

YOUR GROUP  
**PERSONAL ACCIDENT**  
INSURANCE PLAN

For Employees of  
**San Bernardino County**  
**Superintendent of Schools**

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San Bernardino County Superintendent of Schools

**This certificate provides coverage for losses due to ACCIDENTS only. It does not provide insurance coverage for sickness or losses due to sickness.**

**IF YOU HAVE A QUESTION ABOUT YOUR POLICY, IF YOU NEED ASSISTANCE WITH A PROBLEM, OR IF YOU HAVE QUESTIONS ABOUT A CLAIM, YOU MAY WRITE OR CALL US AT:**

**ReliaStar Life Insurance Company  
P.O. Box 20  
Minneapolis, Minnesota 55440  
Telephone Number: (800) 955-7736**

**YOU WILL NEED TO PROVIDE YOUR POLICY NUMBER WITH ANY COMMUNICATION.**

**IF YOU DO NOT REACH A SATISFACTORY RESOLUTION AFTER HAVING DISCUSSIONS WITH US, OR OUR AGENT OR REPRESENTATIVE, OR BOTH, YOU MAY CONTACT THE FOLLOWING UNIT WITHIN THE DEPARTMENT OF INSURANCE THAT DEALS WITH CONSUMER AFFAIRS:**

**California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street, South Tower  
Los Angeles, California 90013  
Outside Los Angeles: 1-800-927-HELP (1-800-927-4357)  
Los Angeles: (213) 897-8921**

**RELIASTAR LIFE INSURANCE COMPANY  
OUTLINE OF COVERAGE**

This outline is only a summary of certain provisions in your certificate. You must consult the policy and certificate for contract provisions regarding coverage.

**Accidental Death and Dismemberment (AD&D) Insurance**

	<u>Section(s) of Certificate</u>
<b>BENEFITS .....</b>	<b>Schedule of Benefits Accidental Death and Dismemberment Insurance</b>
<b>EXCEPTIONS, REDUCTIONS AND LIMITATIONS .....</b>	<b>Accidental Death and Dismemberment Insurance</b>
<b>ELIGIBILITY, TERMINATION AND CONTINUATION .....</b>	<b>Employee's Insurance Dependent's Insurance</b>

**PREMIUMS:** Information about your premium contribution for coverage may be obtained from the Policyholder.

**RELIASTAR LIFE INSURANCE COMPANY  
Minneapolis, Minnesota 55440**

ReliaStar Life Insurance Company (ReliaStar Life) certifies that it has issued the Group Policy listed below to the Policyholder. All benefits are controlled by the terms and conditions of the Group Policy.

The Group Policy is on file in the Policyholder's office. You may look at the Group Policy there.

ReliaStar Life also certifies that the person named below is insured under the Group Policy.\*

66200-3PAI  
California Schools Employee Benefits Association

\*If you are actively at work on the effective date. If you are not, your insurance is effective on the date you return to active work.

The insurance included in this certificate applies to you only if you have elected and are insured for it.

The Dependent's Insurance part of this certificate applies to you only if you are insured for it.

The certificate summarizes and explains the parts of the Group Policy which apply to you. This certificate is not an insurance policy. In any case of differences or errors, the Group Policy rules.

This certificate replaces any other certificates ReliaStar Life may have given you under the Group Policy.



Registrar

## SCHEDULE OF BENEFITS

### Accidental Death and Dismemberment (AD&D) Insurance

<b>Class</b>	<b>Full Amount of AD&amp;D Insurance*</b>
All Eligible Employees	\$10,000 to \$500,000 in increments of \$10,000

\*Beginning on and after your 70th birthday, ReliaStar Life decreases the amount of your insurance. ReliaStar Life pays a percentage of the amount otherwise payable as follows:

- From your 70th birthday to age 75, ReliaStar Life pays 65%,
- From your 75th birthday and after, ReliaStar Life pays 50%.

