

# Associated Colleges of the Midwest

Voluntary Accidental Death & Dismemberment Insurance • GTU 8655381



## Covered Subsidiaries or Affiliated Companies:

- Beloit College
- Coe College
- Colorado College
- Cornell College
- Grinnell College
- Ripon College

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 and part-time employees of the Associated Colleges of the Midwest and its participating member colleges, working a minimum of 17.5 hours per week.

**Active** describes an employee who is able and available for active performance of all of his or her regular duties.

## Eligibility of Your Dependents

You may elect to cover your eligible Dependents. An eligible Dependent includes your legally married Spouse/Domestic Partner and your Dependent Child(ren), your legally married Spouse's Dependent Child(ren) and your Domestic Partner's Dependent Child(ren). A legally married Spouse/Domestic Partner will not be eligible as a Dependent if he or she is also an Insured under the Policy. If you and your legally married Spouse/Domestic Partner, legally separated Spouse/Domestic Partner, former Spouse/Domestic Partner are both Insured's under the policy, only one may select a Plan covering their mutual Dependents.

## Effective Date of Your Insurance

- A. For eligible individuals hired prior to January 1, 2026:  
The policy effective date.
- B. For eligible individuals hired on or after January 1, 2026:  
The date of hire.

## Benefit Amount

**Class I:** A minimum of \$10,000 to a maximum of \$750,000 to be purchased in increments of \$10,000. Amounts over \$350,000 may not exceed ten (10) times your **Base Annual Earnings\***.

\* **Base Annual Earnings** means base annual income received from the Policyholder exclusive of bonuses, overtime and any other extra or special compensation. If not employed for twelve (12) months, then average monthly base earnings for the period employed multiplied by twelve (12), exclusive of bonus, overtime and any other extra or special compensation.

With respect to employees paid on an hourly basis, Base Annual Earnings means the hourly rate times the number of hours the employee works in his or her normal work week times fifty-two (52), but not to exceed a total of two thousand eighty (2,080) hours per year.

### 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	% Child(ren)
Spouse/Domestic Partner only: .....	65%	0%
Dependent Child(ren) only:.....	0	20%
Spouse/Domestic Partner and Dependent Child(ren).....	50%	15%

Maximum of \$100,000 Principal Sum AD&D for Dependent Child(ren).

**Reduction of Benefits at Age 70**

At age 70, your Principal Sum will be reduced based on your previous Principal Sum per the following schedule:

Age at Date of Loss	Percent of Principal Sum	Age at Date of Loss	Percent of Principal Sum
70-74.....	82.5%	80-84.....	37.5%
75-79.....	57.5%	85 & Over.....	20%

**Description of Coverage**

24 Hour Accident Protection, Business & Pleasure, Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-1

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any 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.

**Additional Coverages**

**Exposure and Disappearance Coverage**

If a Covered Person is exposed to weather because of an Accident and this results in a Covered Loss, We will pay the applicable Principal Sum, subject to all Policy terms.

If the conveyance in which a Covered Person is riding disappears, is wrecked, or sinks, and the Covered Person is not found within 365 days of the event, We will presume that the person lost his or her life as a result of Injury. If travel in such conveyance was covered under the terms of this Policy, We will pay the applicable Principal Sum, subject to all Policy terms. We have the right to recover the benefit if We find that the Covered Person survived the event.

**Benefits Provided**

**Accidental Death Benefit** ..... Your Principal Sum

If you suffer a loss of life as a result of a Covered Injury, we will pay the applicable Principal Sum. The death must occur within 365 days of the Covered Injury.

**Accidental Dismemberment and Loss of Use Benefit**..... The Benefit Amounts Below are based on Your Principal Sum

If an Injury to you results in any of the following Covered Losses, we will pay the benefit amount shown. The Covered Loss must occur within 365 days of the Accident. The benefit amounts are based on your Principal Sum.

Covered Loss of:	Principal Sum	Covered Loss of:	Principal Sum
Both hands or both feet .....	100% of Principal Sum	Speech or Hearing.....	50% of Principal Sum
One hand and one foot .....	100% of Principal Sum	One hand, one foot, or sight of one eye.....	50% of Principal Sum
One hand or one foot plus loss of sight of one eye	100% of Principal Sum	Thumb and index finger of the same hand .....	25% of Principal Sum
Sight of both eyes .....	100% of Principal Sum	Hearing in One Ear.....	25% of Principal Sum
Speech and Hearing .....	100% of Principal Sum		
<b>Covered Loss of Use of:</b>	<b>Principal Sum</b>	<b>Covered Loss of Use of:</b>	<b>Principal Sum</b>
Four Limbs .....	100% of Principal Sum	Two Limbs.....	67% of Principal Sum
Three Limbs.....	75% of Principal Sum	One Limb .....	50% of Principal Sum

For purposes of this benefit:

- 1. Covered Loss** means:
  - a.** For a foot or hand, actual severance through or above an ankle or wrist joint;
  - b.** Actual severance through or above the metacarpophalangeal joint of a thumb or index finger;
  - c.** Total and permanent loss of sight;
  - d.** Total and permanent loss of speech;
  - e.** Total and permanent loss of hearing.

