

## Voluntary Accident Insurance

CHUBB®

Enrollment Brochure for the  
Employees of:  
Burns & McDonnell and all  
subsidiaries, affiliates and divisions  
that now exist or may hereafter  
be created

Accident & Health



## Serious Accidents can be Devastating...

No one wants to think about the possibility of having a life-threatening accident, but the fact is accidents are a leading cause of death. Although we may think such tragedies could never happen to us, we can't deny there are many "what ifs" to contemplate.

It doesn't always happen to "someone else".

Accidents can cause serious financial problems for survivors who still have mortgages, loans and education expenses to pay. That's why your employer has made voluntary accident coverage available to you at competitive rates.

### Highlights

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- This insurance plan provides insurance protection 24 hours a day—worldwide—on and off the job and while traveling for business or pleasure.
- This insurance applies to accidental loss of life, dismemberment or bodily injury (except as limited by the exclusions included in this booklet).
- No medical/physical examination is required.
- Because it's a group plan, the rate for coverage is lower than the cost of similar insurance you might purchase individually.
- Most coverage will pay in addition to any other insurance you may have.

### Benefits Amounts, Options and Costs

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Eligible employees may select benefit amounts in increments of \$25,000, subject to a minimum of \$25,000 and a maximum of \$500,000. Your benefit amount cannot exceed ten (10) times your basic annual salary when the benefit amount selected is \$250,000 or more. You may select from the following plans:

<u>Class</u>	<u>Plan Coverage</u>
1	Employee Only: Covers you for the benefit amount selected.
2	Employee & Family: Covers you for the benefit amount selected; your spouse or domestic partner for 50% of your benefit and your dependent children for 10% of your benefit amount.

<u>Class</u>	<u>Plan Option</u>	<u>Monthly Costs (per benefit amount)</u>
1	Employee Only	\$0.017 per \$1,000
2	Employee & Family	\$0.027 per \$1,000

## Coverage

### Accidental Death, Dismemberment, and Paralysis Benefits

If you or an insured family member are injured in a covered accident and suffer any of the losses shown in the *Schedule of Covered Losses* below within 365 days, we will pay the benefit amount shown for that loss. If more than one loss occurs in the same accident, only one benefit, the largest, will be paid.

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body. “Loss of Use” means total paralysis of a limb or limbs which is determined by a competent medical authority to be permanent, complete and irreversible with respect to: 1) arm, at or above the elbow joint; 2) leg, at or above the knee joint; 3) hand, at or above the wrist joint; and, 4) foot, at or above the ankle joint.

**Schedule of Covered Losses**

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Loss of Speech & Loss of Hearing	
Loss of Speech & Loss of One of: Hand, Foot or Sight of One Eye	
Loss of Hearing & Loss of One of: Hand, Foot, or Sight of One Eye	
Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a Combination of Any Two of: Loss of a Hand, Loss of a Foot or Loss Sight of One Eye	
Quadriplegia	75% of the Principal Sum
Paraplegia	
Hemiplegia	50% of the Principal Sum
Loss of One Hand, Loss of One Foot or Loss of Sight of an Eye	
Loss of Speech or Loss of Hearing	25% of the Principal Sum
Uniplegia	
Loss of Thumb & Index Finger of the Same Hand	

### Burn Benefit

If an accidental bodily injury occurs and causes the insured person to be burned, this benefit will pay 10% of the principal sum up to a maximum of \$20,000.

### Carjacking Benefit

If you or your insured dependent suffers a covered loss as the result of a carjacking, this benefit will pay 10% of the principal sum up to a maximum of \$25,000.

### Child Care Expense Benefit

If you or your covered spouse suffers accidental loss of life, this benefit will pay for actual child care costs incurred for each dependent child, 10% of the principal sum up to a maximum of \$10,000 annually. This benefit is payable if you have a dependent child who is under the age of thirteen (13) for whom child care expenses are incurred

within one (1) year of the loss of life. In no event will this benefit pay more than \$50,000 for all children and all years. If there are no eligible dependent children, a one-time payment of \$2,500 will be paid.

### **COBRA Premium Expense Benefit**

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If you suffer accidental loss of life, this benefit will reimburse 5% of the principal sum per year, up to an annual maximum of \$10,000, to the natural person who incurs the expense. This benefit applies only if you have an eligible spouse, domestic partner or dependent child who elects to continue group medical or group dental insurance under a plan provided through your employer within the time period prescribed by COBRA.

### **Coma Benefit**

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If an accidental bodily injury occurs and causes the insured person to (a) lapse into a coma within 90 days of the accident, (b) remain in a coma for 30 consecutive days and (c) be confined to a hospital or other licensed facility to receive treatment for the coma within the first 30 days following an accident, then this coverage will pay monthly benefit amounts equal to 1% of the principal sum, to a maximum of 100% of the principal sum.