### Dependent Accidental Death and Dismemberment (AD&D) Insurance

<b>Class</b>	<b>Full Amount of AD&amp;D Insurance</b>
OPTION A: Spouse or Domestic Partner (with no children)	60% of Employee's amount
OPTION B: Spouse or Domestic Partner (with children)	50% of Employee's amount for Spouse or Domestic Partner and 10% of Employee's amount per child
OPTION C: Child only (with no Spouse or Domestic Partner) less than 26 years of age	25% of Employee's amount

# EMPLOYEE'S INSURANCE

## Eligibility

You are eligible on the later of the following dates:

- The Group Policy's Effective Date, July 1, 2008.
- The first day of the month on or after the date you start continuous service with the Policyholder.

You must meet the following conditions to become insured –

- Be eligible for the insurance.
- Be actively at work.
- Apply for the insurance, if you have to pay any part of the premium.

## Effective Date of Employee's Insurance

Your insurance starts on the latest of the following dates:

- The date you become eligible.
- The date you return to active work if you are not actively at work on the date insurance would otherwise start. **Exception:** Your insurance starts on a nonworking day if you were actively at work on your last scheduled working day before the nonworking day.
- The date you apply for insurance, if you have to pay any part of the premium.

## Effective Date of Change in Amount of Insurance

If there is an increase in the amount of your insurance, the increase will take effect on –

- the first day of the month on or next following the date of the increase, if you are actively at work on the date of the increase.
- the date you return to active work if you are not actively at work on the first day of the month on or next following the date of the increase.
- the first day of the month on or next following the date of the increase, if the first day of the month is a nonworking day and you were actively at work on your last scheduled working day before the nonworking day.

A decrease in the amount of your insurance will take effect on the date of the decrease.

## Termination of Insurance

Your insurance stops on the earliest of the following dates:

- The last day of the month during which you were last actively at work for the Policyholder.
- The last day of the month during which you are no longer eligible for insurance under the Group Policy.
- The date the Group Policy stops.
- The end of the period for which you paid premiums, if you do not make the next required premium contribution when due.
- The last day of the month during which you retire, unless you are eligible for retiree insurance.

ReliaStar Life stops providing a specific benefit to you on the date that benefit is no longer provided under the Group Policy.

If you are a Certificated, Management or Confidential member your life insurance will be continued with premium payment through August 31 if you meet the following applicable requirements:

- Your employment ends in June or July; and,
- The termination is not due to your gross misconduct, as determined by your Employer; and,
- If you are a Certificate Member, you were Actively At Work through the end of the school year; or,
- If you are a Management or Confidential Member, you completed one full day of Active Work in (a) the June in which your employment terminated, or (b) the June immediately preceding the July in which your employment terminated.

## Family and Medical Leave Act of 1993

Certain employers are subject to the FMLA. If you have a leave from active work certified by your employer, then for purposes of eligibility and termination of coverage you will be considered to be actively at work. Your coverage will remain in force so long as you continue to meet the requirements as set forth in the FMLA.

## EMPLOYEE'S INSURANCE

### **Non-Medical Reasons**

If you stop active work because of non-medical leave of absence, temporary layoff, or the Policyholder suspending operations, the Policyholder may continue your Insurance to the end of the first policy month after the policy month you stop active work.

### **Sickness or Accidental Injury**

If you stop active work because of sickness or accidental injury, the Policyholder may continue your Insurance to the end of the first policy month after the policy month you stop active work.

# DEPENDENT'S INSURANCE

**NOTE: YOUR DOMESTIC PARTNER AND YOUR DOMESTIC PARTNER'S CHILDREN MAY BE ELIGIBLE FOR INSURANCE UNDER THIS PLAN, AS DEFINED UNDER DEFINITIONS OF DEPENDENT AND DOMESTIC PARTNER AND CHILD. YOU SHOULD CONSULT WITH YOUR PERSONAL TAX ADVISER TO ASSESS POSSIBLE TAX IMPLICATIONS.**

## **Eligibility**

You are eligible for Dependent's Insurance on the later of the following dates:

- The date you are eligible for Employee's Insurance.
- The date you first acquire a dependent.

You must meet all of the following conditions to become insured for Dependent's Insurance:

- Be insured for Employee's Insurance.
- Apply for Dependent's Insurance, if you must pay any part of the premium. You must apply for all dependents you have within 31 days of the date you are eligible for Dependent's Insurance.

