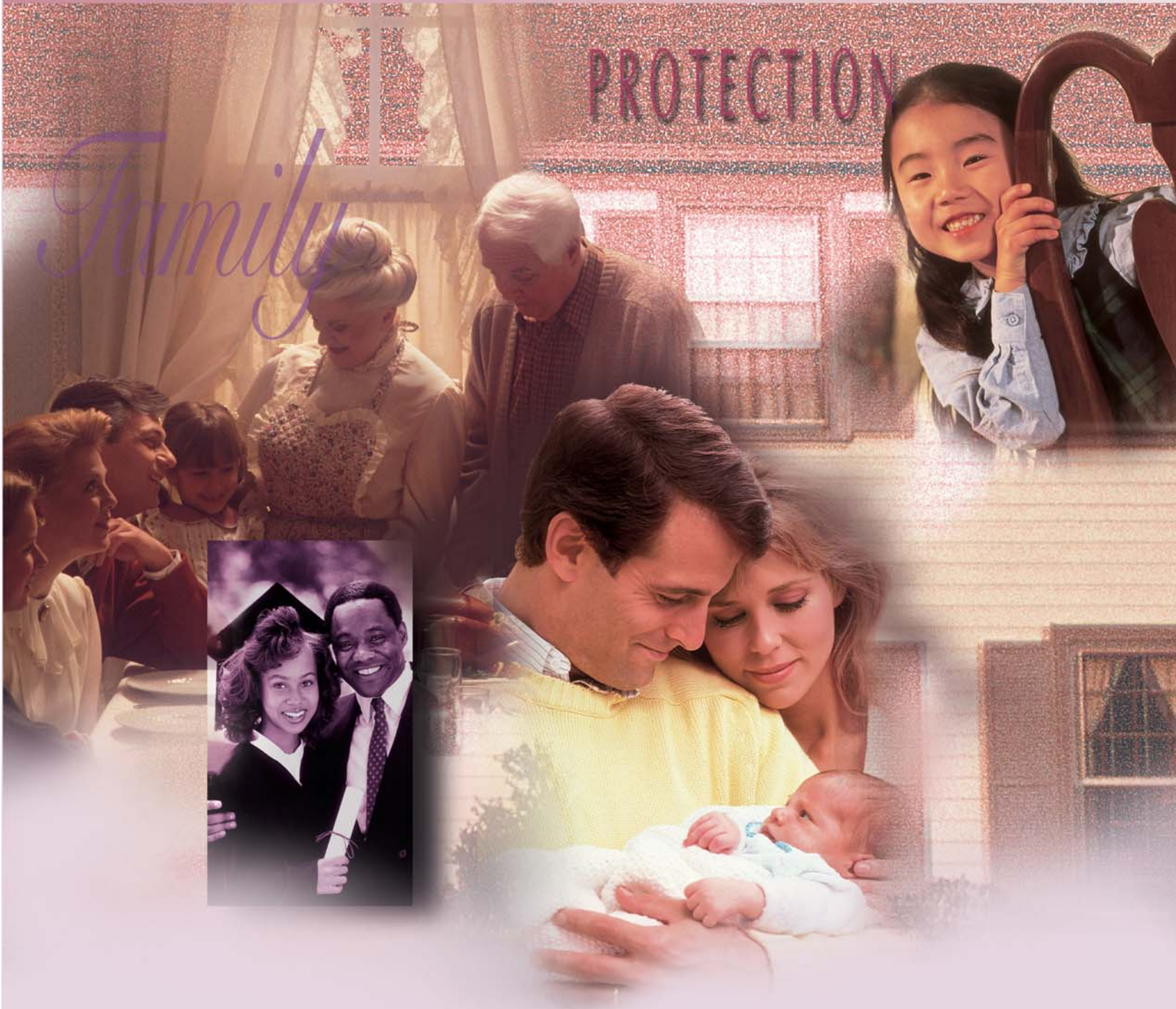


# Voluntary Term Life and Accident Insurance



*Developed for the Employees of  
MHMRA of Harris County*



# Life Insurance

## Protecting Your Family Securing Your Future

---

### ***Who Needs Life and Accident Insurance?***

You do. Single or married. Buying your first home or preparing for retirement. Raising children or sending them off to college. No matter where you are in life, insurance should be part of your financial plan.