**2. Covered Loss of Use** means total paralysis of a Limb or Limbs, which has continued for 12 consecutive months and is determined by Our competent medical authority to be permanent, complete and irreversible. Limb means an arm or a leg.

<b>Benefit or Coverage</b>	<b>Percentage of Principal Sum</b>	<b>Maximum Benefit Amount:</b>
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<b>Coma Benefit</b> .....	1% payable for the first 12 months.....	Lump Sum payment after 12 months
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If a Covered Person suffers a covered injury within 90 days of a covered accident and such injury causes you to be in a coma for at least thirty (30) consecutive days, you may receive a monthly benefit stated above.

<b>Permanent and Total Disability Benefit</b> .....		Your Principal Sum
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If you become Permanently and Totally Disabled as a result of a Covered Injury, we will pay your benefit provided that you become Permanently and Totally Disabled within 90 days of the Injury; and the Permanent and Total Disability continues for six (6) months.

<b>Carjacking Benefit</b> .....	10% .....	\$50,000
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If a Covered Person suffers an Injury resulting in a Covered Loss as a direct result of an Accident that occurs during a Carjacking of a private passenger automobile that the Covered Person was operating, getting into or out of, or riding in as a passenger, we may pay an additional benefit.

<b>COBRA Benefit</b> .....	10% .....	\$5,000
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If you suffer a covered loss of life covered under the Accidental Death Benefit, and you are covered under a medical plan sponsored by the Policyholder, your surviving covered dependents may be entitled to continue medical insurance for a period of three (3) years.

<b>Common Disaster Benefit</b> .....		Up to a combined maximum of \$1,500,000
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If you and your covered spouse/domestic partner both suffer a covered loss of life as a result of injuries suffered in the same accident and within 365 days of the accident, your covered spouse's/domestic partner's benefit amount will be increased to equal that payable to you; provided you and your covered spouse/domestic partner are survived by one or more covered dependent child(ren); and subject to a combined maximum amount of \$1,500,000.

<b>Critical Burn Benefit</b> .....	10% .....	\$10,000
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Provided the Covered Person has received 2<sup>nd</sup> degree or higher burns over 25% of your body and have reconstructive surgery within 365 days.

<b>Day Care Benefit</b> .....	the lesser of the actual cost of the child care or 5% .....	\$5,000
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If you or your covered spouse/domestic partner suffers a covered loss of life, and have an eligible covered dependent child enrolled in an accredited child care facility (as defined in the policy) or one who enrolls in such facility within 90 days from the date of loss and is under the age of 13, we may pay an additional benefit.

<b>Felonious Assault Benefit</b> .....	10% .....	
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Provided if you sustain a covered loss of life as a result of a violent or criminal act committed by someone other than you or a member of your family, incurred in connection with the policyholder's normal business whether on or off the policyholder's premises and the crime directly involves the policyholder's funds or assets

<b>Higher Education Benefit</b> .....	5% .....	\$5,000 Annually for 4 Years
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Paid annual for up to 4 years if your dependent child continues education and is enrolled as a full-time student in an accredited college, university or trade school or enrolls within one (1) year from the date of the accident. An additional benefit of \$1,000 if there are no Dependent Child(ren) who qualify.

<b>Home Alteration and</b>		
<b>Vehicle Modification Benefit</b> .....	the lesser of actual expenses incurred, or 10% .....	\$10,000

If a Covered Person suffers a covered injury which requires the Covered Person to use a wheelchair to be ambulator on a permanent basis one-time cost to alter the Covered Person's primary residence to make it wheelchair accessible and habitable; and the one-time cost to modify the Covered Person's motor vehicle to make the vehicle accessible or drivable.

**Rehabilitation Benefit** ..... the lesser of actual expenses incurred within two years of the accident or 10% ..... \$6,000

If you suffer a covered loss, we will pay the reasonable and customary expenses incurred provided the treatment program is prescribed by a licensed physician due to your injury; and prepares you for an occupation which you would not have engaged in except for the injury.

**Seat Belt Benefit** ..... 10% ..... \$75,000

If a Covered Person suffers a loss of life in a covered automobile accident while wearing a factory installed or manufactured authorized seat belt a benefit may be paid.