If you and your spouse or domestic partner are insured as employees under the Group Policy, either you or your spouse or domestic partner, but not both, can apply for Dependent's Insurance on the same child dependents. If the spouse or domestic partner carrying the Dependent's Insurance stops being insured as an employee, the other spouse or domestic partner may become insured for Dependent's Insurance by applying within 31 days.

## **Effective Date of Dependent's Insurance**

Your Dependent's Insurance starts on the latest of the following dates:

- The date you become eligible for Dependent's Insurance.
- The date you apply for Dependent's Insurance, if you have to pay any part of the premium.

A newborn dependent is insured from the date of birth if you apply within 31 days following the date of birth.

If you are insured for Dependent's Insurance and you acquire a new dependent by birth, marriage, adoption or placement for adoption, or domestic partnership, you must apply for coverage for the new dependent within 31 days following the event. Coverage for the new dependent is effective on the date of the event. If required by state law, a newborn dependent is insured automatically for the first 31 days after birth.

## **Effective Date of Change in Amount of Insurance**

If there is an increase in the amount of your dependent's insurance, the increase will take effect on the effective date of the increase.

A decrease in the amount of your dependent's insurance will take effect on the date of the decrease.

## **Termination of Insurance**

Your Dependent's Insurance stops on the earliest of the following dates:

- The date the Dependent's Insurance part of the Group Policy stops.
- The date the Group Policy terminates.
- The end of the period for which you made your last premium contribution for Dependent's Insurance if you do not make the next required contribution when due.
- The date your insurance stops.
- The last day of the month during which your insured dependent is no longer a dependent as defined.

ReliaStar Life stops providing a specific benefit under your dependent's insurance on the date that benefit is no longer provided under the Group Policy.

## **Family and Medical Leave Act of 1993**

If your coverage remains in force due to a certified leave under the FMLA, then your dependents' coverage will also remain in force so long as you continue to meet the requirements as set forth in the FMLA.

## **Continuation of Insurance**

Your insured dependent's insurance may be continued. Premiums must be paid. Your insured dependent's insurance stops on the earlier of:

- the end of the period for which the last premium was paid if the next premium is not paid on time, or
- the date your insurance stops.

Your insured dependent's continuation is subject to all other terms of the Group Policy.



## DEPENDENT'S INSURANCE

### **You Stop Active Work**

If you stop active work and your insurance is being continued, your dependent's insurance will also be continued as shown in the Employee's Insurance part of this certificate.

### **Incapacitated Dependent Child**

If your insured dependent child has an intellectual disability or physical handicap and reaches the maximum age for Dependent's Insurance, you may continue this child's insurance as long as all required premiums are paid. You must give ReliaStar Life proof that:

- The child is incapable of self-sustaining employment due to an intellectual disability or physical handicap.
- The child became incapacitated before reaching the maximum age for Dependent's Insurance.
- The child is chiefly dependent on you for support and maintenance.

Proof must be given within 31 days after the date the child reaches the maximum age for insurance. Before granting a continuation of this child's insurance, ReliaStar Life may require that a doctor examine the child. ReliaStar Life will specify the doctor and pay the fee for all exams ReliaStar Life requires. During the 2 years after the child reaches the maximum age, ReliaStar Life may ask for regular proof of the child's continued incapacity. After the 2 year period, ReliaStar Life will not ask for proof, including doctor's exams, more often than once a year.

This incapacitated child's continuation stops on the **earliest** of the following dates:

- The date the child becomes covered under any other group plan.
- The date the child is no longer incapacitated.
- The date you do not give ReliaStar Life proof of the child's incapacity when requested.
- The end of the period for which you paid premiums for this continuation, if you do not make the next required premium contribution when due.
- The date your Dependent's Insurance would otherwise stop under the Group Policy.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

## Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit for covered losses due to a covered accident. All of the following conditions must be met:

- You are covered for AD&D Insurance on the date of the accident.
- The loss occurs within 180 days of the date of the accident.
- The cause of the loss is not excluded.

Unless otherwise indicated, ReliaStar Life pays only one Full Amount for losses and benefits while the Group Policy is in effect. The Full Amount is shown on the Schedule of Benefits. For example, if you have a loss for which ReliaStar Life paid 50% of the Full Amount, ReliaStar Life pays no more than 50% of the Full Amount for the next loss.