***Life insurance*** can help you protect your family's financial security in case of your death.

***Accident insurance*** can help pay expenses in the event of a serious accident.

By purchasing these insurance products through your employer, you benefit from:

- ◆ Affordable group rates
- ◆ Convenient payroll deduction
- ◆ Access to knowledgeable service representatives.

## Who Is Eligible For Coverage?

---

***You*** — You are eligible for insurance if you are an active, full-time employee and work at least 20 hours per week for your employer.

***Your Spouse*** — Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.

***Your Unmarried, Dependent Children*** — At least 14 days old and under age 19 (or under age 25 if they are full-time students), as long as you apply for and are approved for coverage for yourself. One low premium will insure all your eligible children, regardless of the number of children you have.

No one may be covered more than once under this plan. If covered as an employee, you can not also be covered as a dependent.

## How Much Coverage Can You Buy?

---

***You*** — You can select life insurance coverage of 1, 2, 3 or 4 times your salary\* rounded to the next higher \$1,000. The maximum for any employee is 4 times salary or \$500,000, whichever is less. The guaranteed coverage amount for you is the lesser of 2 times salary or \$200,000.

***Your Spouse*** — You may select 100% of your coverage amount for your spouse. The cost of coverage will be based on your spouse's age. The guaranteed coverage amount for your spouse is \$30,000.

***Your Unmarried, Dependent Children*** — You may select 20% of your coverage amount for your unmarried, dependent children. The maximum benefit for children under six months is \$500.

*\*Salary means your wages, including any overtime pay, bonuses, or stipends if applicable.*

## Guaranteed Coverage

---

If you and your dependents are eligible and you apply during the initial enrollment period, or within 31 days after you are eligible to elect coverage, you are entitled to choose any of the offered amounts of coverage up to the guaranteed coverage amount, as shown on your application, without having to provide evidence of good health.

If you apply for an amount of coverage for yourself or your spouse greater than the guaranteed coverage amount, coverage in *excess* of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of your good health. Evidence of good health may include a paramedical exam or physician's statement.

If you apply for coverage for yourself or your spouse more than 31 days from the date you become eligible to elect coverage under this plan, the guaranteed coverage amounts will not apply. Coverage will not be issued until the insurance company approves acceptable evidence of good health. Evidence of good health may include a paramedical exam or physician's statement.

## Calculating the Cost of Your Coverage

### Follow These Steps

<b>Step 1</b>	\$ _____	Your Yearly Salary			
	x _____	1, 2, 3 or 4 (salary multiples)			
	= \$ _____	Amount of Coverage You Want			
	↓				
<b>Step 2</b>	<i>Round to the Next Higher \$1,000 e.g., \$214,300 becomes \$215,000</i>				
	↓				
<b>Step 3</b>	_____	÷	1,000	=	_____
	YOUR COVERAGE AMOUNT				EMPLOYEE UNITS
	↓				
<b>Step 4</b>	_____	x	\$ _____	=	\$ _____
	EMPLOYEE UNITS		EMPLOYEE COST PER UNIT*		
<b>Step 5</b>	_____	x	\$ _____	=	\$ _____ (+)
	SPOUSE UNITS		SPOUSE COST PER UNIT*		
<b>Step 6</b>	_____	x	\$ _____	=	\$ _____ (+)
	CHILD(REN) UNITS		CHILD(REN) COST PER UNIT*		
<b>Step 7</b>				=	\$ _____
					TOTAL MONTHLY COST

\* See table.