**Air Bag Benefit**..... 10% ..... \$50,000

An additional benefit will be paid if Covered Person was driving a, or riding as a passenger in, a private passenger automobile with a manufacturer equipped driver-side air bag; provided the Covered Person’s seat belt or lap and shoulder restraint was properly fastened at the time of the accident.

**Spouse/Domestic Partner Retraining Benefit** ..... the lesser of 1%..... \$10,000

We will pay to, or on behalf of, your Covered Spouse, the actual cost of any professional or trade-training program in which the Covered Spouse enrolls provided the purpose of the training program is to obtain an independent source of support and maintenance, the actual cost is incurred within 30 months of your death, and the professional or trade training program is licensed by the state.

**Surviving Spouse/Domestic Partner Benefit**..... 1% ..... For Up to six (6) months

If you select a plan covering your spouse/domestic partner and you suffer a covered loss of life, your spouse/domestic partner may receive an additional monthly benefit over a period of six (6) months.

**Therapeutic Counseling Benefit**..... \$1,500

If you select a plan covering your dependents and you or your covered dependents suffer a covered loss under the Accidental Death or Accidental Dismemberment and Covered Loss of Use Benefits, you or your dependents may receive treatment or counseling provided by a licensed therapist or counselor who is registered or certified to provide psychological treatment or counseling.

**Enhanced Travel Assistance Plan**

This Enhanced Travel Assistance Plan is a comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your principal residence. This plan will apply to the following Covered Persons when on a Covered Trip: you and your Spouse/Domestic Partner and/or Dependent Child(ren) if your Spouse/Domestic Partner and/or Dependent Child(ren) will not be covered while making a trip without you.. The transportation and/or services provided under this Enhanced Travel Assistance Plan must be pre-authorized by us.

• **Hospital Admission/Medical Expense Guarantee..... Maximum Benefit Amount: \$10,000**

If a covered person is injured or ill on a covered trip and incurs a hospital admission guarantee charge and/or a medical expense guarantee charge, we will pay the actual expenses incurred for guarantee of payment to the hospital or the medical provider.

• **Medical Evacuation Benefit ..... Maximum Benefit Amount: Unlimited**

If a covered person is injured or ill on a covered trip and is being treated in a hospital, medical facility , clinic, or by a medical provider which, based on our evaluation, cannot provided medical care in accordance with western medical standards, we will arrange for, and cover the cost for, the transport of the Covered Person to the nearest hospital or medical facility which can provide such care.

• **Medical Repatriation Benefit ..... Maximum Benefit Amount: Unlimited**

If a Covered Person is injured or ill on a covered trip and has sufficiently recovered to travel in a non-schedule commercial air flight or a regularly scheduled air flight with special equipment and/or personnel with minimal risk to his or her health, we will arrange for, and cover the cost for, the transport of the Covered Person to his or her principal residence, in such transportation.

• **Non-Medical Repatriation Benefit ..... Maximum Benefit Amount: Unlimited**

If a covered person is injured or ill on a covered trip and has sufficiently recovered to travel in a nonscheduled commercial air flight or a regularly scheduled air flight with special equipment and/or personnel with minimal risk to his or her health, we will

arrange for, and cover the cost for, the transport of the Covered Person who has sufficiently recovered to travel in a regularly scheduled economy class air flight to his or her Principal Residence, in such transportation.

- **Return of Remains Benefit** ..... **Maximum Benefit Amount: Unlimited**  
We will make arrangements and pay for the local preparation of the body for transport or cremation (not including the cost of cremation), travel clearances and authorizations, standard shipping container (not including urn or coffin) and transportation of the body or remains to its country of destination.
- **Visit to Hospital Benefit** ..... **Maximum Benefit Amount: \$10,000**  
We will arrange for, and cover the cost for, a regularly scheduled round trip economy class air flight and accommodations (including hotel/lodging and meals; but excluding personal comfort or convenience items) for as many as two (2) people chosen by the Covered Person to visit the Covered Person while he or she is hospitalized for more than 3 consecutive days.
- **Return of Child Benefit** ..... **Maximum Benefit Amount: \$10,000 per Dependent Child / \$10,000 per Attendant**  
We will arrange for, and cover the cost of, the transport of the Dependent Child(ren) by a regularly scheduled economy class flight to the location chosen by the Covered Person and for an attendant, if applicable.
- **Return of Companion Benefit** ..... **Maximum Benefit Amount: \$10,000**  
If a covered person is traveling with a companion while on a covered trip, and due to the illness of or injury to the covered person or the covered person cannot complete the covered trip as scheduled, we will arrange for, and cover the cost for, the lesser of the change fee for the companion's return air flight or a one way economy class flight.
- **Escort Services Benefit** ..... **Maximum Benefit Amount: \$10,000**  
If a Covered Person is traveling with a companion while on a Covered Trip, and due to Illness or Injury the Covered Person qualifies for medical evacuation, medical repatriation, non-medical repatriation or return of remains transportation and/or services, We will arrange for, and cover the cost for, the companion to join the Covered Person during the Covered Person's transport.
- **Dispatch of a Physician or Specialist Benefit** ..... **Maximum Benefit Amount: \$10,000**  
We will arrange for, and cover the cost of, a physician's or specialist's travel to the Covered Person's location, as well as the medical services provided on location by such physician or specialist, to make the assessment.