### AD&D Benefit

#### Covered Accident Resulting In:

#### The benefit is:

Loss of life .....	Full Amount
Loss of both hands, both feet or sight of both eyes .....	Full Amount
Loss of one hand and one foot .....	Full Amount
Loss of speech and hearing in both ears .....	Full Amount
Loss of one hand or one foot and sight of one eye .....	Full Amount
Loss of one hand or one foot or sight of one eye .....	50% of Full Amount
Loss of speech .....	25% of Full Amount
Loss of hearing in both ears .....	25% of Full Amount
Loss of thumb and index finger of same hand .....	25% of Full Amount
Paralysis of one limb .....	25% of Full Amount
Paralysis of three limbs .....	75% of Full Amount
Quadriplegia .....	Full Amount
Paraplegia .....	50% of Full Amount
Hemiplegia .....	50% of Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Unless otherwise indicated, ReliaStar Life does not pay a benefit for loss of use of one or both hands or feet, or thumb and index finger of the same hand.

**Quadriplegia** means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Unless otherwise indicated, paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by a doctor to be permanent, complete and irreversible.

Death benefits are paid to your beneficiary. Unless otherwise indicated, all other benefits are paid to you.

### Exposure and Disappearance Benefit

ReliaStar Life pays an **Exposure** benefit if:

- the loss of use of hands, feet, thumb and index finger of the same hand, or paralysis is caused by exposure to the elements, and
- is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- you are in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- you disappear and your body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that you are living.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

The amount payable for the Exposure benefit is the amount of AD&D benefit otherwise payable for the loss. The amount payable for the Disappearance benefit is the Full Amount.

Exposure benefits are paid to you if living, otherwise to your beneficiary. Disappearance benefits are paid to your beneficiary.

If ReliaStar Life pays the Disappearance benefit and it is later found you are alive, the amount of benefits paid must be refunded to ReliaStar Life.

### Exposure and Disappearance Benefit

ReliaStar Life pays an **Exposure** benefit if:

- the loss of use of hands, feet, thumb and index finger of the same hand, or paralysis is caused by exposure to the elements, and
- is the result of a covered accident.

ReliaStar Life pays a **Disappearance** benefit if:

- you are in a conveyance, including but not limited to an automobile, airplane, ship or train, that disappears, sinks or wrecks; and
- you disappear and your body is not found, and the disappearance is the result of a covered accident; and
- a reasonable period of time, but no more than one year, has lapsed since the accident, and
- ReliaStar Life has reviewed all evidence and there is no reason to believe that you are living.

The amount payable for the Exposure benefit is the amount of AD&D benefit otherwise payable for the loss. The amount payable for the Disappearance benefit is the Full Amount.

Exposure benefits are paid to you if living, otherwise to your beneficiary. Disappearance benefits are paid to your beneficiary.

If ReliaStar Life pays the Disappearance benefit and it is later found you are alive, the amount of benefits paid must be refunded to ReliaStar Life.

### Safe Driver Benefit

ReliaStar Life pays a **Safe Driver** benefit in addition to the AD&D benefit and subject to the exclusions listed below if you were:

- killed due to an automobile accident, and
- wearing a properly fastened safety belt at the time of the accident.

An additional amount will be paid if you were also driving in or riding in an automobile equipped with a factory installed airbag that operated properly upon impact.

#### For loss of:

#### The benefit is:

Life (with safety belt only) ..... An additional 10% of Full Amount  
of AD&D benefit  
to a maximum of \$25,000

Life (with safety belt  
and airbag) ..... An additional 15% of Full Amount  
of AD&D benefit  
to a maximum of \$40,000

**Automobile** means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which you were riding. **Airbag** means an additional restraint system which inflates for added protection to the head and chest areas.

ReliaStar Life will not pay the Safe Driver benefit if the loss of life was in consequence of your being intoxicated or under the influence of any controlled substance unless administered on the advice of a doctor.

Safe Driver benefits are paid to your beneficiary.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

## Coma Benefit

ReliaStar Life pays a **Coma** benefit if, due to a covered accident, you are in a coma. Coma benefit payments will stop when you are no longer in a coma or when maximum benefits have been paid, whichever comes first.

