

TO OUR FACULTY AND STAFF MEMBERS

We are pleased to announce that We are making available to all faculty, staff and their families a program of Group Voluntary Accident Insurance which will provide protection for both occupational and non-occupational accidents. We believe this to be an extremely attractive program providing broad coverage at a cost much less than what you would pay for similar coverage on an individual basis. Because of its importance to you and your family's security, we hope you will give it serious consideration, although the decision is, of course, entirely an individual one. Information regarding the coverage and instructions on how to enroll are contained in this booklet. Please note that the definition of "Spouse," wherever it appears in this brochure, shall mean the person who is legally married to the employee under applicable state law or a person who meets the definition of domestic partner in the Master Policy and on file in the University Benefits Office.

The University of Iowa

ELIGIBILITY

You are eligible to enroll in this plan if You are a University of Iowa faculty or staff member paid monthly.

Spouse - Your Spouse is covered if You enroll in Plan II or Plan IV.

Dependent Children - Your Dependent Child(ren) are covered if You enroll in Plan III or Plan IV. "Dependent Child(ren)" are defined as the unmarried Dependent Child(ren) of the Insured staff member from the moment of birth to 26 years. After 19 years of age, such children must be either (1) attending an accredited school or college on a full-time basis and dependent upon the Insured staff member for more than 50% of his or her living expenses, or (2) both (a) incapable of self-sustaining employment by reason of mental retardation or physical handicap and, (b) chiefly dependent upon the Insured staff member for support and maintenance, provided proof of such incapacity and dependency is furnished to the Insurance Company within 31 days of the child's attainment of age 19 and subsequently as may be required by the Insurance Company, but not more frequently than annually after the two-year period following the child's attainment of age 19.

DESCRIPTION OF COVERAGE

Worldwide, 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. The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

COVERAGES

In the event a Covered Person sustains any one of the following losses as a result of injury, within three hundred and sixty-five days from date of accident, the Insurance Company will pay according to the sum specified in the Schedule for that Covered Person, the following for

loss of:

Life	The Principal Sum
Both Hands or Both Feet	The Principal Sum
Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand or Foot and Sight of One Eye	The Principal Sum
Speech and Hearing	The Principal Sum
One Hand or Foot	One-Half the Principal Sum
Entire Sight of One Eye	One-Half the Principal Sum
Speech or Hearing	One-Half the Principal Sum
Thumb and Index Finger of Same Hand	One-Quarter the Principal Sum
Use of Four Limbs	The Principal Sum
Use of Three Limbs	Three-Fourths the Principal Sum
Use of Two Limbs	Two-Thirds the Principal Sum
Use of One Limb	One-Half the Principal Sum

DEFINITIONS

"Injury" as used in this Certificate, means accidental bodily injury resulting directly and independently of all other causes in a loss sustained by a Covered Person, anywhere in the world while insured under the Policy.

"Loss" shall mean with regard to hands and feet, actual severance through or above the wrist or ankle joints; with regard to eyes, entire and irrecoverable loss of sight; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to speech and hearing, entire and irrecoverable loss.

"Loss of Use" shall mean total paralysis of a limb or limbs which is determined by a medical authority to be permanent, complete and irreversible. Only one benefit, the largest to which the Insured is entitled, is payable for all losses resulting from one accident.

EXPOSURE AND DISAPPEARANCE

In the event the Covered Person is unavoidably exposed to the elements as a result of an accident and, because of such exposure, suffers a loss for which a benefit is otherwise payable, such loss will be covered.

In the event the Covered Person is not found within one year from the date of the disappearance, wrecking or sinking of the conveyance in which he or she was riding, provided such occurrence was under circumstances that would otherwise be covered, it will be presumed the Covered Person sustained loss of life as a result of injury.

AIRCRAFT COVERAGE

Insurance provided under this Policy includes injury sustained while the Covered Person is riding as a passenger (but not as a pilot, operator, member of the crew, or cabin attendant) in or on, boarding or alighting from (1) any civilian aircraft having a current and valid standard category airworthiness certificate, and operated by a pilot holding a current and valid medical certificate and pilot certificate with appropriate ratings for the flight involved as required by the Federal Aviation Administration or by the similar authority of any duly constituted government, having jurisdiction over civil aviation or (2) any transport-type of aircraft operated by the Military Airlift Command (MAC) of the United States, or by similar air transport service of any duly constituted government authority.

EXCLUSIONS

The insurance does not cover any loss resulting from suicide, sickness or disease, pregnancy (but not including complications thereof), fulltime active service in the armed services of any country, declared or undeclared war, flying as a pilot or crew member of any aircraft.

