



Voluntary
Accidental Death
& Dismemberment
Insurance Program



The University of Iowa

To Our Faculty and Staff

This booklet explains the eligibility requirements and benefits under this voluntary insurance program, which provides protection for both occupation and non-occupational accidents.

The University of Iowa

Policy GTU 2855720

ELIGIBILITY

You are eligible to enroll in this plan if you are a faculty or staff member who is paid monthly.

Spouse/Partner - An Insured employee's spouse, including partners (as defined by the University), is covered if the Insured employee enrolls in **Plan II** or **Plan IV**.

A legally married **Spouse/Partner** will not be eligible as a **Dependent** if he or she is also an Insured under this Policy. If the Insured and his or her legally married **Spouse/Partner**, legally separated **Spouse/Partner**, former **Spouse/Partner** are both Insured's under this Policy, only one may select a Plan covering their mutual Dependents.

Dependent Children - An Insured employee's dependent child(ren) are covered if the Insured employee enrolls in **Plan III** or **Plan IV**.

"Dependent Child(ren)" are defined as the Insured employee's natural children, children placed with the Insured employee for adoption, legally adopted children, children for whom the Insured employee has legal guardianship, stepchildren, or foster children. The Insured employee's **Dependent Child** is considered eligible for coverage until the end of the calendar year in which they turn the age of 26, or a full-time student or totally and permanently disabled either physically or mentally. If the **Dependent Child** is disabled, the disability must have existed while he or she was a covered dependent.

COVERAGES

Worldwide, 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.

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

Coverage is not provided unless we have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off any aircraft owned or controlled by, or under lease to the policyholder except aircraft as on file with the policyholder.

AIRCRAFT COVERAGE 24 HOUR ACCIDENT PROTECTION, BUSINESS AND PLEASURE INCLUDING CORPORATE OWNED OR LEASED AIRCRAFT, PASSENGER AND CREW

Insurance provided under the Policy includes Injury sustained while the Covered Person is riding as a passenger in or on, boarding or alighting from (1) any civilian aircraft having a current and valid standard category airworthiness certificate, and operated by a pilot holding a current and valid medical certificate and pilot certificate with appropriate ratings for the flight involved as required by the Federal Aviation Administration or by the similar authority of any duly constituted government, having jurisdiction over civil aviation or (2) any transport-type of aircraft operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government.

Coverage is provided for accidents while riding as a passenger, pilot, operator, members of the crew or cabin attendants in any licensed civilian aircraft or in any aircraft operated by the Armed Forces of the United States of America or the Armed Forces of any foreign government. This includes any aircraft on file with the policyholder that is owned or controlled by, or under lease to the policyholder.

EXPOSURE AND DISAPPEARANCE

In the event the Covered Person is unavoidably exposed to the elements as a result of an accident and, because of such exposure, suffers a Loss for which a benefit is otherwise payable, such Loss will be covered.

In the event the Covered Person is not found within 1 year from the date of the disappearance, wrecking or sinking of the conveyance in which he or she was riding, provided such occurrence was under circumstances that would otherwise be covered, it will be presumed the Covered Person sustained Loss of life as a result of Injury.

RESERVE OR NATIONAL GUARD COVERAGE

Coverage will apply while a Covered Person is a member of an organized Reserve Corps or National Guard unit and is:

1. attending any active duty training of less than 30 days or is en route to or from that training; or
2. attending a service school no matter how long it is or is en route to or from that school; or
3. taking part in any authorized inactive duty training; or
4. taking part as a unit member in a parade or exhibition authorized by official orders.

BENEFITS

ACCIDENTAL DEATH & DISMEMBERMENT AND LOSS OF USE COVERAGE

In the event a Covered Person sustains any 1 of the following Losses as a result of Injury, within 365 days from date of covered accident, the Insurance Company will pay according to the sum specified in the Schedule for that Covered Person, the following:

Loss of:	Benefit:
Life	The Principal Sum
Both Hands or Both Feet	The Principal Sum
Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand or Foot and Sight of One Eye	The Principal Sum
Speech and Hearing	The Principal Sum
One Hand or Foot	One-Half the Principal Sum
Entire Sight of One Eye	One-Half the Principal Sum
Speech or Hearing	One-Half the Principal Sum
Thumb and Index Finger of Same Hand	One-Quarter the Principal Sum
Loss of Use of:	Benefit:
Four Limbs	One and One-Half the Principal Sum
Three Limbs	Three-Fourths the Principal Sum
Two Limbs	Two-Thirds the Principal Sum
One Limb	One-Half the Principal Sum

Definitions

“Injury” as used in this booklet, means covered accidental bodily Injury resulting directly and independently of all other causes in a Loss sustained by a Covered Person, anywhere in the world while insured under the Policy.