### In the event of:

### The benefit is:

Coma ..... 2% of Full Amount of AD&D benefit per month for up to 12 months to a maximum of \$24,000

**Coma** means that you remain unresponsive to any stimuli and speechless for a period of time not less than 30 days, as determined by a doctor.

If you are physically and mentally incapable of receiving and cashing Coma benefit payments, then the payments instead will be made to a person legally authorized to receive the payments on your behalf.

## Education Benefit

ReliaStar Life pays an **Education** benefit in addition to the AD&D benefit and subject to the conditions below if you die due to a covered accident. This benefit will be paid at the end of each annual period following your death to your dependent who is enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond grade 12 within 365 days following the date of your death. Benefit payments will stop if either of the following is true during the preceding annual period –

- the student's full-time school attendance is less than 6 months; or
- the student would no longer be considered your eligible dependent under the definition of dependent in the policy.

### For:

### The benefit is:

Education ..... An additional 5% of Full Amount of AD&D benefit per year for up to 4 years to a maximum of \$3,000 per year

Education benefits are paid to each eligible dependent student, or to the dependent's legal guardian.

## Transportation Benefit

ReliaStar Life pays a **Transportation** benefit in addition to the AD&D benefit if you die due to a covered accident that occurs at least 75 miles from your primary residence.

### For:

### The benefit is:

Transportation ..... An additional 2% of Full Amount of AD&D benefit to a maximum of \$2,000

Transportation benefits are paid to your beneficiary.

## Child Care Benefit

ReliaStar Life pays a **Child Care** benefit in addition to the AD&D benefit if you die due to a covered accident, and your dependent child under age 13 years is enrolled in a licensed day care center within 90 days of your death. This benefit is paid on behalf of each eligible dependent child at the end of each annual period following your death. Benefit payments will stop if either of the following is true during the preceding annual period –

- your dependent child does not attend a licensed day care center for at least 1000 hours; or
- your dependent child is not under age 13 years for any part of that year.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

**For:** **The benefit is:**  
Child Care ..... An additional 3% of Full Amount  
of Supplemental AD&D benefit  
per year for up to 6 years  
to a maximum of \$2,000 per year

Child Care benefits are paid to the person who has incurred the cost of day care expenses for your eligible dependent child.

## Common Carrier Benefit

ReliaStar Life pays a **Common Carrier** benefit in addition to the AD&D benefit if you suffer a covered loss due to an accident, and the loss occurs while traveling:

- as a fare paying passenger,
- in or on or entering into or alighting from a public conveyance, and
- the public conveyance is operated by a licensed common carrier for passenger service.

**For:** **The benefit is:**  
Common Carrier ..... An additional 50% of  
the AD&D benefit  
otherwise payable for this loss  
to a maximum of \$50,000

Common Carrier benefits are paid to you if living, otherwise to your beneficiary.

## Occupational Assault Benefit

ReliaStar Life pays an **Occupational Assault** benefit in addition to the AD&D benefit if you suffer a covered loss due to an accident, **and:**

- the loss is due to an intentional and unlawful act of physical violence directed at you by another person,
- you are actively at work, performing assigned duties on behalf of the Policyholder at the time of the assault, and
- a report of criminal activity has been filed on your behalf with the appropriate law enforcement authority within 48 hours of the assault.

**For loss due to:** **The benefit is:**  
Occupational Assault ..... An additional 100% of the  
AD&D benefit  
otherwise payable for this loss  
to a maximum of \$10,000

Occupational Assault benefits are paid to you if living, otherwise to your beneficiary.

## Burn Disfigurement Benefit

ReliaStar Life pays a **Burn Disfigurement** benefit if due to a covered accident you suffer disfigurement due to burns covering at least 5% of your body.

**For:** **The benefit is:**  
Burn Disfigurement ..... 10% of Full Amount  
of AD&D benefit  
to a maximum of \$30,000

**Burn Disfigurement** means damage to the skin or other body parts resulting in permanent scarring caused by extreme heat, flame, contact with heated objects, or chemicals.

Burn Disfigurement benefits are paid to you if living, otherwise to your beneficiary.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

## Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when you commit or attempt to commit a crime.
- Your intoxication. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

ReliaStar Life does not pay benefits for loss sustained or contracted in consequence of your being under the influence of any controlled substance unless administered on the advice of a doctor.