Employee/ Spouse Age	Employee Monthly Cost per \$1,000 Unit	Spouse Monthly Cost per \$1,000 Unit
Under 30	\$ .07	\$ .07
30 to 34	.08	.08
35 to 39	.10	.10
40 to 44	.19	.19
45 to 49	.32	.32
50 to 54	.53	.53
55 to 59	.82	.82
60 to 64	1.28	1.28
65 to 69	2.29	2.29
70 & Over	4.01	—

The monthly cost for children is \$ .12 per \$1,000 of coverage. One premium will insure all your eligible children, regardless of the number of children you have.

Maximum coverage: Employee—lesser of 4 times salary or \$500,000; Spouse—100% of your coverage amount; Child/ren—20% of your coverage amount (under 6 months \$500).

*Costs are subject to change.*

### Automatic Increase Feature

In the event of an increase in salary, your voluntary life insurance coverage will increase accordingly.

Your new coverage amount will become effective on the date of change. However, if the increase in coverage is to an amount in excess of your plan's guaranteed coverage amount, and you have not previously applied and been approved by the insurance carrier for coverage in excess of the guaranteed coverage amount, you must receive approval from the insurance carrier in order for the benefit increase to become effective. We do not require evidence of good health for salary increases that are less than 25% of your previous salary.

### When You Reach Age 65

By the time you reach age 65, chances are that your children will be grown and your mortgage paid. At age 65, providing you are still employed, your coverage will decrease to 65% of the benefit amount. It will decrease to 45% at age 70, 30% at age 75 and 20% at age 80. Premiums and coverage for your spouse will end at age 70; at that time your spouse may choose to convert this coverage to a permanent life insurance policy.

## How Much Life Insurance Do You Need?

We have provided this worksheet to help you calculate how much life insurance you may need for a surviving spouse and dependents. When calculating annual amounts, be sure to multiply the annual income or cost by the number of years you expect to receive that income, or incur that cost.

1. Living Costs		
Day-to-day Living Expenses <i>(Use 75% of current net income)</i>		
\$ _____ annually x _____ years	= \$ _____	
Child Care Expenses		
\$ _____ annually x _____ years	= + _____	
Education Funding		
\$ _____ annually x _____ years	= + _____	
Major Purchases <i>(cars, home repair)</i>		
\$ _____ annually x _____ years	= + _____	
Estate and Funeral Expenses	= + _____	
<b>TOTAL LIVING COSTS (A)</b>	<b>= \$ _____</b>	
2. Available Resources		
Cash and Savings	= \$ _____	
Retirement Savings <i>(IRA, 401(k), etc.)</i>	= + _____	
Stocks and Bonds <i>(at current market value)</i>	= + _____	
Spouse Income <i>(multiply by 60%)*</i>		
\$ _____ annually x _____ years	= + _____	
Other Assets	= + _____	
<b>TOTAL AVAILABLE RESOURCES (B)</b>	<b>= \$ _____</b>	
3. Life Insurance Need		
<b>TOTAL LIVING COSTS (A)</b>	<b>= \$ _____ (A)</b>	
<b>LESS TOTAL AVAILABLE RESOURCES (B)</b>	<b>- \$ _____ (B)</b>	
<b>EQUALS LIFE INSURANCE NEED</b>	<b>= \$ _____</b>	

*Naturally a worksheet like the above is only an aid to determining life insurance needs. It cannot predict all of your expenses, economic conditions, inflation, investment performance or other factors which may alter your needs. For a more accurate plan, you should consider consulting an investment advisor.*

*\* Estimate likely spouse income as sole provider. Include your estimate of Social Security benefits to surviving spouse and dependents. The 60% factor above is used to account for taxation so that a net income figure can be derived. Vary this factor if you feel combined federal, state and local taxes, and FICA will be different for your situation.*

## Other Benefit Features

### Accelerated Death Benefit — Terminal Illness

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the accelerated payment benefit for terminal illness provides for up to 80% of the life insurance coverage amount in force or \$400,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

The terminal illness benefit may be taxable. As with all tax matters, an insured should consult with a personal tax advisor to assess the impact of this benefit.

