

DUVAL COUNTY PUBLIC SCHOOLS
Zurich Accidental Death & Dismemberment Insurance
Policy # GTU 5091403

The following is a brief description of the Voluntary Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the Policy or Certificate of Insurance. For specific definitions of terms used below as well as further details and information about this Plan, please see the Policy or Certificate of Insurance.

Eligibility

Class I: All Active full-time Employees domiciled in the United States.

You may elect to include coverage for your eligible dependents under the Family Plan. Eligible dependents include your legally married Spouse and your unmarried dependent children from birth to 19 years of age, or to age 25 if attending an accredited school or college on a full-time basis, and are primarily dependent upon you for their support and maintenance.

No individual may be covered more than once under this Plan. You cannot be covered as a Spouse or dependent child of another employee.

Benefit Amount

Class I: You may purchase a Benefit from a minimum of \$10,000 to a maximum of \$750,000 in increments of \$10,000. However, amounts applied for in excess of \$150,000 must not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

The Benefit Amount for your Covered Dependents will be a percentage of your Benefit Amount, as follows:

<u>Plan Selected</u>	<u>% Spouse</u>	<u>%Child(ren)</u>
Spouse only:	60%	0
Dependent Child(ren) only:	0	15%
Spouse and Dependent Child(ren)	50%	10%

At age 70, for the Insured Employee and the Insured's dependents, their Benefit Amount will be reduced based on the previous Benefit Amount per the following schedule:

Age at Date of Loss	Percent of Principal Sum
70-74	65%
75-79	45%
80-84	30%
85 & Over	15%

Description of Coverage

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against certain injuries resulting from a covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

Exposure and Disappearance Coverage

If the conveyance in which you are riding disappears, is wrecked, or sinks, and you are not found within 365 days of the event, We will presume that you lost your life as a result of Injury. If travel in such conveyance was covered under the terms of the Policy, We will pay your Benefit Amount, subject to all Policy terms.

If you are exposed to weather because of an accident and this results in a loss of life, We will pay your Benefit Amount, subject to all Policy terms and conditions.

Benefits Provided

If you have an accident that results in any of the following losses, Zurich American Insurance Company, may pay certain Benefit Amounts shown within 365 days of the date of the accident to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the Benefit Amount shown in the Schedule.

Loss of:	Benefit Amount
(1) Life	100% of Benefit Amount
(2) Both hands or both feet	100% of Benefit Amount
(3) One hand and one foot	100% of Benefit Amount
(4) One hand or one foot plus the sight of one eye	100% of Benefit Amount
(5) Sight of both eyes	100% of Benefit Amount
(6) Speech and Hearing	100% of Benefit Amount
(7) Speech or Hearing	50% of Benefit Amount
(8) One hand, one foot, or sight of one eye	50% of Benefit Amount
(9) Thumb and index finger of the same hand	25% of Benefit Amount

Plegia	Benefit
(1) Quadriplegia (total paralysis of all four Limbs)	100% of Benefit Amount
(2) Paraplegia (total paralysis of both lower Limbs)	75% of Benefit Amount
(3) Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	50% of Benefit Amount

Additional Benefits through the Plan

Higher Education Benefit

If you elect Family Plan Coverage and suffer a covered loss of life, and have an eligible Covered Child(ren), who on the date of the accident, is enrolled as a full-time student in an institution of higher learning or is a the 12th grade level and enrolls in an institution of higher learning within one year from the date of the accident, an additional benefit of 5% of your Benefit Amount to \$5,000 per year may be paid for each Covered Child for up to four (4) consecutive years.

Seat Belt Benefit

If you suffer a loss of life in a covered automobile accident while wearing a factory installed or manufactured authorized seat belt, an additional benefit equal to 10% of your Principal Sum to a maximum of \$10,000 may be paid.

Surviving Spouse Benefit

If you elect Family Plan Coverage and suffer a covered loss of life, your Covered Spouse may receive an additional monthly benefit over a period of six months equal to 1% of your Benefit Amount.

Travel Assistance Coverage

A comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your residence. You can access ZurichTravel Assist[®] services by calling, toll-free, 1-800-263-0261 or logging on to their web site at www.zurichna.com/travelassist. Services provided

include Medical, Informational, Legal, and Personal Assistance.

Conversion Privilege

If your insurance ceases for reasons other than the termination of the Group Policy or non-payment of premium, you may be entitled to apply for an Individual or Family (if applicable) Accidental Deal & Dismemberment policy. Proof of good health is not required. Maximum benefit of \$750,000.