“Loss” shall mean with regard to hands and feet, actual severance through or above the wrist or ankle joints; with regard to eyes, entire and irrecoverable Loss of sight; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to speech and hearing, entire and irrecoverable Loss.

Benefits continued

“Loss of Use” shall mean total paralysis of a limb or limbs which is determined by a medical authority to be permanent, complete and irreversible. Only 1 benefit, the largest to which the Insured is entitled, is payable for all Losses resulting from 1 accident.

COMA BENEFIT

If a Covered Person sustains a covered Injury within 365 days of a covered accident and such Injury causes the Covered Person to be in a coma for at least 31 consecutive days, he or she may receive a monthly benefit equal to 1% of the Covered Person's Principal Sum per month for the first 12 months the Covered Person remains in a coma, following the initial 31 day period. At the end of the 12 months of payment, if the Covered Person remains in a coma, we will pay a lump sum benefit equal to the Principal Sum payable under the Accidental Death Benefit less the amount of the 12 months of benefit already received.

ADDITIONAL BENEFITS

ADDITIONAL DISMEMBERMENT BENEFIT FOR CHILDREN

If an Insured employee elects a **Plan III** or **Plan IV**, covering his or her eligible dependent child(ren), and the Insured employee's covered dependent child suffers an Injury resulting in a covered Loss, which is payable under the Accidental Dismemberment Benefit, we will pay an additional benefit which will be equal to the benefit amount provided by the Accidental Dismemberment Benefit.

CARJACKING BENEFIT

If a Covered Person suffers an Injury resulting in a covered Loss, which is payable under the Accidental Death or Accidental Dismemberment and Loss of Use Benefit, as a direct result of an accident that occurs during a carjacking of a private passenger automobile that the Covered Person was operating, getting into or out of, or riding in as a passenger, we will pay an additional benefit equal to 10% of the applicable Principal Sum to a maximum of \$25,000.

For purposes of this benefit, carjacking means a person other than the Covered Person taking unlawful possession of a private passenger automobile by means of force or threats against the person(s) then rightfully occupying it.

COBRA BENEFIT

If an Insured employee selected **Plan II**, **Plan III**, or **Plan IV** coverage, and the Insured employee suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Death Benefit, and the Insured employee is covered under a medical plan sponsored by the policyholder, We will pay an additional benefit to continue medical insurance for the Insured employee's surviving family members for a period of 1 year. The amount payable under this benefit will be the lesser of 1) 3% of the Insured employee's Principal Sum; 2) \$10,000; or 3) the actual cost to the surviving family members to continue medical coverage for 1 year under the plan sponsored by the policyholder.

COMMON CARRIER BENEFIT

If a Covered Person suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Death or Accidental Dismemberment and Loss of Use Benefit, we will pay an additional benefit equal to the lesser of \$25,000 or 10% of the Covered Person's Principal Sum, provided the Covered Person receives the Injury while a passenger riding in or on, boarding, or get off a Common Carrier.

A Common Carrier means any land or water conveyance licensed to carry persons for hire; or any civilian aircraft that holds a certificate of Public Convenience and Necessity, a license, or a similar permit for civilian schedule air carriers issued by the country where the aircraft is registered.

Additional Benefits continued

CONTINUATION OF INSURANCE BENEFIT

If an Insured employee selected **Plan II**, **Plan III**, or **Plan IV** coverage, and the Insured employee suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Death Benefit, all coverages under the policy which were in force on the date of the Loss, with respect to Covered Persons other than the Insured employee will be continued automatically for 365 days after the date of the Loss at no additional cost.

CRITICAL BURN BENEFIT

If a Covered Person suffers an Injury resulting in a Covered Loss as a result of a Covered Accident, which is payable under the Accidental Dismemberment and Covered Loss of Use Benefit, an additional benefit will be payable equal to the lesser of 10% of the applicable Principal Sum or \$10,000, provided all terms and conditions of the Policy are met and: 1) the Covered Person has received second degree or higher burns over 25% of his or her body; and 2) the Covered Person has undergone reconstructive surgery to treat the burned areas of the body; and 3) the reconstructive surgery has taken place within 365 days of the occurrence of the Injury.

