

High-Limit Accidental Death and Dismemberment Plan

Accidents can happen to anyone at any time. No one can foresee when one will occur, but now you can plan against the severe financial loss such a tragedy could bring to you and members of your family.

You may enroll individually or include your spouse and dependent children.

A brief description of the benefits, premium rates and an enrollment form follow. Take this opportunity today to enroll in this important plan to protect yourself and your family's future.

\$10,000 to \$100,000 - Choose the protection you want.....

This Accidental Death and Dismemberment Plan is offered to you, your spouse and dependent children at reasonable, group rates because you are a Federal employee. These benefits are payable for death or dismemberment due to accidents that occur anywhere in the world.

You Are Eligible for up to \$100,000 of Coverage

All members under age 70 who are actively at work are eligible for this plan. You select the protection you want, from \$10,000 to \$100,000.

You May Select Individual Coverage or Include Your Spouse and Dependents in this Plan...

You can include your spouse (husband or wife to age 70) and all dependent, unmarried children to 19 years of age (23 if a full-time student). It costs you much less than similar individual coverage alone. If you select the Family Plan, the benefits are:

- a) Your spouse is insured for 50% of the member's full benefit amount.
- b) Each unmarried child under 19 (23 if full-time student) is insured for 10% of the member's full benefit amount.

You Are Paid the Benefits Shown Below....

When injuries caused by an accident result in death or dismemberment, within 90 days of an accident, the Accidental Death & Dismemberment Plan pays these benefits.

For loss of:*

Life - Full Benefit Amount

Both hands or both feet
or sight of both eyes - Full Benefit Amount

Any combination of foot,
hand or sight of one eye - Full Benefit Amount

Either hand or foot - One-Half the Full
Benefit Amount

Sight of one eye - One-Half the Full
Benefit Amount

* Loss means: with reference to hands and feet, actual severance through or above wrist or ankle joints; with reference to sight, entire and irrecoverable loss of sight which cannot be restored by surgical or other means.

Enroll Now at Reasonable Rates

1. Select the total amount of coverage you want from the table below.
2. Fill out the enrollment form.
3. Mail the enrollment form and first annual payment to:
Mass Benefits Consultants, Inc.
P.O. Box 828
Annandale, VA 22003-0828

Members Under Age 65 That Are Actively At Work: Annual Cost:

<u>Principal Sum</u>	<u>Member Only</u>	<u>Member & Family</u>
\$100,000	\$ 58.00	\$ 91.00
\$ 90,000	\$ 52.30	\$ 82.00
\$ 80,000	\$ 46.60	\$ 73.00
\$ 70,000	\$ 40.90	\$ 64.00
\$ 60,000	\$ 35.20	\$ 55.00
\$ 50,000	\$ 29.50	\$ 46.00
\$ 40,000	\$ 23.80	\$ 37.00
\$ 30,000	\$ 18.10	\$ 28.00
\$ 20,000	\$ 12.40	\$ 19.00
\$ 10,000	\$ 6.70	\$ 10.00

The above costs include a \$1.00 billing fee.

Coverage greater than \$50,000 will reduce to \$50,000 at Age 65.

Coverage terminates at age 70.

**Members That Are Age 65+:
Annual Cost:**

<u>Principal Sum</u>	<u>Member Only</u>	<u>Member & Family</u>
\$ 50,000	\$ 43.50	\$ 63.50
\$ 40,000	\$ 35.00	\$ 51.00
\$ 30,000	\$ 26.50	\$ 38.50
\$ 20,000	\$ 18.00	\$ 26.00
\$ 10,000	\$ 9.50	\$ 13.50

The above costs include a \$1.00 billing fee.
Coverage terminates at age 70.

Important Coverage Information

EFFECTIVE DATE AND TERMINATION

Your coverage goes into effect on the first day of the month following receipt of your enrollment form and the first annual premium payment. Members must be actively at work the date insurance is to take effect. If not, insurance will take effect when the member resumes work. Dependent must not be hospitalized on the date insurance is to take effect. If hospitalized, insurance will take effect on the day after being discharged.

Your policy continues in effect up to age 70; or the end of the period for which the last premium has been paid for you; or the date you cease being a member in good standing with a Participating Association; or the premium date coinciding with or next following the date you enter full-time active duty in the armed forces of any country or international organization; or the group policy is terminated.

EXCLUSIONS

No benefits will be paid for any loss that results from or is caused directly, indirectly, wholly or partly by:

1. suicide; or intentionally self-inflicted injury;
2. insurrection; war or act of war;
3. a physical or mental sickness, or treatment of that sickness;
4. voluntary intake of poison, drugs, gas or fumes, unless taken as prescribed by a physician;
5. committing a crime, or an attempt to do so;
6. being intoxicated or under the influence of any drug, unless prescribed by a physician;
7. flight in any type of aircraft. This item applies only to:
 - the pilot, whether licensed or unlicensed; and
 - the members of the crew.

This is a brief summary of benefits only and is subject to the terms, conditions and limitations of Group Policy No. G-191,820. Complete details can be found in the Certificate of Insurance, which will be sent to you when your application is approved.

Administered by:

Mass Benefits Consultants, Inc.
P.O. Box 828
Annandale, VA 22003-0828
(800) 221-3083

Underwritten by:

The United States Life Insurance Company
in the City of New York
3600 Route 66, P.O. Box 1580,
Neptune, NJ 00754-1580

United States Life is an A+ (Superior) by A.M. Best, reflecting the company's superior overall financial strength and operating performance when compared to A.M. Best's standards.

Although every attempt has been made to verify the accuracy of the information contained on this website, errors and omissions may occur. You will receive a certificate of insurance describing the exact coverage and benefits purchased. This website explains the general purposes of the insurance described, but in no way changes or affects the insurance afforded under the group insurance policy actually issued. All coverage is subject to the actual policy conditions and exclusions