



# Group Hi-Limit Accident Protection Insurance

Help Protect Yourself and Your Family.

Offered through the ACerS Members' Insurance Program

Underwritten by New York Life Insurance Company

We are pleased to present you with a Group High-Limit Accident insurance plan that can help safeguard you and your family against the high cost of a serious accident. This High-Limit Accident Plan is designed to cover you 24 hours a day, year-round, anywhere in the world at economical group rates.

## WHO IS ELIGIBLE?

As a member of ACerS, under age 70, you are eligible to apply for coverage for yourself, your lawful spouse (under age 70), and unmarried dependent children at least 15 days of age but under age 25. This coverage is available to residents of the U.S. (except OR, SD, VT and territories). Coverage may not be available in all states at this time. Please contact the Administrator for current information.

## HOW MUCH COVERAGE IS AVAILABLE?

You can choose a Principal Sum ranging from \$50,000 to \$500,000 (in multiples of \$50,000). If you apply, coverage of \$50,000 to \$250,000 (in multiples of \$50,000) is available for your eligible spouse. Your spouse's coverage may not exceed your coverage. And each eligible dependent child may be covered for \$10,000. There is one premium for all of your dependent children, regardless of how many.

On the premium due date coinciding with or next following the date you reach age 70, coverage converts to Common Carrier Travel Accident Insurance, and amounts in excess of \$100,000 reduce to \$100,000. Common Carrier coverage protects against accidents that occur while riding on a public conveyance – airplane, bus, train or taxi.

## PLAN FEATURES:

- 1) **Common Carrier Benefit.** For any covered loss that occurs as a result of an accident while the covered person is a passenger on a licensed common carrier, an additional \$25,000 benefit will be paid along with the Principal Sum payable, providing the insured member is under age 70 at the time of the accident.
- 2) **Out-of-State Accidental Death Benefit (Repatriation).** If a covered accidental death occurs outside of the insured person's state of residence, an additional benefit up to \$25,000 of the actual expenses incurred will be paid for preparation and transportation of the body to the place of burial or cremation.
- 3) **Spouse Critical Period.** If the insured member dies as a result of a covered accident, the insured spouse will receive additional monthly payments equal to 1% of the member's Principal Sum. These payments will be made until the earlier of six months or the insured spouse's death.
- 4) **Adaptive Home/Auto Benefit.** If a covered loss (other than loss of life) results in physical disability, and, because of that disability, an insured person incurs expenses necessary to modify his/her home and/or car, a benefit amount equal to the actual charges will be payable. However, this benefit will not exceed the lesser of 5% of the Principal Sum or \$5,000. Please refer to the Certificate of Insurance for certain limitations and conditions on this benefit.
- 5) **Seat Belt Benefit.** In addition to Loss of Life, a beneficiary will receive the lesser of \$50,000 or 50% of the Principal Sum if an insured person dies within 90 days due to an injury caused by an auto accident while properly wearing a seat belt. Please refer to the Certificate of Insurance for certain limitations and conditions on this benefit.
- 6) **Rehabilitation Benefit.** Rehabilitation training can help prepare you and your covered dependents return to your former productivity following a covered accident. Under this Plan, a rehabilitation benefit can be paid only for a covered loss other than loss of life. The amount paid will equal the actual expenses incurred for rehabilitation training up to a maximum of \$5,000, whichever is less. This benefit is payable in conjunction with other benefits payable under the plan. The expense must be incurred within two years of the accident. While you, the insured member, are receiving this benefit, you will not be required to pay premium contributions until the earlier of the date you return to work, or the \$5,000 maximum has been reached.
- 7) **Education Benefit.** If the benefit for loss of life is payable with respect to the insured member, and his/her dependents are covered by this Plan on the date of the accident, this Plan will pay an education benefit equal to the lesser of 2% of the member's Principal Sum payable or \$2,500 per year. This benefit will be payable up to four years, for each insured dependent who is enrolled (or enrolls within 365 days of the accident) as a full-time student at an institution of higher learning (college, university, trade school). In addition, if no insured spouse or child qualifies for this benefit following the covered loss of the member's life, a lump sum benefit equal to 4% of the member's principal amount will be payable.

## ADDITIONAL PLAN PROVISIONS:

**Effective Date.** Coverage for you, your spouse, and your children becomes effective on the first of the month following the date specified by New York Life Insurance Company, provided the initial premium has been paid, a completed application has been received, and the person(s) to be insured are performing the normal activities of a person in good health of like age [*INC residents: persons of like age*] on that date.

**Beneficiary.** Your beneficiary is the person last designated by you in writing. Payments for losses other than for your loss of life will be made to you. You are the beneficiary on your dependent(s) insurance under this Plan.

**Termination.** Coverage will terminate when you cease to be an ACerS member, fail to pay premium contributions when due, enter full-time active duty in the armed forces, or the Plan is terminated. Coverage for dependents terminates when your coverage terminates, when the dependent ceases to meet the eligibility requirements, or when the dependent enters full-time active duty in armed forces. A member's surviving spouse and children may continue coverage if it was in force before the member's death as described in the Certificate of Insurance.

**Certificate of Insurance.** When you become insured, you will be sent a Certificate of Insurance summarizing your coverage. When you receive this Certificate, read it carefully. If you are not satisfied with the terms of your new plan, simply return your Certificate, without claim, within 30 days and your premium will be promptly refunded. Your insurance will then be invalidated.