DAY CARE BENEFIT

If the Insured employee selected **Plan III** or **Plan IV** and the Insured employee or his or her covered spouse/partner suffers Loss of life in a covered accident, we will pay the lesser of 5% of the Covered Person's Principal Sum, the actual cost of the day care, or \$15,000 per year for each eligible child for tuition charged by an accredited, licensed day care center, providing the dependent child is enrolled within 90 days from the date of the accident. This benefit is payable up to 4 consecutive years per child.

FELONY VICTIM BENEFIT

If an Insured suffers an injury resulting in a loss of life, which is payable under the Accidental Death Benefit or the applicable Accidental Dismemberment Benefit as a result of a Felony Crime committed by someone other than the Covered Person, a fellow employee or a member of the Insured's family or household. The maximum amount payable will be the lesser of 10% of the Insured's Principal Sum or \$50,000.

HEARING AID OR PROSTHETIC APPLIANCE BENEFIT

If a Covered Person suffers an Injury resulting in a covered Loss which requires the Covered Person to use a hearing aid or prosthetic appliance within 1 year of the Injury, we may pay an additional benefit equal to the lesser of 10% of the Covered Person's Benefit Amount to a maximum of \$25,000 for the 1-time cost of the hearing aid or prosthetic appliance actually paid by the Covered Person.

Additional Benefits continued

HIGHER EDUCATION BENEFIT

A benefit will be paid on behalf of the Insured employee's eligible Covered Dependent Child(ren) in the event of the Insured employee's death due to a covered accident. The Insured employee must be enrolled in **Plan III** or **Plan IV** and there must be a dependent child eligible to receive the benefit. This child must be enrolled in an institution of higher learning (or in the 12th grade and enroll within 1 year from the date of the accident). The benefit will be equal to 10% of the Insured employee's Principal Sum to a maximum of \$25,000. This will be paid each year the child continues his or her education to a maximum of 4 consecutive years. All of the Insured employee's covered dependent child(ren) who are eligible for the benefit will receive it.

If at the time of accident, **Plan IV** coverage is in force, but there are no covered dependent child(ren) who qualify, we will pay an additional benefit of \$1,000 to the Insured employee's designated beneficiary.

HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If a Covered Person suffers an Injury and receives a benefit under the Accidental Dismemberment Benefit of the policy, he or she may be entitled to an additional benefit equal to the lesser of 10% of the Covered Person's Principal Sum to a maximum of \$50,000 for the 1-time cost of alterations to the Covered Person's primary residence to make it wheelchair accessible and habitable; and the 1-time cost of modifications necessary to his/her motor vehicle to make the vehicle accessible or drivable.

PARENT CARE BENEFIT

If an Insured or his or her Covered Spouse/Partner suffers an Injury resulting in a Covered Loss, which is payable under the Accidental Death Benefit, We will pay an additional benefit for Parent Care, in equal shares, to each Dependent Parent (or his or her legal guardian) of such Insured or his or her Covered Spouse/Partner.

The amount payable for the Parent Care Benefit will be 10% of the Insured's or his or her Covered Spouse's/Partner's Principal Sum to a maximum of \$25,000 for all Dependent Parents.

For purposes of this benefit, Dependent Parent means the parent(s) or grandparent(s) of the Insured, or his or her Covered Spouse or his or her Covered Partner who, at the time of a Covered Accident, is receiving support and care provided by such Insured or his or her Covered Spouse/Covered Partner as evidenced by the most current tax return filed with the government of the United States of America.

Additional Benefits continued

REHABILITATION BENEFIT

If an Insured employee suffers an Injury which causes him or her to receive an Accidental Dismemberment Benefit under the policy, he or she may be entitled to receive an additional benefit for the reasonable and customary expenses actually incurred for a prescribed rehabilitation training program by a licensed physician that is required due to the Insured employee's Injury which will prepare him or her for an occupation which he or she would not have engaged in except for the Injury in an amount equal to the lesser of the actual expenses that are incurred within 2 years from the date of the covered accident for the rehabilitation training; or \$25,000.

SPOUSE/PARTNER RETRAINING BENEFIT

If an Insured employee selected **Plan II**, **Plan III**, or **Plan IV** coverage and suffers a covered Loss of life, his or her spouse/partner may receive the lesser of \$10,000 or the actual cost incurred within 30 months of any professional or trade-training program in which the Insured employee's spouse/partner enrolls to obtain an independent source of support and maintenance.