Benefit Designation

Benefits for your loss of life will be payable to the beneficiary or beneficiaries designated in writing by you and on file with the Policyholder; otherwise We will pay the benefit to the Insured's survivors in the following order:

1. Your Spouse;
2. Your Children;
3. Your Parents;
4. Your Brothers or Sisters;
5. Your Estate.

Loss of Life of a Covered Person other than You:

Covered Losses for the death of a Covered Person other than you will be paid to you. If you pre-decease or die at the same time as the Covered Person other than you, the benefit will be paid to your beneficiary unless your beneficiary designation has not been made or your beneficiary is no longer living at the time of death. In such case, the benefits will be paid to your estate.

All other indemnities shall be payable to you.

Exclusions

A loss shall not be a Covered Loss if it is caused by, contributed to, or resulted from:

1. Suicide, attempted suicide, or a purposeful self-inflicted wound;
2. War, or any act of war, declared or undeclared;
3. a Covered Person's involvement in any type of active military service;
4. illness, disease or infection;
5. pregnancy, including childbirth, but not including complications thereof;
6. travel or flight in an aircraft except to the extent in the Hazards;
7. skydiving, parasailing, hang gliding, bungee-jumping, or any similar activity; or
8. the Covered Person's participation in the commission or attempted commission of any felony or assault;
9. being intoxicated;
10. being under the influence of any controlled substance, unless such controlled substance was prescribed by a physician and taken in accordance with the prescribed dosage.
11. Flying as a pilot or crew member of any aircraft except for pilots on file with the Policyholder;
12. any aircraft being used for aerial photography, test or experimental purpose;
13. any aircraft that requires a special permit or waiver even if granted;
14. any aircraft owned or controlled by, or under lease to the Policyholder, an Insured, or a member of a Covered Person's family or household;
15. any aircraft which is operated by the Policyholder, or one of its employees including members of an employee's family or household;
16. any conveyance used in a race or speed test or being used for tests or experimental purposes.

Cost and Method of Payment

- The monthly cost for Employee Only Coverage is \$.037 for each \$1,000 of Benefit Amount.
- The monthly cost for the Family Plan is \$.053 for each \$1,000 of Benefit Amount

Premium payments will be deducted automatically from your pay. For example, if you had selected one of the Benefit Amounts below, your monthly cost would be:

20 Week Payroll Deducted Cost			24 Week Payroll Deducted Cost		
Coverage Amount	Plan I – Employee Only	Plan II – Employee & Family	Coverage Amount	Plan I – Employee Only	Plan II – Employee & Family
\$10,000	\$.22	\$.32	\$10,000	\$.19	\$.26
\$20,000	\$.44	\$.64	\$20,000	\$.37	\$.53
\$30,000	\$.67	\$.95	\$30,000	\$.56	\$.80
\$40,000	\$.89	\$1.27	\$40,000	\$.74	\$1.06
\$50,000	\$1.11	\$1.59	\$50,000	\$.93	\$1.33
\$100,000	\$2.22	\$3.18	\$100,000	\$1.85	\$2.65
\$150,000	\$3.33	\$4.77	\$150,000	\$2.78	\$3.98
\$200,000	\$4.44	\$6.36	\$200,000	\$3.70	\$5.30
\$250,000	\$5.55	\$7.95	\$250,000	\$4.63	\$6.63
\$300,000	\$6.66	\$9.54	\$300,000	\$5.55	\$7.95
\$350,000	\$7.77	\$11.13	\$350,000	\$6.48	\$9.25
\$400,000	\$8.88	\$12.72	\$400,000	\$7.40	\$10.60
\$450,000	\$9.90	\$14.31	\$450,000	\$8.33	\$11.93
\$500,000	\$11.10	\$15.90	\$500,000	\$9.25	\$13.25
\$550,000	\$12.21	\$17.49	\$550,000	\$10.18	\$14.58
\$600,000	\$13.32	\$19.08	\$600,000	\$11.10	\$15.90
\$650,000	\$14.43	\$20.67	\$650,000	\$12.03	\$17.23
\$700,000	\$15.54	\$22.26	\$700,000	\$12.95	\$18.55
\$750,000	\$16.65	\$23.85	\$750,000	\$13.88	\$19.88

Amounts in excess of \$150,000 may not exceed ten times your annual earnings.