Accidental Dismemberment and Covered Loss of Use Benefit for Eligible Dependent Children

Any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown:

Loss of:	Percent of Insured's Benefit Amount
Life.....	100% of benefit amount to a maximum of \$50,000
Both hands or both feet.....	100% of benefit amount to a maximum of \$50,000
One hand and one foot.....	100% of benefit amount to a maximum of \$50,000
One hand or one foot plus the sight of one eye.....	100% of benefit amount to a maximum of \$50,000
Sight of both eyes.....	100% of benefit amount to a maximum of \$50,000
Speech and Hearing.....	100% of benefit amount to a maximum of \$50,000
Speech or Hearing.....	50% of benefit amount to a maximum of \$25,000
One hand, one foot, or sight of one eye.....	50% of benefit amount to a maximum of \$25,000
Thumb and index finger of the same hand.....	25% of benefit amount to a maximum of \$25,000

Loss of:	Percent of Insured's Benefit Amount
Four Limbs.....	150% of benefit amount to a maximum of \$75,000
Three Limbs.....	75% of benefit amount to a maximum of \$37,500
Two Limbs.....	66.67% of benefit amount to a maximum of \$33,335
One Limb.....	50% of benefit amount to a maximum of \$25,000

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

Coma Benefit.....	1%	Payable up to 12 months with the Balance in a Lump Sum
Critical Burn Benefit.....	10%	\$25,000
Permanent and Total Disability Benefit*	1%	Up to 100 months
Carjacking Benefit	10%	\$50,000
Continuation of Insurance Benefit*	Up to twelve (12) months	
Day Care Benefit.....	3%	\$5,000
Exposure and Disappearance	100%.....	Lump Sum
(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, under the terms of the policy, we will pay the covered person's benefit amount, subject to all policy terms.)		
Felonious Assault Victim Benefit*	20%	
Hearing Aid or Prosthetic Device Benefit	10%	\$15,000
Higher Education Benefit*	10%	\$50,000
If no child qualifies, an additional \$1,000 will be awarded to your designated beneficiary.		
Home Alteration and Vehicle Modification Benefit.....	10%	\$50,000
Natural Disaster Benefit.....	10%	\$50,000
Occupational Hepatitis Accident Benefit*	20%	\$100,000
Payable in 24 equal monthly installments.		
Occupational HIV Accident Benefit*	20%	\$100,000
Payable in 24 equal monthly installments.		
Reserve Corps/National Guard unit Benefit.....	100%	
Rehabilitation Benefit*	10%	\$50,000
Seat Belt Benefit.....	10%	\$50,000
Air Bag Benefit	10%	\$50,000
Spouse Retraining Benefit*	5%	\$25,000
Surviving Spouse Benefit*	1%	Payable up to 12 months
Therapeutic Counseling Benefit	-0-	Actual Cost or \$2,500

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General Exclusions & Limitations

General exclusions and limitations apply to all Hazards, Coverages and Benefits unless otherwise stated. The policy is the only contract between the Policyholder and us. It contains the actual terms, conditions and limits of the coverage to be provided. If there is any conflict between the information outlined and the policy, the policy will govern in all cases.

A loss will not be a Covered Loss if it is caused by, contributed to, or results 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. For purposes of this exclusion, orders to active military service for sixty (60) days or less will not be considered involvement in 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;
6. being legally intoxicated while operating a motorized vehicle.
 - a. a Covered Person will be conclusively presumed to be legally 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 motorized 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, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage and in accordance with drug interaction warnings;
8. travel or flight in any aircraft except to the extent stated in the policy.

Conversion Privilege

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

Waiver of Premium Option Benefit

If you suffer an Injury that renders you Totally Disabled while covered under the policy, we will waive the premium due for you under the policy; provided the disability has continued for a period greater than twelve (12) consecutive months..

Customer Management Services

If you have questions, please contact our customer intake center, cms@zurichna.com and e-fax 866.59

Sample Premium Calculation:

	Monthly/Base Annual Salary	Benefit (3 or 5 times Salary)	Cost (\$1000 Benefit)	Monthly Payment (Cost x Benefit)
General Employee	\$1,500 / \$18,000	\$54,000 or \$90,000	\$.026	\$1.40 or \$2.34
General Family			\$.036	\$1.95 or \$3.24
Protective Employee	\$1,500 / \$18,000	\$54,000 or \$90,000	\$.044	\$2.38 or \$3.96
Protective Family			\$.060	\$3.24 or \$5.40

To determine your monthly payment simply multiply your Hourly Salary* times 174 hours to determine your Monthly Salary which you can use to determine your Benefit. Any amount of wages or salary in excess of \$13,888.88 per month (3 times salary option) or \$8,333.34 per month (5 times salary option) shall not be included in computation of premium.

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 GPA 0214266. 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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