Accidental Death & Dismemberment

Accidents Happen...Are You Prepared for the Consequences?

An accident that ends in death or disabling injury has a devastating effect on the lives of your loved ones. The loss of a family wage earner puts strain in a family and raises concerns as to how they will manage financially. Even if you are unmarried, remaining family members could be left with fulfilling your financial responsibilities or taking care of you.

The LSU System partners with The Hartford\(^1\) to provide you and your family with valuable accidental death and dismemberment (AD&D) insurance at affordable rates.

Eligibility

You are eligible to participate in this program providing you are an active Salaried Academic, Unclassified or Classified Employee of the LSU System who is regularly scheduled to work at least 30 hours per week (75%) with an appointment of more than 120 days or one regular academic semester.

You may select coverage for yourself, your spouse or children. (Your child(ren) are eligible for coverage from 14 days up to age 21; to age 24 providing they are unmarried and a full-time student solely dependent upon you for financial support.) If you and your spouse are both LSU System employees, only one of you may enroll for Family coverage.

Your AD&D Insurance Amounts

You may choose from the following principal sum amounts:

\[
\begin{align*}
\text{Principal Sum} & \quad \text{Amount} \\
\$27,500 & \quad \$165,000 \\
\$55,000 & \quad \$220,000 \\
\$82,500 & \quad \$275,000 \\
\$110,000 & \quad \$300,000
\end{align*}
\]

Family members may be insured for a portion of your principal sum:

- Spouse = 50% of your principal sum, or 40% if you have eligible children
- Eligible children = 15% of your principal sum or 10% if your spouse is eligible for coverage

Important Information

Your principal sum will reduce to the percentage shown below:

- At age 70, the benefit reduces to 82.5%
- At age 75, the benefit reduces to 57.5%
- At age 80, the benefit reduces to 37.5%
- At age 85 and older, the benefit reduces to 20%

If you have elected Family coverage, your spouse and children’s benefit will reduce from the principal sum amount of the insured employee.

How Are Benefits Paid?

Benefits will be paid for any of the losses that occur as a result of an injury listed.

<table>
<thead>
<tr>
<th>Loss of:</th>
<th>% of Principal Sum Payable*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both hands or both feet</td>
<td>100%</td>
</tr>
<tr>
<td>Entire sight of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>Entire sight of one eye</td>
<td>50%</td>
</tr>
</tbody>
</table>

*Loss must occur within 365 days of the accident. If more than one loss results from any one accident, we will pay only the one largest applicable benefit amount.

\(^1\)The Hartford is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company, Hartford Life and Accident Insurance Company, and CNA Group Life Assurance Company (pending state approval of name change to “Hartford Life Group Insurance Company.”)

For additional information:
Ph: 800/303-9744
www.thehartfordgroupbenefits.com
Air Travel Coverage
Full coverage is provided for air travel as a passenger (but not as a pilot or crew member) while riding in any aircraft used for the transportation of passengers, except an aircraft owned, operated or leased by or on behalf of the LSU System.

Waiver of Premium
If due to injury or illness you are unable to perform each of the material duties of any occupation for 12 consecutive months, we will continue coverage without premium charge for you and your insured family members as long as you remain totally disabled. This additional benefit is not applicable once you retire.

Are There Any Additional Benefits Available?
The following benefits are also available. For more detailed information, please contact your Human Resources department.

- Daycare Benefit
- Conversion Privilege
- HIV Benefit
- World Wide Travel Assistance Benefit
- Permanent Total Disability
- Seatbelt and Airbag Benefit
- Tuition Benefit

When Does Coverage End?
As long as the plan is in force, you are an eligible employee, and you pay your premium, your coverage remains in effect. Your family members will remain insured as long as they are eligible, you are covered and their premium is paid. Handicapped children shall remain insured, regardless of age, as long as they continue to be handicapped and your coverage remains in force.

What’s Not Covered?
This policy does not cover loss caused by or resulting from:

- Suicide, a suicide attempt, self-destruction or an attempt to self-destroy while sane or insane.
- Declared or undeclared war or an act of either.
- Sickness or disease, except pyogenic infections that occur through an accidental cut or wound.
- Service in the armed forces of any country.
- Riding as a pilot or crew member in any vehicle or device for aerial navigation.
- Participation in an illegal occupation or attempt to commit a felony.
- Any heart, coronary or circulatory malfunction

Enrolling Is Easy
Simply complete the enrollment form that you receive with this brochure and return it to your Human Resources Department. Your coverage will be effective on the first of the month after your Employer receives your enrollment form.

“A fatal injury occurs every five minutes and a disabling injury every 1.5 seconds”
- National Safety Council
  Report on Injuries in America 2000
What Is the Cost of Coverage?

Be insured with $110,000 of family coverage for a monthly cost equal to that of one movie ticket!

Group Accidental Death and Dismemberment insurance may be underwritten by Continental Casualty Company or Hartford Life Group Insurance Company (pending name change from CNA Group Life Assurance Company).

This flyer is illustrative and is not a contract. Coverages, features and/or underwriting company may vary by state. Only the insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions.

<table>
<thead>
<tr>
<th>Principal Sum</th>
<th>Employee Only</th>
<th>Employee and Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$27,500</td>
<td>$1.00</td>
<td>$1.50</td>
</tr>
<tr>
<td>$55,000</td>
<td>$2.00</td>
<td>$3.00</td>
</tr>
<tr>
<td>$82,500</td>
<td>$3.00</td>
<td>$4.50</td>
</tr>
<tr>
<td>$110,000</td>
<td>$4.00</td>
<td>$6.00</td>
</tr>
<tr>
<td>$165,000</td>
<td>$6.00</td>
<td>$9.00</td>
</tr>
<tr>
<td>$220,000</td>
<td>$8.00</td>
<td>$12.00</td>
</tr>
<tr>
<td>$275,000</td>
<td>$10.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>$300,000</td>
<td>$10.90</td>
<td>$16.36</td>
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This form is for informational purposes. To enroll, please complete the LSU System Voluntary Benefits Enrollment Form.

Cut here and return form portion to your local Human Resources representative.

LOUISIANA STATE UNIVERSITY
GROUP ACCIDENT INSURANCE PROGRAM
TRAVEL ASSISTANCE SERVICE

INSTRUCTIONS: Please print. Press hard for good copies and use a ballpoint pen. Be sure the card is completed in full. Return to your Human Resources Benefit Representative.

EMPLOYEE’S NAME: Last First Middle Initial

HOME ADDRESS: Street & Number City State Zip Code

DATE OF BIRTH SOCIAL SECURITY NUMBER

OCCUPATION DEPARTMENT CAMPUS

EMPLOYEE’S BENEFICIARY* RELATIONSHIP

* If the Family Program is selected, the Beneficiary for each dependent is automatically the insured employee.

☐ I wish to enroll in the Group Accident Insurance Program and the Travel Assistance Service program and authorize my employer to make a payroll deduction to cover the cost of the program I have selected.

DATE SIGNED SIGNATURE OF EMPLOYEE

G-56401-B