

VOLUNTARY ACCIDENT INSURANCE PROGRAM

for the Employees of

DENISON INDEPENDENT SCHOOL DISTRICT

ELIGIBILITY: You are eligible if you are an active, full-time employee.

If you enroll, you may elect to include coverage for your eligible dependents under the Family Plan. Eligible dependents include your spouse under age 70 and your unmarried dependent children from birth to 19 years of age, or to 25 if attending an accredited school or college on a full-time basis and are dependent upon you for their support and maintenance.

NOTE: If both a husband and wife are eligible employees, one, not both, may purchase the Family Plan, while the remaining spouse may purchase the Individual Plan. However, the combined Principal Sum on any one employee may not exceed the maximum Principal Sum amount available.

DESCRIPTION OF COVERAGE: 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. It also covers accidents while riding as a passenger (but not as a pilot or crew member - see exclusions) in any licensed civilian aircraft or in any aircraft operated by the Military Airlift Command.

BENEFITS - ACCIDENTAL DEATH & DISMEMBERMENT: If you have an accident that results, within one year, in any of the following losses, the Insurance Company will pay the sum indicated below. If the accident results in more than one of these losses, only the loss with the largest sum will be payable, for loss of:

<u>Loss</u>	<u>Amount Payable</u>
Life, Both Hands or Both Feet; One Hand and One Foot; One Hand or Foot and Sight of One Eye; Speech and Hearing; or Sight of Both Eyes	The Principal Sum
Use of Four Limbs	The Principal Sum
Use of Three Limbs	Three-Fourths of The Principal Sum
Use of Two Limbs	Two-Thirds of The Principal Sum
Use of One Limb	One-Half of The Principal Sum
One Hand or Foot; Sight of One Eye or Speech or Hearing	One-Half of The Principal Sum
Thumb and Index Finger of Same Hand	One-Quarter of The Principal Sum

“Loss means with regard to hands and feet, actual severance through or above wrist or ankle joint; with regard to eyes, entire and irrecoverable loss of sight; with regard to speech or hearing entire and irrecoverable; with regard to thumb and index finger, actual severance through or above metacarpophalangeal joints. “Loss of Use” means total paralysis of a limb or limbs which is determined by competent medical authority to be permanent, complete and irreversible.

EXCLUSIONS: This plan does not cover any loss resulting from intentionally self-inflicted injuries, suicide or attempted suicide, sickness or disease, full-time active service in the armed services of any country, declared or undeclared war, flying in aircraft being used for test or experimental purposes, flying as a pilot or crew member of any aircraft, or flying in any aircraft which is owned or leased and operated by the employer.

AMOUNTS OF INSURANCE:

Plan I - (Employee Only) - You may select any amount (Principal Sum) in increments of \$10,000, from a minimum of \$10,000 to a maximum of \$500,000; however, the total amount selected, if more than \$150,000, may not exceed ten (10) times your base annual salary.

Plan II - (Family Plan) - You may select an amount of Principal Sum as shown in Plan I above. Your spouse and eligible dependent children will be insured as follows:

SPOUSE:

- 1) 50% of your Principal Sum Benefit if there are no dependent children at the time of loss.
- 2) 40% of your Principal Sum Benefit if there are dependent children at the time of loss.

DEPENDENT CHILDREN:

- 1) 10% of your Principal Sum Benefit for each child if there is a spouse at the time of loss, subject to a maximum of \$25,000.
- 2) 15% of your Principal Sum Benefit for each child if there is no spouse at the time of loss, subject to a maximum of \$25,000.

COST AND METHOD OF PAYMENT - The monthly cost for an Employee Only is \$.03 for each \$1,000 of Principal Sum. The monthly cost for the Family Plan is \$.046 for each \$1,000 of Principal Sum. Examples of the cost of various amounts of Principal Sum are as follows:

Principal Sum	PLAN I Monthly Cost Employee Only	PLAN II Monthly Cost Employee & Family
\$10,000	\$0.30	\$0.46
30,000	0.90	1.38
50,000	1.50	2.30
100,000	3.00	4.60
150,000	4.50	6.90
200,000	6.00	9.20
250,000	7.50	11.50
500,000	15.00	23.00

*The amount selected, if more than \$150,000, may not exceed ten (10) times your base annual salary. Payments will be deducted automatically from your salary. The total amount deducted will, of course, depend on the plan selected.

DENISON INDEPENDENT SCHOOL DISTRICT
Denison, Texas

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

_____	\$10,000	_____	Employee
_____	\$20,000	_____	Employee & Spouse
_____	\$30,000	_____	Employee & Children
_____	\$40,000	_____	Employee & Family
_____	\$50,000		
_____	\$ _____		
	Other Amount		

PREMIUM AMOUNT \$ _____

BENEFICIARY NAME _____ RELATIONSHIP _____

Employee Signature

Date

DENISON INDEPENDENT SCHOOL DISTRICT
Denison, Texas

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

_____	\$10,000	_____	Employee
_____	\$20,000	_____	Employee & Spouse
_____	\$30,000	_____	Employee & Children
_____	\$40,000	_____	Employee & Family
_____	\$50,000		
_____	\$ _____		
	Other Amount		

PREMIUM AMOUNT \$ _____

BENEFICIARY NAME _____ RELATIONSHIP _____

Employee Signature

Date