

Felonious Assault Benefit

The benefit amount payable under the policy for your loss of life or the life of an insured family member will be increased 25% or \$50,000, whichever is less. If the loss is due to a covered injury sustained as a result of a criminal act of violence directed at you or your insured dependent while on:

- A) your employer's premises; or
- B) a business trip made on your employer's behalf.

A criminal act of violence includes, but is not limited to, robbery, kidnapping, hijacking, assault and battery, sniping, murder or civil disturbance.

Seatbelt and Airbag Benefit

Your benefit amount will be increased by 10% of your benefit amount up to \$25,000* if you or an insured family member suffer a covered loss as a result of an auto accident while:

- 1. wearing a seat belt; and
- 2. automobile is equipped with a factory-installed airbag, and
- 3. driving or riding in an automobile driven by a driver who is not under the influence of drugs or alcohol.

*Covered family member benefit amounts will increase based on the Family Plan benefit formula.

Conversion Privilege

You and your insured family members may apply for a conversion policy of accidental death and dismemberment insurance if insurance under the policy terminates for any reason except: (1) non-payment of premium; or (2) when the terminated coverage is replaced within 31 days by similar coverage sponsored or arranged by your employer.

Contact your employer for additional information.

Benefits are always paid in addition to any other insurance coverage you have-group or individual, government or private!

Effective date

Your insurance will be effective the first day of the month that falls on or next follows the date the signed enrollment card is received by the Plan Administrator.

Proof of coverage

You will receive your official insurance documents, your proof of coverage, after you've been enrolled.

Terminations

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, for as long as they continue to be handicapped and your coverage remains in force.

Exclusions

No benefits will be paid for losses caused by or resulting from: suicide or attempts while sane, self- destruction or attempts while insane; declared or undeclared war or an act of either; service in any armed forces (orders to active military service for 2 months or less shall not constitute service in the armed forces); air travel except as described under air travel coverage or sickness or disease.

UNDERWRITTEN BY:
THE HARTFORD

FOR PARTICIPATING MEMBERS & FAMILIES OF
ADVANTAGE
HEALTH PLANS TRUST

ACCIDENTAL DEATH
& DISMEMBERMENT



J.W. Kempton & Associates
PO Box 54889
Oklahoma City, OK 73154
800-521-1711



A Voluntary Comprehensive
Group Program

\$10,000 to \$500,000 is sensible and affordable.

Accidents aren't supposed to happen, but they do. A collision on the highway... a fall in the home... an accident while traveling. These, and other unpredictable occurrences, pose a constant threat to your future earning ability and financial security. That's why we are giving employees an opportunity to increase their overall insurance protection with affordable, high-limit accidental death and dismemberment benefits that cover you 24-hours a day, on or off the job, at a price you can afford.

Available to eligible employees, acceptance guaranteed.

All active full time employees of member employers are eligible for this insurance plan. You cannot be refused acceptance for any reason!

Benefits to suit your needs... \$10,000 to \$500,000

Regardless of how much other coverage you have, you are free to select your own benefit in multiples of \$10,000 up to the maximum amount. If you choose more than \$150,000 of coverage, your and your spouse's benefit amount must not be more than ten times your annual salary. Your benefit amount will be a percentage of your selected benefit depending on your age on the date of loss:

Age on Date of Loss - Selected Principal Sum

Age 64 or younger	100%
65	65%
70	50%

Example:

If you enrolled in the plan at age 55 and selected a benefit amount of \$100,000, your selected benefit amount would reduce to \$50,000, if loss occurred at age 70.

Low-cost coverage you can count on.

Your choice of individual or family coverage.

When you enroll for the Family Plan, your eligible family members are guaranteed acceptance, too. Your spouse under age 70 and all unmarried, dependent children from birth through 19 years (or 25 if attending school full-time) can be insured for a portion of your benefit amount for a small additional monthly cost.

A person may not be insured as both an employee and a dependent. An eligible dependent child may not be insured as a dependent child of more than one employee.

Your spouse will be covered for 60% of your benefit amount, or 50% if you have eligible children. Each of your eligible children will be insured for 15% of your benefit amount, or 10% if your spouse is eligible for coverage.

Here's all you need to do...

Just complete the brief enrollment form and return it to your Personnel Department. Do not send any money. Premiums will be paid by payroll deduction.

This coverage costs \$.39 each month for every \$10,000 of benefits you apply for. You may cover your eligible family members for just \$.59 a month for each \$10,000 of your benefit amount.

Some frequently selected benefit amounts and corresponding monthly costs are shown below.

Selected Principal Sum	Monthly Premiums	
	Employee Coverage	Family Plan
\$10,000	\$0.39	\$0.59
\$20,000	\$0.78	\$1.18
\$40,000	\$1.56	\$2.36
\$60,000	\$2.34	\$3.54
\$80,000	\$3.12	\$4.72
\$100,000	\$3.90	\$5.90
\$150,000	\$5.85	\$8.85
\$200,000	\$7.80	\$11.80
\$250,000	\$9.75	\$14.75

Your monthly premium will always be based on your selected benefit amount regardless of age.

Here's how benefits pay up to \$500,000 in protection.

Accidental death benefits

If you die as a result of a covered accident within one year of its occurrence, your Group Accident Coverage will pay your beneficiary your full benefit amount.

Accidental dismemberment benefits

Benefits will be paid for specific losses caused by a covered accident within one year of its occurrence, as below.

The entire benefit amount will be paid for:

loss of both hands or both feet, complete loss of sight in both eyes.

One-half the benefit amount will be paid for:

loss of one hand or one foot, complete loss of sight in one eye, loss of speech, loss of hearing in both ears.

One-fourth the benefit amount will be paid for:

loss of thumb and index finger on same hand.

For Accidental dismemberment benefits:

loss of hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means irrecoverable loss of vision. Loss of speech and hearing must be irrecoverable. Fingers must be completely and permanently severed through or above the third joints. A benefit is not payable for both loss of thumb and index finger on same hand, and loss of one hand, for injury to the same hand as a result of any one accident.

In no event will benefits payable under this provision due to the same accident exceed the applicable Principal Sum.

Education Benefit

If your eligible dependent children are covered under the program on the date of an accident which resulted in your loss of life and for which

benefits were payable, an additional 2% of your benefit amount will be paid to each child enrolled as a fulltime student in a university, college or trade school, or who is in the 12th grade and enrolls in such an institution within one year after your death.

This benefit will be paid for each consecutive year an insured child continues his or her education on a full-time basis, up to four years. If none of your children meet the requirements above or if you have no children, your beneficiary will receive, in one lump sum, an amount equal to 2% of the benefit amount or \$5,000, whichever is less.

Waiver of Premium

If you have been totally disabled for 12 consecutive months, we will waive any subsequent premium due for you and your family members as long as you remain totally disabled.

Total disability means that, because of injury or sickness, you are continuously disabled and unable to engage in any occupation for which you are or become qualified by reason of education, training or experience.

In-Hospital Benefits

2% of your benefit amount up to \$3,000 a month for hospitalization, from the 7th day.

Monthly benefits are paid to employees hospitalized due to a covered accident for as long as you are confined, up to 12 months.

Hospital does not include a clinic, nursing, rest or convalescent home, or extended care facility.