ADDITIONAL BENEFITS

SPECIAL EDUCATION BENEFIT

A benefit will be paid to Your Dependent Child(ren) in the event of Your death due to a covered accident. You must be enrolled in Plan III or Plan IV and there must be a dependent child eligible to receive the benefit. This child must be enrolled in an institution of higher learning (or in the 12th grade and enroll within one year from the date of the accident). The benefit will be an amount up to \$5,000. This will be paid each year the child continues his or her education to a maximum of four consecutive years. All of Your Dependent Child(ren) who are eligible for the benefit will receive it.

If at the time of accident, Plan IV coverage is in force, but there are no Dependent Child(ren) who qualify, the Insurance Company will pay an additional benefit of \$1,000 to the surviving Spouse.

DAY CARE BENEFIT

In the event an Employee who has elected Plan III or Plan IV suffers loss of life in a covered accident, the Insurance Company will pay to, or on behalf of, the surviving children, up to \$3,000 per year for each eligible child, for tuition charged by an accredited, licensed day care center, providing the dependent child is enrolled within 90 days from the date of the accident. This benefit is payable up to four consecutive years per child.

FAMILY COVERAGE EXTENSION

If an Employee who has selected Plan II, Plan III, or Plan IV coverage suffers loss of life in a covered accident, insurance in force on the date of loss with respect to the Spouse and Dependent Child(ren) is continued automatically at no further cost for a period of one year from the date of loss.

SURVIVORS BENEFIT

If You select Plan II, or Plan IV coverage and You or Your Spouse suffer the loss of life in a covered accident, We will pay in addition to all other benefits payable, 1% of the applicable Principal Sum for twelve consecutive months to the surviving Spouse.

WAIVER OF PREMIUM PROVISION

(Applicable to an Employee who becomes Totally Disabled prior to age 70 or retirement.)

If We receive due notice and proof of Claim that an Employee becomes Totally Disabled while insured, and that the Total Disability began before his or her 70th birthday, the Amount of Insurance will continue for that Employee from the date of Total Disability without further payment of premiums.

All amounts of Accidental Death and Dismemberment Insurance under this provision are subject to the same Policy terms and conditions including subsequent reductions and terminations at specified ages and/or retirement as would have been applicable had the Employee not been Totally Disabled. Such amount will be further reduced by the amount of any individual policy issued to the Employee pursuant to the Conversion Privilege of this Policy unless such individual policy is exchanged for a full refund of premiums paid.

The time limit for due Notice and proof of Claim is within 12 months after the Employee ceases to be Actively at Work.. We may require periodic proof of continuance of Total Disability at any time but not more often than once a year.

We have the right to have a doctor designated by Us examine the Employee when and as often as We may reasonably require.

This Waiver of Premium for an Employee ceases on the earliest of:

1. the date the Employee ceases to be Totally Disabled;
2. the date the Employee fails to furnish any required proof that he or she continues to be Totally Disabled;
3. the date the Employee fails to submit to any required examinations;
4. the date the Employee attains age 70;
5. the date the Employee retires.

For the purposes of the above paragraphs, an Employee is deemed to be retired when he or she receives any compensation from a retirement or pension plan of the Employer or when the Employee attains age 70, whichever comes first.

An Employee's rights to continue benefits pursuant to the Waiver of Premium provision is determined on the date Total Disability commenced. These rights are subject to the terms of the Policy and will not be affected by subsequent amendment or termination of this provision.

RESERVE OR NATIONAL GUARD COVERAGE

Coverage will apply while a Covered Person is a member of an organized Reserve Corps or National Guard unit and is:

1. attending any active duty training of less than thirty days or is en route to or from that training; or
2. attending a service school no matter how long it is or is en route to or from that school; or
3. taking part in any authorized inactive duty training; or
4. taking part as a unit member in a parade or exhibition authorized by official orders.

CONVERSION

If You terminate employment for any reason other than retirement, attainment of the maximum age applicable to the Policy or termination of the Group Policy, You may be eligible to convert to an Individual or Family Policy, an amount of \$100,000. Premium rates will be the Insurance Company's rates for age and class of risk at the time of termination.

BENEFICIARY DESIGNATION

You will designate Your beneficiary on the enrollment form. You will be the beneficiary for the insurance on Your Spouse and Dependent Child(ren).

ZURICH TRAVEL ASSISTSM

Zurich Travel AssistSM is a medically based travel assistance program that focuses on providing the best medical outcomes to sick or injured travelers. As a member of the International Assistance Group, World Travel Protection, the administrator of Zurich Travel AssistSM, can respond instantly to medical and legal emergencies throughout the world. With over 1,600 dedicated professionals working round-the-clock, the International Assistance Group network provides a local presence with a global reach, bringing a network of physicians, hospitals, clinics, medical transportation companies and other emergency professionals to You when You need them.