### Waiver of Premium

*If you become totally disabled* — To make sure you can keep the life insurance protection you need during a difficult period of your life, this plan provides a *waiver of premium* feature. If you are totally disabled prior to age 60 and can't work for at least 9 months, you won't need to pay premiums for your coverage while you are disabled, provided the insurance company approves you for this benefit. You must continue to pay premiums until the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 65, subject to proof of continuing disability each year. If you qualify for this benefit and have insured your spouse or children, the premium for their coverage is also waived.

### If You Leave Your Employer (Employee Only)

To help you keep your life insurance coverage during the years when your family needs financial protection, the plan allows you to continue all of your current voluntary coverage amount if you leave your employer. Premiums may change at this time. Just make arrangements to pay your premiums directly to the insurance company after you leave your current employer. Coverage may be continued for you until age 80. As long as the group policy remains in force, the option of continuing this coverage is available.

## What Is Not Covered

This plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.

## **When Your Coverage Begins and Ends**

---

The date your coverage begins is called its “effective date.” Your employer will let you know the effective date of your coverage. If you are not actively at work on the effective date of coverage, your coverage will not begin until you return to work.

For coverage for your spouse and/or children to be effective, they must not be hospitalized or confined at home under the care of a doctor.

Your coverage cannot be terminated as long as you remain eligible, the premium is paid and the group policy remains in force. For your spouse and children, coverage ends when your coverage ends, when their premiums are not paid or when they are no longer eligible.

### **Converting Your Coverage to Permanent Life Insurance**

If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. No medical certification is needed. To convert coverage, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

## **Apply Today**

---

In order to apply for coverage, you must complete an application form. Be sure to answer all questions accurately, and indicate how much coverage you wish to have.

### **Designating Your Beneficiary**

Your term life benefit will automatically be paid to the first beneficiary listed below who is living at the time of your death if you do not designate a specific beneficiary:

- 1) Your Spouse
- 2) Your Child(ren)
- 3) Your Parents
- 4) Your Siblings
- 5) Your Estate

If you wish to designate different beneficiaries, or to indicate percentages, you may do so on your application. If the listed beneficiary is a trustee or a trust, you will need to indicate the trustee's name, the name of the trust and the date of the trust agreement. The trust document must be presented in order for the claim to be processed.

## **Questions?**

---

If you want more information about this group insurance plan, call 1-800-732-1603 toll-free anytime from Monday through Friday, 8 a.m. to 6 p.m. Eastern time. You'll speak to a courteous, knowledgeable customer service representative who can answer your questions and explain features of this plan.

### **Payroll Deduction**

You pay your premiums through payroll deduction. The total depends on how much coverage you select, your age, your spouse's age and whether you purchase coverage you buy for your spouse and children.

### **How Your Claims Are Paid**

Your employer has all the forms your beneficiary will need and can provide assistance in completing them.

*This portion of the plan provides LIFE insurance only.*

# Accident Insurance

## Who Is Eligible For Coverage?

**You** — You are eligible for insurance if you are an active, full-time employee and work at least 20 hours per week for your employer. You will be eligible to elect insurance for you and your dependents on the first of the month following 30 days of active service.

**Your Family** — You may elect to cover your lawful spouse and your unmarried dependent children who are under age 19 (or under age 25 if they are full-time students). Children must be dependent upon you for support and maintenance.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

## How Much Coverage Can You Buy?

**You** — You may select from \$25,000 to \$250,000 of coverage, in units of \$25,000, at an affordable price.

**Your Family** — Your spouse's benefit amount will be 60% of yours. Each of your covered children's benefit amount will be 20% of yours.

Each family member's coverage is a percentage of the benefit amount you select.

You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

## Your Monthly Cost

Your cost will depend on the benefit amount and coverage option you select from the chart below.

