## STANDARD INSURANCE COMPANY

A Stock Life Insurance Company 900 SW Fifth Avenue Portland, Oregon 97204-1282 (503) 321-7000

#### **CERTIFICATE:**

#### **GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Policyholder ichita State University

Policy N mber A A

Effective Date Jan ary

A Gro p Policy has been iss ed to the Policyholder e certify that yo will be ins red as provided by the terms of the Gro p Policy If yo r coverage is changed by an amendment to the Gro p Policy we will provide the Policyholder with a revised Certificate or other notice to be given to yo

Possession of this Certificate does not necessarily mean yo are ins red Yo are ins red only if yo meet the req irements set o t in this Certificate

e s and o r mean Standard Ins rance Company Yo and yo r mean the Member All other defined terms appear with the initial letter capitalized Section headings and references to them appear in boldface type

President

GC , ADD S ,,

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Beneficiary  $^{\prime\prime}$ 

Child

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Gro p Policy N mber

LLC Owner Employee

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P C Partner Policyholder Pregnancy Proof Of Loss 7

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ar

#### **COVERAGE FEATURES**

This section contains many of the feat res of yo r vol ntary accidental death and dismemberment ins rance ADD Ins rance Other provisions incl ding excl sions and limitations appear in other sections Please refer to the text of each section for f ll details The Table of Contents and the Index of Defined Terms help locate sections and definitions

#### GENERAL POLICY INFORMATION

Gro p Policy N mber

Policyholder

Employer\_s

Gro p Policy Effective Date

State of Iss e

**C**♣ 7 , **A** A

ichita State University

ichita State University

Jan ary

Kansas

#### **BECOMING INSURED**

To become ins red yo m st\_a Be a Member\_b Complete yo r Eligibility aiting Period\_c Apply in writing for ins rance and d Agree to pay premi ms See When AD&D Insurance Becomes Effective

Definition of Member Yo are a Member if yo are

An active employee of the Employer and

Reg larly working at least ho rs per week

Yo are not a Member if yo are

A temporary or seasonal employee

A leased employee

An independent contractor



# SCHEDULE OF ADD D INSURANCE

Yo may apply for ADD Ins rance in m ltiples of from to Any amo nt in excess of may not exceed ten times yo r Ann al Earnings

Yo may also elect to insore your Dependents. The amount of ADD D Insorance for your Dependents is equal to a percentage of your ADD D Insorance as follows.

Spo se only

Children only for each Child not to exceed

Spo se and Children for yo r Spo se

for each Child

The amo nt payable for certain Losses will differ See Accidental Death and Dc

#### ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

#### A Ins ring Cla se

If a person has an accident while ins red for ADDD Ins rance and the accident res lts in a Loss we will pay benefits according to the terms of the Gro p Policy after we receive satisfactory Proof of Loss

#### B Definition Of Loss

Loss means loss of life hand foot or sight which

Is ca sed solely and directly by an accident

Occ rs independently of all other ca ses and

Occ rs within C days after the accident

ith respect to a hand or foot Loss means act al and permanent severance from the body at or above the wrist or ankle joint

ith respect to sight Loss means entire and irrecoverable loss of sight

#### C Amo nt Payable

The amo nt payable is eq al to a percentage of the ADD D Ins rance in effect on the ins red person

- Medical or s rgical treatment for any of the above
- Boarding leaving or being in or on any kind of aircraft However this excl sion will apply only to
  - a A pilot or crew member of the aircraft or
  - b A passenger in an aircraft operated by or for the Employer
- F Benefit For Loss D e To Expos re

If yo or yo r Dependent s ffers a Loss ca sed by expos re to the nat ral elements we will pay the amo nt of ADDD Ins rance in effect for that Los

**C** ↑ ↑ ★ A

C,

The Gro p Policy does not provide vol ntary alternative disp te resol tion options

VA.CL.12

## **ASSIGNMENT**

The rights and benefits nder the Gro p Policy cannot be assigned

VA.AS.01

# BENEFIT PAYMENT AND BENEFICIARY PROVISIONS

A Payment of Benefits

Benefits payable beca se of yo r death will be paid



## E Methods of Payment

Recipient means a person who is entitled to benefits 
 nder this Benefit Payment and Beneficiary Provisions section

L mp S m

If the amont payable to a Recipient is less than we will pay it in a 1 mp s m Standard Sec re Access Checking Accont

If the amont payable to a Recipient is or

# KS/AD&D90C