

Personal Accident Insurance



*Developed for the Employees of
Kenyon College*

Who Needs Personal Accident Insurance?

You do. Accident insurance can help you pay expenses if you are seriously injured or killed in a covered accident. This insurance can help ensure that tragedy doesn't take both an emotional and a financial toll on your family.

By purchasing this insurance through your employer, you benefit from:

- Affordable group rates
- Convenient payroll deduction

Who Is Eligible For Coverage?

You – You are eligible for coverage if you are an active full-time union or non-union Employees of the sponsoring employer, working 1000 or more hours per year.

How Much Coverage Can You Buy?

You – You may select from \$20,000 to \$500,000 of coverage in units of \$20,000 at an affordable price.

Your Monthly Cost

Select the benefit amount most appropriate for your needs and budget. The chart below shows the most common benefit amounts. Other amounts are available, subject to the maximums indicated above.

Your Benefit Amount	Your Monthly Cost
\$500,000	\$15.00
400,000	12.00
300,000	9.00
200,000	6.00
100,000	3.00
20,000	.60

See **Benefit Reductions**. Costs are subject to change.

The employee rate per \$1,000 of coverage is \$0.03. To calculate your cost, divide the amount you select by 1,000 and multiply that number by the appropriate cost. For example, if you select \$200,000 of coverage:

$$\frac{\$200,000}{1,000} = 200$$

$$200 \times \$0.03 = \$6.00 \text{ Your Monthly Cost}$$

Benefit Reductions

When the covered person reaches age 65, his or her benefits will be reduced to 65% of the benefit amount selected and at age 70, 50%. These reductions also apply if you elect coverage after age 64.

A Valuable Combination of Benefits

Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower or upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech, or Loss of hearing in both ears	50%
Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%
Coma	1%

If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. **Loss of sight** means the total, permanent loss of all vision in the eye. **Loss of speech** means total, permanent and irrecoverable loss of audible communication. **Loss of hearing** means total and permanent loss of the ability to hear any sound in both ears. Loss of sight, speech and hearing must be irrecoverable by natural, surgical or artificial means. **Loss of a thumb and index finger or four fingers**, means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). **Paralysis** means total loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible. **Loss of Toes** means complete severance through the metatarsalphalangeal joint. **Severance** means complete and permanent separation and dismemberment of the limb from the body.

What Is Not Covered

Plan benefits are not payable if an injury or a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; any active participation in a riot or insurrection; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound or accidental food poisoning.)

Benefits are also not payable if the loss occurs while the covered person is voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol (intoxicated is defined by the law of the state in which the covered accident occurred) or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates (an aircraft will be deemed to be "controlled" by the sponsoring organization if the aircraft may be used as the sponsoring organization wishes for more than 10 straight days, or more than 15 days in any year); flying in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface, except as a passenger on a regularly scheduled commercial airline; that is: an ultra-light or glider, designed to be used in outerspace; being used by any military authority, except the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew; being used for parachuting, hang-gliding, crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, skydiving, pipeline or power line inspection, aerial photography or exploration, racing or endurance tests, stunts or acrobatic flying, or any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).

When Your Coverage Begins and Ends

Current employees can sign up during this enrollment period. New employees have 31 days from the date they become eligible to enroll. Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work.

Your coverage will continue as long as you remain an eligible employee, pay your premium when due and we agree with your employer to continue this group policy.

Changing from the Group Plan to Individual Coverage

If, before you reach age 70, this group coverage is reduced or ends for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

Signing Up Is Easy

No medical examination is required to apply!

Just follow these steps.

1. Choose the benefit amount and coverage options that are right for you.
2. Fill out the accident section of your insurance application and return it to your Human Resource Department.

Don't forget to . . .

Use the full name of your beneficiary. For example, use "Mary Jones Smith" not "Mrs. John A. Smith."

If you have any questions about the plan, please contact your Human Resources Department.

Life Insurance Company of North America
Personal Accident Insurance

POLICYHOLDER
Kenyon College

POLICY No.
OK 964941

Complete the following to enroll:

Full Name _____ Date of Birth ____/____/____
PRINT FULL NAME(S)

Address _____ Social Security # ____ - ____ - ____
STREET

CITY STATE ZIP

Select Coverage Amount: Employee Benefit Amount \$ _____

Total Cost \$ _____ / per month

My Beneficiary _____ Relationship _____

I enroll and authorize my employer to deduct the premiums from my earnings. I understand that the insurance selected will begin on the effective date as described in the brochure. If I am not actively at work, the effective date of coverage will be delayed until I return to work.

SIGNATURE _____ DATE ____/____/____

DECLINATION — Check here and sign above if you do not want this coverage.

Return to your employer. Be sure to make a copy for your records.

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CIGNA Group Insurance
Life • Accident • Disability

Terms and conditions of accident insurance coverage are set forth in Group Policy No.OK 964941 on Policy Form No. GA-00-1000.00, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Services Industry. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.

*Coverage is underwritten by
Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, PA 19192*



CIGNA Group Insurance

Life • Accident • Disability

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