**Exclusions and Limitations.** No benefit will be payable for any loss that occurs during or is due or related to: military service; your incarceration or participation in an illegal occupation/activity or the commission of a crime; your voluntary intake of drugs, narcotics or alcohol (unless prescribed by a physician); any declared or undeclared war or act thereof, or operating, riding in or descending from any aircraft except when riding as a passenger; or for any loss that is due or related to: a physical or mental sickness or medical/surgical treatment thereof, or suicide or intentionally self-inflicted injury while sane or insane. *(Missouri Residents: Benefits will not be paid for losses resulting from suicide or self-inflicted injury within the first two years if New York Life can show that such an act was intended at the time of application.)* In addition, when you reach age 70, coverage converts to Common Carrier Travel Accident Insurance and amounts in excess of \$100,000 reduce to \$100,000.

**HOW THE PLAN WORKS**

**What Are The Benefits?**

If an injury is directly and independently caused by an accident that occurs while this policy is in force for a member or dependent, and it results in any of the following losses within 365 days of that accident, New York Life will pay a percentage of the Principal Sum as shown below.

| <u>Loss of:</u>   | <u>Benefit Payable:</u> |
|---|-------------------------|
| Life.....   | 100%                    |
| Two Limbs.....  | 100%                    |
| Movement of Both Upper & LowerLimbs (Quadriplegia)..... | 100%                    |
| Sight in Both Eyes.....                                 | 100%                    |
| Both Speech and Hearing.....                            | 100%                    |
| One Limb and Sight of One Eye.....                      | 100%                    |
| Movement of Both Lower Limbs (paraplegia).....          | 75%                     |
| One Limb.....   | 50%                     |
| Movement of Both Upper & Lower Limbs of                 |                         |
| One Side of the Body (Hemiplegia).....                  | 50%                     |
| Sight of One Eye.....                                   | 50%                     |
| Speech or Hearing.....                                  | 50%                     |
| Thumb and Index Finger of One Hand.....                 | 25%                     |

**Loss Means:** With reference to limbs, actual severance through or above wrist or ankle joints; with reference to thumb and index finger, actual severance through or above metacarpophalangeal joints; with reference to sight, speech or hearing, entire and irrecoverable loss thereof; with reference to movement of limbs, complete and irreversible paralysis thereof.

Only one of the amounts shown above (the largest applicable) will be paid for injuries resulting from a single accident. The total benefit payable for all losses due to a single accident will not be more than the Principal Sum.

**Current Annual Premium Rates – As of 2008**

| FOR MEMBER    |                 |                               |
|---------------|-----------------|-------------------------------|
|               | When Member Is: |                               |
| Principal Sum | Under Age 70    | Age 70 & Over <sup>1, 2</sup> |
| \$50,000      | \$ 26.00        | \$ 26.00                      |
| 100,000       | 52.00           | 52.00                         |
| 150,000       | 78.00           | NOT AVAILABLE                 |
| 200,000       | 104.00          | NOT AVAILABLE                 |
| 250,000       | 130.00          | NOT AVAILABLE                 |
| 300,000       | 156.00          | NOT AVAILABLE                 |
| 350,000       | 182.00          | NOT AVAILABLE                 |
| 400,000       | 208.00          | NOT AVAILABLE                 |
| 450,000       | 234.00          | NOT AVAILABLE                 |
| 500,000       | 260.00          | NOT AVAILABLE                 |
| FOR SPOUSE    |                 |                               |
| 50,000        | \$ 26.00        | \$ 26.00                      |
| 100,000       | 52.00           | 52.00                         |
| 150,000       | 78.00           | NOT AVAILABLE                 |
| 200,000       | 104.00          | NOT AVAILABLE                 |
| 250,000       | 130.00          | NOT AVAILABLE                 |
| FOR CHILDREN  |                 |                               |
| \$10,000      | \$ 10.50        | \$ 7.80                       |

(One premium for all children, regardless of number.)

<sup>1</sup> Renewal only for Common Carrier Coverage.

<sup>2</sup> On the premium due date coinciding with or next following the date the member reaches age 70, coverage converts to Common Carrier Travel Accident Coverage, and amounts of Coverage in excess of \$100,000 will be reduced to \$100,000.

A \$.50 per month administrative fee will be added to your bill.

Benefit amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Policyholder. Premium contributions may be changed by New York Life on any premium due date and on any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds. For example, a class of insureds is all others with the same issue age.

**Questions?** Call the Selman & Company, the Plan Administrator, toll free at **1-800-556-7614**, or email: [enrollment@selmaninsurance.com](mailto:enrollment@selmaninsurance.com)

**How to File a Claim.** Contact Selman & Company, the Plan Administrator, for the proper forms.

**How to Apply.** Please complete the enclosed application, sign, date and return it with your first modal premium check, made payable to Selman & Company, to: ACerS Members' Insurance Program, 6110 Parkland Boulevard, Cleveland, OH 44124



**The Underwriter.** Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010, under Group Policy G-29180-0, on Policy Form GMR-FACE/G-29180-0.



**The Administrator.** For more than 30 years, associations across the country have looked to Selman & Company for specialized insurance protection. As the administrator for your endorsed insurance plan, our responsibilities are to provide you with a strong valuable plan of benefits, competitive rates, and the personal service you require.

ACerS incurs costs in connection with this sponsored plan. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. This brochure is only a brief description of the principal provisions of the Plan. The complete terms and conditions are set forth in the group policy issued by New York Life to the Trustee of the Preferred Group Trust.