

# State of Wisconsin Group Insurance Board Voluntary Accident Insurance

GPA 0214266

This Fact Sheet describes the Voluntary Accident Plan available to an active employee who is eligible for State-sponsored health insurance plan, with or without Employer contribution through the Department of Employee Trust Funds Group Insurance Board who are General or Protective Occupation. All provisions in this summary are effective January 1, 2017. Employees who are eligible to enroll in the State of Wisconsin Group Health Insurance Plan are eligible to enroll in this plan.

If you have an accident that results in a loss of life, loss of a limb(s), sight, speech, hearing, loss of use of certain limbs within 365 days of the accident, or permanent and total disability within 365 days of the date of the accident, Zurich American Insurance Company, may pay certain benefit amounts 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 benefits described are subject to certain exclusions and limitations as described in the Policy and the Certificate of Insurance. For detailed plan information please visit <https://ZurichPlanInfo.qwikcoverage.com>.

## 24 Hour Accident Protection, Business & Pleasure

Protection on a worldwide basis, 24 hours a day, 365 days a year. Coverage for air travel is provided while the Covered Person while riding in or on, boarding or alighting from any Air Travel Carrier against certain injuries sustained by a Covered Person resulting in a Covered Loss anywhere in the world. Subject to certain limitations (see exclusions/limitations).

## Benefit Amount

You may purchase an amount of Principal Sum from three (3) or five (5) times your **Base Annual Salary\*** to a maximum of \$500,000.

\* **Base Annual Salary** means the monthly wage or salary that you were receiving from your employer as of the previous October 1<sup>st</sup>. It excludes overtime earnings, bonuses or other compensation.

## Benefit Amounts for Your Dependents

The benefit amount for your covered dependents will be a percentage of your benefit amount, as follows:

Plan Selected%	Spouse/Domestic Partner	% Child(ren)
Spouse/Domestic Partner only:	60%	0%
Dependent Child(ren) only:	0%	20%
Spouse/Domestic Partner and Dependent Child(ren)	50%	15%

Maximum benefit amount of \$300,000 for covered spouse/domestic partner.

Maximum benefit amount of \$50,000 for covered dependent child(ren).

## Reduction of Benefits at Age 70

At age 70, your benefit amount will be reduced based on your previous benefit amount as follows:

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

## Travel Assistance

When traveling 100 miles or more from your principal residence. Coverage includes the following benefits: Medical Evacuation, Medical Repatriation, Non-Medical Repatriation, Return of Remains, Visit to Hospital, Return of Child and Return of Companion. For more information call:

## Coverages and Benefits Provided

### Accidental Death and Accidental Dismemberment and Covered Loss of Use Benefit

Any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown:

Loss of:	Benefit Amount
Life.....	100% of benefit amount
Both hands or both feet.....	100% of benefit amount
One hand and one foot .....	100% of benefit amount
One hand or one foot .....	100% of benefit amount
plus the sight of one eye .....	100% of benefit amount
Sight of both eyes .....	100% of benefit amount

Loss of:	Benefit Amount
Speech and Hearing.....	100% of benefit amount
Speech or Hearing.....	50% of benefit amount
One hand, one foot, or sight of one eye .....	50% of benefit amount
Thumb and index finger of the same hand.....	25% of benefit amount

Loss of Use of:	Benefit Amount
Four Limbs .....	150% of benefit amount
Three Limbs .....	75% of benefit amount

Loss of Use of:	Benefit Amount
Two Limbs .....	66.67% of benefit amount
One Limb .....	50% of benefit amount



## Accidental Death and Accidental Dismemberment and Covered Loss of Use Benefit for Eligible Dependent Children

Any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown:

<b>Loss of:</b>	<b>Percent of Insured's Benefit Amount</b>
Life.....	100% of benefit amount to a maximum of \$50,000
Both hands or both feet.....	100% of benefit amount to a maximum of \$50,000
One hand and one foot.....	100% of benefit amount to a maximum of \$50,000
One hand or one foot plus the sight of one eye.....	100% of benefit amount to a maximum of \$50,000
Sight of both eyes.....	100% of benefit amount to a maximum of \$50,000
Speech and Hearing.....	100% of benefit amount to a maximum of \$50,000
Speech or Hearing.....	50% of benefit amount to a maximum of \$25,000
One hand, one foot, or sight of one eye.....	50% of benefit amount to a maximum of \$25,000
Thumb and index finger of the same hand.....	25% of benefit amount to a maximum of \$25,000

<b>Loss of:</b>	<b>Percent of Insured's Benefit Amount</b>
Four Limbs.....	150% of benefit amount to a maximum of \$75,000
Three Limbs.....	75% of benefit amount to a maximum of \$37,500
Two Limbs.....	66.67% of benefit amount to a maximum of \$33,335
One Limb.....	50% of benefit amount to a maximum of \$25,000

### Benefit or Coverage

### Percentage of Principal Sum

### Maximum Benefit Amount:

(\*) are for the Insured employee only.

Coma Benefit.....	1% .....	Payable up to 12 months with the Balance in a Lump Sum
Critical Burn Benefit.....	10% .....	\$25,000
Permanent and Total Disability Benefit* .....	1% .....	Up to 100 months
Carjacking Benefit.....	10% .....	\$50,000
Continuation of Insurance Benefit* .....	Up to twelve (12) months	
Day Care Benefit.....	3% .....	\$5,000
Exposure and Disappearance .....	100%.....	Lump Sum
(If the conveyance in which a covered person is riding disappears, is wrecked, or sinks, and he or she is not found within 365 days of the event, under the terms of the policy, we will pay the covered person's benefit amount, subject to all policy terms.)		
Felonious Assault Victim Benefit* .....	20%	
Hearing Aid or Prosthetic Device Benefit .....	10% .....	\$15,000
Higher Education Benefit* .....	10% .....	\$50,000
If no child qualifies, an additional \$1,000 will be awarded to your designated beneficiary.		
Home Alteration and Vehicle Modification Benefit.....	10% .....	\$50,000
Natural Disaster Benefit.....	10% .....	\$50,000
Occupational Hepatitis Accident Benefit* .....	20% .....	\$100,000
Payable in 24 equal monthly installments.		
Occupational HIV Accident Benefit* .....	20% .....	\$100,000
Payable in 24 equal monthly installments.		
Reserve Corps/National Guard unit Benefit.....	100%	
Rehabilitation Benefit* .....	10% .....	\$50,000
Seat Belt Benefit.....	10% .....	\$50,000
Air Bag Benefit .....	10% .....	\$50,000
Spouse/Domestic Partner Retraining Benefit*.....	5% .....	\$25,000
Surviving Spouse/Domestic Partner Benefit* .....	1% .....	Payable up to 12 months
Therapeutic Counseling Benefit .....	-0- .....	Actual Cost or \$2,500

### Conversion Privilege

Maximum benefit of \$250,000 or subject to the limitations permitted by state law.

### Waiver of Premium Option Benefit

If you suffer an Injury that renders you Totally Disabled while covered under the policy, we will waive the premium due for you under the policy; provided the disability has continued for a period greater than twelve (12) consecutive months..

### Customer Management Services

If you have questions, please contact our customer intake center, [cms@zurichna.com](mailto:cms@zurichna.com) and e-fax 866.590.0948