

# NATIONAL IAM BENEFIT TRUST FUND

## SAMPLE \$25,000 LIFE AND AD&D PLAN

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### LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

For eligible Employees, this Plan provides Life and Accidental Death and Dismemberment Coverage through CIGNA Group Insurance "CIGNA", under a contract with Life Insurance Company of North America. The following is a description of the coverage that is provided to eligible participants. To confirm whether or not you are eligible for this benefit you may contact the Fund Office.

#### **Employee Basic Life Coverage**

If you die, in any place and from any cause, while you are covered under the Basic Life Coverage, the basic life insurance benefit will be paid to your beneficiary. Benefits will be paid in one amount unless a settlement option is in effect.

Basic Life Coverage is **Not Available** to Retirees.

#### **Notice of Death**

In the event of your death, written notice must be given to the insurance company within 12 months thereafter for the benefit to be payable.

#### **Extension of Basic Life Coverage During Total Disability**

If you become totally disabled as described below by injury or disease while insured and before reaching age 60, your basic group life insurance protection will be extended. This protection will continue up to one year from the start of the disability, if you remain so disabled. This protection will continue after that until age 65, if you remain totally disabled and annually give timely proof of your total disability.

Notice and proof of initial disability must be provided to CIGNA within 12 months of the date the total disability began. The annual proofs for any applicable continued coverage must be given to CIGNA as requested.

If you fail to submit any of these notices or proofs in a timely fashion, this extension will either not go into effect or will terminate.

CIGNA has the right to have a medical representative examine you. If you fail to undergo any physical examination that may be reasonably required, this extension will terminate.

Total disability under this extension means your complete inability, due to bodily injury or disease, to engage in any gainful occupation. In addition, you must not have received pay for any work for 9 continuous months.

The amount of the life insurance coverage under this disability extension is that same amount you had just before ceasing active work due to total disability. This amount is subject to reduction, if any, as shown in the Schedule of Benefits. You are not entitled to coverage as a Retiree as long as you are covered under this disability extension.

If you have converted your group life insurance while disabled, you must return the individual policy to CIGNA with proof of total disability. Any premiums paid under that policy will be refunded.

### **Conversion**

If your life coverage reduces or terminates because your employment terminates or your membership in an eligible class terminates, you are entitled to have issued to you by CIGNA, without evidence of insurability, an individual policy of life insurance, without disability or other supplementary benefits. The amount cannot exceed the amount of your terminating or reduced life coverage.

**If you have any questions, inquire immediately on termination of your employment or life coverage, as you must apply for the individual policy within the conversion period.**

The conversion period is the 31-day period immediately following the termination of your employment or of the life coverage with respect to your eligible class. You must, within this conversion period, make written application and pay the first premium for the individual policy. Conversion application forms may be obtained from the Fund Office or CIGNA.

### **Death Benefits During Conversion Period**

If you die during the conversion period, the amount of life insurance you are entitled to convert will be paid under the life coverage.

### **Beneficiary**

You may designate anyone as beneficiary of any benefits payable for the loss of your life. You can change your beneficiary designation at any time by written request. The consent of your beneficiary is not required. Enrollment forms that provide for initial beneficiary designation and any subsequent changes are available from the Fund Office. Completed forms should be forwarded to the Fund Office. If you do not have a designated beneficiary, loss of life benefits will be paid to your surviving spouse; if there is no surviving spouse, benefits will be paid to the following in this order: (1) your children, (2) your parents, (3) your siblings, (4) your estate.

### **Employee Accidental Death and Dismemberment Coverage**

If you have an Accident while covered under the Accidental Death and Dismemberment Coverage, and it results, directly and independently of all other causes and within 90 days after

the date of the Injury, in any of the losses to you shown below, an Accidental death and dismemberment benefit will be paid as shown in the schedule below.

The benefits for loss of life shall be paid to your beneficiary. All other benefits shall be paid to you.

**Schedule of Accidental Death and Dismemberment Coverages:**

Loss of:

Life.....	Full Benefit
Both Hands.....	Full Benefit
Both Feet.....	Full Benefit
Both Eyes.....	Full Benefit
A Hand & a Foot.....	Full Benefit
A Hand & an Eye.....	Full Benefit
A Foot & an Eye.....	Full Benefit
A Hand.....	Half the Full Benefit
A Foot.....	Half the Full Benefit
An Eye.....	Half the Full Benefit

Loss of a hand or foot means its complete and permanent severance at or above the wrist or the ankle joint, respectively. Loss of an eye means the entire and permanent loss of the sight of that eye.

No more than the full benefit will be paid for all losses from one Accident.

**Limitations on Accidental Death and Dismemberment Benefits**

No benefits will be payable for your Accidental death or dismemberment which results from:

1. Disease or mental infirmity;
2. Alcohol, drug, poison, inhalation of gas, or substance abuse;
3. Suicide or any attempt thereat;
4. Bacterial infection (except pyogenic infections resulting solely from injury);
5. Medical or surgical treatment (except medical or surgical treatment made necessary solely by injury);
6. War or any act of war;
7. Injury sustained while engaged in or taking part in aeronautics and/or aviation of any description or resulting from being in an aircraft except while a fare-paying passenger in any aircraft then licensed to carry passengers;
8. Committing a felony; or
9. Intentional self-inflicted injury.

Accidental Death and Dismemberment Coverage is **Not Available** to Retirees.

**Schedule of Benefits – Life and Accidental Death and Dismemberment**

**Active Employee Basic Life Coverage:**

Active Employees .....\$25,000

On becoming age 65 the Basic Life Coverage amount will reduce by 35% and the maximum benefit amount will be \$16,250.

On becoming age 70 the Basic Life Coverage amount will reduce by 50% and the maximum benefit amount will be \$12,500.

Basic Life Coverage is **Not Available** to Retirees.

**Accidental Death and Dismemberment Coverage:**

Active Employees .....\$25,000

Based on twenty-four (24) hour coverage.

On becoming age 65 the Accidental Death and Dismemberment Coverage will reduce by 35% and the maximum benefit amount will be \$16,250.

On becoming age 70 the Accidental Death and Dismemberment Coverage will terminate.

Accidental Death and Dismemberment Coverage is **Not Available** to Retirees.