### **Education Expense Benefit**

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If you or your covered spouse or domestic partner suffers accidental loss of life, this benefit will pay actual incurred costs for your eligible dependent's tuition, fees, room and board, required books and course supplies, 5% of the principal sum up to \$25,000 annually for each eligible child for four (4) consecutive years if enrolled within one (1) year at an institution of higher learning. This benefit is subject to a maximum total payment of \$100,000 for all children and all years. If there are no eligible dependent children, a one-time payment of \$2,500 will be paid.

### **Home Alteration or Vehicle Modification**

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If you or your insured dependent suffers a loss due to an accidental bodily injury which requires the insured person to incur expenses for (a) changes to the insured person's primary residence to make the residence habitable, or (b) changes to a private passenger automobile that are necessary to make such automobile accessible to or driveable, then this benefit will pay the actual costs for Home Alteration up to 10% of the principal sum or Vehicle Modification up to 10% of the principal sum. In no event will we pay more than 20% of the principal sum to a maximum of \$50,000.

### **Medical Evacuation and Repatriation Benefit**

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If an accidental bodily injury, disease or illness occurs while the insured is on a covered trip more than 100 miles from their primary residence, and requires medical evacuation or repatriation, as ordered by a physician, then we will pay covered expenses up to a maximum benefit amount of \$500,000. If an accidental bodily injury, disease or illness requires emergency medical treatment while on a covered trip, we will guarantee payment of the hospital admission guarantee for the emergency medical treatment up to \$5,000, if approved by the assistance services administrator. If an accidental bodily injury, disease or illness requires the insured a hospital stay for more than five (5) days, then we will pay up to a maximum of \$100 per day, up to five (5) days, for family travel expense if the insured is confined to a hospital and the hospital is at least 75 miles from the insured's permanent residence. All transportation for the immediate family member must be arranged by our assistance services administrator and must be the most direct and economical route.

### **Parent Care Benefit**

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If an accidental bodily injury results in the Insured's loss of life, a benefit amount will be paid for Parent Care in equal shares to each Dependent Parent of the Insured. The benefit will pay 5% of the principal sum, up to a maximum benefit amount of \$20,000.

### **Psychological Therapy Benefit**

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If an accidental bodily injury causes a loss resulting in a physician determining that psychological therapy is required for the insured person or an insured dependent, we will reimburse charges incurred within two years from the date of loss, 5% of the principal sum up to a maximum benefit amount of \$25,000.

### **Rehabilitation Benefit**

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If an accidental bodily injury causes a loss which prevents you from performing all of the duties of your regular occupation and results in a physician determining that rehabilitation therapy is required, then we will reimburse charges incurred within two years from the date of loss, 5% of the principal sum up to a maximum benefit amount of \$25,000.

### **Seat Belt and Occupant Protection Device Benefit**

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If death results from a car accident and the insured person was operating or riding in a private passenger automobile and was wearing a seat belt, a benefit amount of 10% of the principal sum will be paid. If the insured was positioned in a seat protected by an occupant protection device, a benefit amount of 10% of the principal sum will also be paid. If it cannot be determined whether the insured was using a seat belt, an alternate benefit amount of \$3,000 will be paid. The maximum payment for seat belt and occupant protection device is 20% of the principal sum, subject to a maximum benefit amount of \$50,000.

### **Spouse or Domestic Partner Employment Training Expense Benefit**

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If you suffer accidental loss of life, this benefit will reimburse expenses incurred, 10% of the principal sum up to a maximum benefit amount of \$50,000, for your spouse or domestic partner's tuition, fees, room and board, required books and course supplies for the purpose of obtaining or refreshing skills needed for employment. This benefit will only pay for expenses incurred within two years of your loss of life.

# Payment Clauses & Exclusions

## **Multiple Losses Maximum Payment Clauses**

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For the types of coverage listed below, if an insured has multiple losses as the result of one accident, the insurer pays only the single largest benefit amount applicable:

- Accidental Loss of Life & Dismemberment
- Quadriplegia
- Paraplegia
- Hemiplegia
- Uniplegia
- Coma

Your beneficiary for the loss of life benefit shall be the beneficiary you name on the enrollment form.

## **Plan Exclusions**

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Insurance does not apply to any Accident, Accidental Bodily Injury or Loss when: 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of any Accident, Accidental Bodily Injury or Loss; or 2) there is any other legal prohibition against providing insurance of any Accident, Accidental Bodily Injury or Loss.

In addition, insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly by:

- an insured person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof.
- an insured person's suicide, attempted suicide or intentionally self-inflicted injury.
- a declared or undeclared war (except as provided by the Policy).
- an insured person participating in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty consecutive days of active military service.
- any occurrence while an insured person is incarcerated after conviction.
- an insured person being in, entering, or exiting any aircraft owned, leased or operated by the Policyholder or on the Policyholder's behalf; or operated by an employee of the Policyholder on the Policyholder's behalf.
- an Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member; this does not apply to passengers temporarily performing pilot or crew functions in a life-threatening emergency.
- an Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities.

This information is a brief description of the important features of the insurance plan underwritten by Federal Insurance Company. It is not a contract of insurance and may be subject to change based on the underwriting requirements of the company. Coverage may not be available in all states or certain terms may be different where required by state law.

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