## Zurich Travel Assistance Contact Information

Providing access to emergency medical, informational, legal, security and personal assistance while traveling away from your principal residence. When calling, please identify yourself as an insured of Zurich North America.

World Travel Protection Phone: 1.800.263.0261 (U.S. and Canada)  
901 King Street West, Suite 300 1.416.977.0277 (Collect – anywhere else in the world)  
Toronto, Ontario M5V 3H5 Fax: 1.416.205.4622  
Email: [assistance@wtp.ca](mailto:assistance@wtp.ca) Website: [www.zurichtravelassist.com](http://www.zurichtravelassist.com)

## Zurich American Insurance Company Claim Contact Information

Contact Zurich American Insurance Company (see below) for a claim form. Complete the form and fax or e-mail it to the contact numbers below:

Toll-Free Number: 1.877.287.4805 Dedicated Claim Fax: 866.255.2962 e-mail: [usz.accidenthealth.claims@zurichna.com](mailto:usz.accidenthealth.claims@zurichna.com)

### How to File a Claim

You or your beneficiary, or someone on their behalf, must give Us written notice of the Covered Loss within ninety (90) days of such Covered Loss. The notice must name you, and the Policy Number. To request a claim form, you or your beneficiary, or someone on their behalf may contact Us at 1.877.287.4805. The notice must be sent to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196, or any of Our agents. Notice to Our agents is considered notice to Us.

## Conversion Privilege

**Conversion Privilege**.....Maximum Benefit \$250,000  
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 Death & Dismemberment policy. Proof of good health is not required. Maximum benefit of \$250,000. To expedite your conversion efficiently and effectively by logging onto the Zurich AD&D Conversion Website at: <https://enroll.zurichna.com/conversion>. If you do not have access to a computer, you can dial the toll-free number, 1-888-634-6780, Option 2.

## General Exclusions

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

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
5. participation in the commission or attempted commission of any felony;
6. being intoxicated while operating a motor vehicle.
  - a. You will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated, if operating a motor vehicle.
  - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of your intoxication.
7. being under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage;
8. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy.

## Hazard Exclusions

The following exclusions pertain to Hazard H-1.

Coverage is not provided:

- A. If you are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B. Unless we have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
  1. any aircraft other than those expressly stated in this Coverage;
  2. any aircraft owned or controlled by, or under lease to the policyholder;
  3. any aircraft owned or controlled by, or under lease to an insured or a member of an Insured's family or household;
  4. any aircraft operated by the policyholder or one of the policyholder's employees including members of an employee's family or household;
  5. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, aerial photography, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, endurance tests, exploration, firefighting, hang gliding, hunting, parachuting or skydiving, pipe line inspection, power line inspection, racing, skywriting, test or experimental purpose, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
  6. any conveyance used for tests or experimental purposes, or in a race or speed test.

## Limitations

**Limitation on Multiple Covered Losses.** If you suffer more than one loss as a result of the same accident, we will pay only one benefit, the largest benefit.

**Limitation on Multiple Benefits.** If you can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Covered Loss of Use Benefit, Coma Benefit, Permanent and Total Disability Benefit, as a result of the same accident, the most we will pay for these benefits in total is your benefit amount.

**Limitation on Multiple Hazards.** If you suffer a covered loss that is covered under more than one Hazard, we will pay only one benefit, the largest benefit.

## Beneficiary Designation

Covered Losses resulting from your death are paid to the named beneficiary at the time of death. If there is no beneficiary named or the named beneficiary predeceases or dies at the same time as you, we will pay the benefit to the beneficiary named by you for the Policyholder's Group Life Insurance policy. If there is no beneficiary named by you for the Policyholder's Group Life Insurance policy, or the named beneficiary predeceases or dies at the same time as you, we will pay the benefit to your survivors in the following order: 1) your legally married spouse or domestic partner; 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.

## Important

This is a brief description of the coverage provided through the voluntary Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

## Sanctions Exclusion Endorsement

Notwithstanding any other terms under the policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under the policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

Zurich

1299 Zurich Way, Schaumburg, Illinois 60196-1056  
800-382-2150 [www.zurichna.com](http://www.zurichna.com)

The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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