Your Benefit Amount	Monthly Cost for You and Your Family	Monthly Cost for You Only
\$ 250,000	\$9.25	\$4.25
225,000	8.33	3.83
200,000	7.40	3.40
175,000	6.48	2.98
150,000	5.55	2.55
125,000	4.63	2.13
100,000	3.70	1.70
75,000	2.78	1.28
50,000	1.85	.85
25,000	.93	.43

*Costs are subject to change.*

*Spouse and children coverages are a percentage of your benefit amount.*

The rate per \$1,000 of coverage is \$ .017 for Employee Only, or \$ .037 for the Employee and Family Plan. To calculate your cost, divide the amount you select by 1,000 and multiply that number by the appropriate cost.

For example, if you choose the Family Plan and select \$220,000 of coverage, then:

$$\begin{aligned} & \$220,000 \div 1,000 = 220 \\ & 220 \times \$ .037 = \$8.14 \text{ Your Monthly Cost} \end{aligned}$$

## 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, to 45%. 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 both 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 upper or lower limbs	75%
Total paralysis of upper and lower limbs on one side of the body, or Loss of one 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 thumb and index finger of the same hand, or Loss of all four fingers of the same hand, or Loss of all toes of the same foot	25%
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). Loss of toes means complete severance through the metatarsalphalangeal joint. 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. Severance means complete and permanent separation and dismemberment of the limb from the body.*

## Additional Benefits

### For Comas

If you, your spouse, or your children have been in a coma for one full month as a result of a covered accident, we will pay a coma benefit, as shown in A Valuable Combination of Benefits. We will make 11 monthly payments, provided the person remains in a coma during this period. If the person recovers, the payments will stop.

If the insured person dies while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump sum payment equal to the full benefit amount.

*Coma means a profound state of unconsciousness which resulted directly and independently from all other causes from a covered accident, and from which the Insured is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that covered accident.*

### For Furthering Education and Spouse Training

The education benefit provides training or education as follows:

- **For your children:** If you die in a covered accident, we will pay an extra benefit for each insured child who enrolls in a school of higher learning before he or she is 25. To help pay expenses, we will increase your benefit amount by 1% or \$2,500, whichever is less, for each qualifying child. This benefit is payable each year for four consecutive years as long as your child continues his/her education.

- **For your spouse:** If you die in a covered accident and your insured spouse enrolls in an accredited school to gain skills needed for employment within one year of the covered accident. To help pay expenses, we will increase your benefit amount by 1% or \$2,500, whichever is less. This benefit is payable each year for three consecutive years as long as your spouse continues his/her education.

If you have no spouse or child who qualifies within one year of your death, we will pay an additional \$1,000 to your beneficiary.

### For Rehabilitation

If you or your insured family member incur rehabilitative expenses within 2 years of the date of a covered loss, we will pay an additional 5% of the benefit amount, to a maximum of \$10,000, for each covered accident.

*Rehabilitative expenses* means any medical services, supplies or treatment, or hospital confinement that is necessary for physical rehabilitative training. Rehabilitative training must prepare the insured to return to his/her or any other occupation, be prescribed by and under the care of a doctor, and meet the generally accepted standards of medical practice.

## **Additional Benefits – cont'd.**

---

### ***For Child Care Expenses***

Personal Accident Insurance pays an additional benefit to help pay for your insured children's child care expenses. If you have elected to cover your family members and you die as a result of a covered accident, and you have a surviving child under age 7 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterward, we will pay a child care center benefit. This benefit will be an annual sum for each covered child of up to 1% of your benefit amount but not more than \$2,000 a year until the child turns age 7.

We will make the payment to the child's surviving custodial parent or legal guardian. Each payment will be made at the end of a 12-month period in which there were documented child care center expenses.

### ***For Wearing a Seatbelt and Protection by an Airbag***

This benefit is payable if an insured dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile\*, while wearing a properly fastened seatbelt (or if the insured is a child, a child restraint as defined by state law). That person's death benefit will be increased by 10%, but not by more than \$10,000. If the insured was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System\*\* (Airbag), we will increase that person's death benefit by an additional 10%, but not by more than \$25,000.