- **Zurich Travel AssistSM** is in effect when You travel 100 miles or more from home.
- **Medical evacuation** - If the local hospital, medical facility or clinic is not able to provide You with medical care comparable to Western medical standards, We will arrange and cover the cost of Your transportation to the nearest hospital or facility which can provide such care.
- **Medical monitoring** - When We are notified of a medical emergency, Our multilingual staff will establish contact with the local attending physician and assist with arranging appropriate care. We will maintain contact until the situation is resolved and You are able to resume traveling.
- **Prescription assistance** - In the event You forgot Your medications, We can arrange for a refill of Your prescription and will help locate what You need locally and arrange delivery, where permitted by law.
- **Emergency medical referral** - We will provide the name, address, and telephone number of physicians, hospitals and clinics for the area in which You are traveling.
- **Travel advisories** - We can inform You of the latest available travel advisories, including crime alerts and areas of instability for countries worldwide.
- **Inoculation and immunization** - We provide the latest information, obtained from the Centers for Disease Control and the U.S. Department of State, Bureau of Consular Affairs, regarding inoculation and immunization requirements around the world.

For more description and additional benefits, please see the website; www.zurichna.com/travelassist

AMOUNTS OF INSURANCE

You may select any amount of Principal Sum in \$100,000 increments subject to a minimum of \$100,000 and a maximum of \$1,000,000.

Your Spouse is automatically insured if You choose Plan II or Plan IV and Your eligible Dependent Child(ren) are automatically insured if You choose Plan III or Plan IV, based on the percentages shown below:

Spouse:	60% of Your selected Principal Sum amount;
Dependent Child(ren):	20% of Your selected Principal Sum amount, subject to a maximum of \$100,000.

At age 70, the Principal Sum reduces as follows, and the minimum Principal Sum amount shall not be less than \$100,000:

Age 70 through 74:	65% of the Principal Sum provided prior to age 70;
Age 75 through 79:	45% of the Principal Sum provided prior to age 70;
Age 80 through 84:	30% of the Principal Sum provided prior to age 70;
Age 85 and over:	15% of the Principal Sum provided prior to age 70.

ENROLLMENT PROCEDURE AND EFFECTIVE DATE

To enroll in this program, simply complete the Enrollment Form and return it to the University Benefits Office. Coverage will be effective the first day of the following month for faculty and staff not participating in The University of Iowa Flexible Benefits Plan. For faculty and staff who are, the coverage commences as designated by the University Benefits Office.

COST AND METHOD OF PAYMENT

Principal Sum	Staff Member Only	Staff Member & Spouse	Staff Member & Dependent Child(ren)	Staff Member & Family
	<u>Plan I</u>	<u>Plan II</u>	<u>Plan III</u>	<u>Plan IV</u>
\$ 100,000	\$ 2.50	\$ 3.60	\$ 2.90	\$ 3.80
200,000	5.00	7.20	5.80	7.60
300,000	7.50	10.80	8.70	11.40
400,000	10.00	4.40	11.60	15.20
500,000	12.50	18.00	14.50	19.00
600,000	15.00	21.60	17.40	22.80
700,000	17.50	25.20	20.30	26.60
800,000	20.00	28.80	23.20	30.40
900,000	22.50	32.40	26.10	34.20
1,000,000	25.00	36.00	29.00	38.00

TERMINATION OF COVERAGE

Your insurance will immediately terminate at the end of the month for which the premium is paid when any of the following occurs:

- (1) the date the Policy is terminated;
- (2) the date You cease to be an eligible person as defined in the Policy;
- (3) the date Your employment with the Policyholder is terminated;
- (4) the date Your last payment is made, if You fail to make the required payment when due.

The insurance with respect to dependents will terminate on the earliest of the following dates:

- (1) the date Your insurance is terminated;
- (2) the end of the month in which a dependent ceases to be eligible as defined in the Policy; or
- (3) the end of the month for which Your last payment is made for dependent benefits, if You fail to make any required payment towards the cost of this insurance.

For participants in The University of Iowa Flexible Benefits Plan, You may terminate or change Your plan only during the annual enrollment process or due to a special event as defined by the University.

For all non-flex employees, You may terminate Your insurance by withdrawing authority for payroll deduction. Such termination must be made in writing over Your signature and will be effective at the end of the month that the University Benefits Office received Your notice.

<p>This booklet provides you with an easy-to-understand summary of the Voluntary Accident Insurance Plan. If any conflict should arise between the contents of this booklet and the Master Policy or if any point is not covered herein, the terms of the Master Policy will govern in all cases.</p>