SAFETY DEVICE BENEFIT

If a Covered Person suffers an Injury resulting in a covered Loss, and the Injury which caused the accidental death directly resulted from an accident, we will pay an additional benefit, which equals 10% of the Insured employee's Principal Sum up to a maximum of \$25,000, provided that the Covered Person was operating or riding as a passenger in or on any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities; and was wearing or protected by a safety device (as listed in the policy).

SURVIVING SPOUSE/PARTNER BENEFIT

If an Insured employee selected **Plan II**, **Plan III**, or **Plan IV** coverage and suffers a covered Loss of life, his or her spouse/partner may receive an additional monthly benefit over a period of 12 months equal to 1% of the Insured employee's Principal Sum.

TERRORISM BENEFIT

If an Insured suffers an injury resulting in a loss of life or covered loss which is payable under Accidental Death Benefit or applicable Accidental Dismemberment Benefit, that was directly caused by an act of terrorism, we will pay an additional benefit. The maximum amount payable will be the lesser of 50% of the Insured's Principal Sum or \$100,000. Act of terrorism means any intentionally violent or forceful act anywhere in the world by any person(s), acting on behalf of an organization or group, with the purpose of creating political turmoil or overthrowing any government.

Additional Benefits continued

TERRORISM BENEFIT

If an Insured suffers an injury resulting in a loss of life or covered loss, which is payable under Accidental Death Benefit or applicable Accidental Dismemberment Benefit, that was directly caused by an act of terrorism, we will pay an additional benefit. The maximum amount payable will be the lesser of 50% of the Insured's Principal Sum or \$100,000. Act of terrorism means any intentionally violent or forceful act anywhere in the world by any person(s), acting on behalf of an organization or group, with the purpose of creating political turmoil or overthrowing any government.

THERAPEUTIC COUNSELING BENEFIT

If an Insured employee selected **Plan II, Plan III, or Plan IV** coverage and the Insured employee or his or her covered dependents suffers a covered Injury which requires therapeutic counseling by a licensed therapist or counselor who is registered or certified to provide psychological treatment or counseling, we will reimburse the charges for such counseling up to a maximum of \$5,000, to the individual who incurs the expense.

ZURICH TRAVEL ASSIST[®]

Zurich Travel Assist[®] is a medically based travel assistance program that focuses on providing the best medical outcomes to sick or injured travelers. As a member of the International Assistance Group, World Travel Protection, the administrator of Zurich Travel Assist[®], can respond instantly to medical and legal emergencies throughout the world. With over 1,600 dedicated professionals working round-the-clock, the International Assistance Group network provides a local presence with a global reach, bringing a network of physicians, hospitals, clinics, medical transportation companies and other emergency professionals to You when You need them.

- **Zurich Travel Assist[®]** is in effect when You travel 100 miles or more from home.
- **Medical Evacuation** - If the local hospital, medical facility or clinic is not able to provide You with medical care comparable to Western Medical Standards, We will arrange and cover the cost of Your transportation to the nearest hospital or facility which can provide such care.
- **Medical Monitoring** - When We are notified of a medical emergency, Our multilingual staff will establish contact with the local attending physician and assist with arranging appropriate care. We will maintain contact until the situation is resolved and You are able to resume traveling.
- **Prescription Assistance** - In the event You forgot Your medications, We can arrange for a refill of Your prescription and will help locate what You need locally and arrange delivery, where permitted by law.

Additional Benefits continued

- **Emergency Medical Referral** - We will provide the name, address, and telephone number of physicians, hospitals and clinics for the area in which You are traveling.
- **Travel Advisories** - We can inform You of the latest available travel advisories, including crime alerts and areas of instability for countries worldwide.
- **Inoculation and Immunization** - We provide the latest information, obtained from the Centers for Disease Control and the U.S. Department of State, Bureau of Consular Affairs, regarding inoculation and immunization requirements around the world.

To contact Us regarding this **Travel Assistance Plan**, the Covered Person must call 1-800-263-0261 from the U.S. or Canada; and collect from anywhere else in the world at +1-416-977-0277 and reference policy GTU 2855720; or visit the website: www.zurichtravelassist.com.

EXCLUSIONS

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; except Reserve or National Guard active duty training -- see RESERVE/NATIONAL GUARD UNIT COVERAGE in this booklet;
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. travel or flight in any aircraft except to the extent stated in the Coverage Section.

WAIVER OF PREMIUM PROVISION

(Applicable to an eligible Insured employee who becomes Totally Disabled prior to age 75 or retirement.)