Verification of the actual use of the seatbelt, and that the supplemental restraint system inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be certified, in writing, by the investigating officer(s), and submitted with the claim.

If it is unclear whether the insured had been wearing a seatbelt, or that the person was positioned in a seat protected by a properly functioning and properly deployed airbag, the plan will pay a benefit of \$1,000.

*\*Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper or motor-home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.*

*\*\*Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.*

### ***For Victims of Crime***

This benefit is payable if you are the victim of crime. If you suffer bodily injury or die as a result of a felonious assault, robbery, holdup, attempted robbery or holdup, kidnapping or attempted kidnapping while at work, we will increase the benefit amount by 5% but not more than \$17,500. The insured must provide a copy of the police report describing the felonious assault or violent crime before benefits will be paid.

When a covered felonious assault or violent crime requires that you be hospitalized, the plan will pay a benefit of \$100 per day, up to a maximum of 365 days per covered accident. The covered person must be under a doctor's care, and the hospitalization must begin within 30 days of the felonious assault or violent crime.

We will not pay benefits if you are assaulted by a fellow employee, or a household or family member, or for losses incurred when you commit a violent crime or felonious assault.

### ***For Home Alteration and Vehicle Modification***

Personal Accident Insurance pays an additional benefit if you or an insured family member require home alteration or vehicle modification within one year of the date you sustain injuries from a covered accident. For example: If, as the result of a covered accident, you are required to use a wheelchair to be ambulatory, we will pay reasonable and customary home alteration and vehicle modification expenses. The expenses cannot exceed 10% of the benefit amount or \$25,000, if less.

This benefit covers alteration to the insured's residence or modifications to a motor vehicle that are certified by a physician to be necessary to maintain an independent lifestyle. Benefits will not be paid if the covered person required an adaptive device, or adaptation of residence and/or vehicle prior to the date of the covered accident. Home alteration and/or vehicle modification must be made by a qualified person and must be in compliance with all applicable laws and regulations.

### ***Changing from the Group Plan to Individual Coverage***

If 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. Spouse coverage may also be converted as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

## 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 medical or surgical 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 the covered person is intoxicated as determined by the laws of the state in which the covered accident occurred; 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 outer space; 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, endurance tests, stunt 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).

In addition, benefits will not be paid for services or treatment rendered by a physician, nurse or any other person who is employed or retained by the sponsoring organization or who is providing homeopathic, aroma-therapeutic or herbal therapeutic services, living in the covered person’s household or a parent, sibling, spouse or child of the insured.

## 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. Provided the application has been received and the appropriate premium paid, dependent coverage will start when your coverage begins. If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work.

For insurance for your spouse and/or children to become effective, he/she must not be an inpatient in a hospital, receiving chemotherapy or radiation therapy on an outpatient basis, confined at home and under the care of a physician for sickness or injury or totally disabled.\*

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. For your spouse and dependent children, coverage ends when your coverage terminates, when their premiums are not paid, or when he or she is no longer eligible, whichever occurs first.

*\* Totally disabled means, if the covered person is employed, he/she is unable to perform any work for which he/she is (or may reasonably become) qualified by education, training or experience. If the covered person is not employed, totally disabled means he/she is unable to perform all the activities of daily living without human supervision or assistance.*

## Signing Up Is Easy

---

No medical examination is required to apply! Just follow these steps.

1. Choose the benefit amount and coverage option right for you.
2. Fill out the accident section on 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 Resource Department.

*This portion of the plan provides ACCIDENT insurance only. It pays benefits for bodily injury. It does not provide coverage for sickness.*



*This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. FLX-962100, on Policy Form TL-004700, issued in Texas. Terms and conditions of accident insurance coverage are set forth in Group Policy No. OK-963702, on Policy Form No. GA-00-1000.00, issued in Texas. 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

AR-711-25056  
PM-