If we receive due notice and proof of claim that an eligible Insured employee becomes totally disabled, and that the total disability began before his or her 75th birthday, the Amount of Insurance will continue for that eligible Insured employee from the date of total disability without further payment of premiums.

This Waiver of Premium ceases on the earliest of the date the eligible Insured:

1. ceases to be totally disabled;

2. fails to furnish any required proof that he or she continues to be totally disabled;
3. fails to submit to any required examinations;
4. attains age 75.

TERMINATION OF COVERAGE

The Insured employee's insurance will terminate effective the end of the month for which the premium is paid when any of the following occurs:

- (1) the Policy is terminated;
- (2) He or she ceases to be an eligible person as defined in the policy;
- (3) His or her employment with the policyholder is terminated;
- (4) He or she fails to make the next required payment when due.

The insurance with respect to the Insured employee's dependents will terminate on the earliest of the following dates:

- (1) the date the Insured employee's insurance is terminated;
- (2) the end of the month in which a dependent ceases to be eligible as defined in the policy; or
- (3) the end of the month for which the Insured employee's last payment is made for dependent benefits, if he or she fails to make any required payment towards the cost of this insurance.

You may terminate or change your plan only during the annual enrollment process or due to a special event as defined by the University.

CONVERSION PRIVILEGE

If an Insured employee's coverage terminates for any reason other than termination of the Group Policy or non-payment of premium, You may be eligible to convert to an Individual or Family Policy, an amount of \$200,000. Premium rates will be our rates for age and class of risk at the time of termination. Proof of good health is not required.

To request a Conversion Application Form, the Insured employee must call 1-888-634-6780, Option 2; or the Insured employee can log on to the web site: <https://enroll.zurichna.com/vip/conversion>. Refer to policy number GTU 2855720. The Insured employee does not have to show proof of good health.

Although you are converting your existing group coverage with Zurich you will be purchasing a new Zurich Conversion policy; therefore, if you choose to enroll on the website you will start with "Start Quick Quote" and fill in the state where you live, zip code, birth date and effective date of this new policy; along with options to add your Spouse and/or Child(ren). Then click the button in the lower right hand corner, "Start Quick Quote". The next page will ask you for your former Employer's name, policy number, when you terminated being an employee and your principal sum. Continue to follow the prompts to create your Conversion policy. For assistance, please contact 1-888-634-67880, Option 2.

BENEFICIARY DESIGNATION

The Insured employee will designate his or her beneficiary on the enrollment form. The Insured employee will be the beneficiary for the insurance on his or her spouse/partner and dependent child(ren).

AMOUNTS OF INSURANCE

The Insured employee may select any amount of Principal Sum in \$100,000 increments subject to a minimum of \$100,000 and a maximum of \$1,000,000.

The Insured employee’s spouse/partner is automatically insured if he or she chooses Plan II or Plan IV and his or her eligible dependent child(ren) are automatically insured if he or she chooses Plan III or Plan IV, based on the percentages shown below:

- Spouse/Partner:** 75% of the Insured employee’s selected Principal Sum amount;
- Dependent Child(ren):** 20% of the Insured employee’s selected Principal Sum amount, subject to a maximum of \$100,000.

COST AND METHOD OF PAYMENT
(Effective January 1, 2024)
Rates shown are for MONTHLY PREMIUMS

Principal Sum	Eligible Employee Only Plan I	Eligible Employee & Spouse Plan II	Eligible Employee & Dependent Child(ren) Plan III	Eligible Employee & Family Plan IV
\$ 100,000	\$ 1.60	\$ 2.70	\$ 1.90	\$ 3.00
200,000	3.20	5.40	3.80	6.00
300,000	4.80	8.10	5.70	9.00
400,000	6.40	10.80	7.60	12.00
500,000	8.00	13.50	9.50	15.00
600,000	9.60	16.20	11.40	18.00
700,000	11.20	18.90	13.30	21.00
800,000	12.80	21.60	15.20	24.00
900,000	14.40	24.30	17.10	27.00
1,000,000	16.00	27.00	19.00	30.00

This booklet provides you with an easy-to-understand summary of the Voluntary Accident Insurance Plan.

If any conflict should arise between the contents of this booklet and the Master Policy GTU 2855720 or if any point is not covered herein, the terms of the Master Policy GTU 2855720 will govern in all cases.

Notes

Plan arranged through:



**NORTH RISK
PARTNERS®**

01/1/2025



ZURICH®

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