## Dependent's Accidental Death & Dismemberment (AD&D) Insurance

ReliaStar Life pays this benefit for covered losses due to a covered accident suffered by your insured dependent. All of the following conditions must be met:

- Your insured dependent is covered for AD&D Insurance on the date of the accident.
- The loss occurs within 180 days of the date of the accident.
- The cause of the loss is not excluded.

Unless otherwise indicated, ReliaStar Life pays only one Full Amount for all losses and benefits while the Group Policy is in effect. The Full Amount is shown on the Schedule of Benefits. For example, if your insured dependent has a loss for which ReliaStar Life paid 50% of the Full Amount, ReliaStar Life pays no more than 50% of the Full Amount for the next loss.

## AD&D Benefit

### Covered Accident Resulting In:

### The benefit is:

Loss of life .....	Full Amount
Loss of both hands, both feet or sight of both eyes .....	Full Amount
Loss of one hand and one foot .....	Full Amount
Loss of speech and hearing in both ears .....	Full Amount
Loss of one hand or one foot and sight of one eye .....	Full Amount
Loss of one hand or one foot or sight of one eye .....	50% of Full Amount
Loss of speech .....	25% of Full Amount
Loss of hearing in both ears .....	25% of Full Amount
Loss of thumb and index finger of same hand .....	25% of Full Amount
Paralysis of one limb .....	25% of Full Amount
Paralysis of three limbs .....	75% of Full Amount
Quadriplegia .....	Full Amount
Paraplegia .....	50% of Full Amount
Hemiplegia .....	50% of Full Amount

Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Unless otherwise indicated, ReliaStar Life does not pay a benefit for loss of use of one or both hands or feet, or thumb and index finger of the same hand.

**Quadriplegia** means total paralysis of all four limbs. **Paraplegia** means total paralysis of both lower limbs. **Hemiplegia** means paralysis of one arm and one leg on the same side of the body.

Unless otherwise indicated, paralysis must be the result of a spinal cord injury which is due to an accident. ReliaStar Life does not pay an AD&D benefit for any paralysis caused by a stroke. Paralysis must be determined by a doctor to be permanent, complete and irreversible.

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Unless otherwise indicated, ReliaStar Life pays benefits for all covered AD&D losses for your insured dependent to you.

### Safe Driver Benefit

ReliaStar Life pays a **Safe Driver** benefit in addition to the AD&D benefit and subject to the exclusions listed below if your insured dependent was:

- killed due to an automobile accident, and
- wearing a properly fastened safety belt at the time of the accident.

An additional amount will be paid if your insured dependent was also driving in or riding in an automobile equipped with a factory installed airbag that operated properly upon impact.

Your dependent must be insured for at least \$10,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order to be eligible for a Safe Driver benefit.

#### For loss of:

#### The benefit is:

Life (with safety belt only) .....	An additional 10% of Full Amount of Dependent AD&D benefit to a maximum of \$25,000
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Life (with safety belt and airbag) .....	An additional 15% of Full Amount of Dependent AD&D benefit to a maximum of \$40,000
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**Automobile** means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes. **Safety belt** means a passenger restraint system properly installed in the vehicle in which your insured dependent was riding. **Airbag** means an additional restraint system which inflates for added protection to the head and chest areas.

ReliaStar Life will not pay the Safe Driver benefit if the loss of life was in consequence of your insured dependent being intoxicated or under the influence of any controlled substance unless administered on the advice of a doctor.

Safe Driver benefits for your insured dependent are paid to you.

### Coma Benefit

ReliaStar Life pays a **Coma** benefit if, due to a covered accident, your insured dependent is in a coma. Coma benefit payments will stop when your insured dependent is no longer in a coma or when maximum benefits have been paid, whichever comes first. Your dependent must be insured for at least \$10,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order to be eligible for a Coma benefit.

#### In the event of:

#### The benefit is:

Coma .....	2% of Full Amount of Dependent AD&D benefit per month for up to 12 months to a maximum of \$24,000
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**Coma** means that your insured dependent remains unresponsive to any stimuli and speechless for a period of time not less than 30 days, as determined by a doctor.

Coma benefits for your insured dependent are paid to you.

# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

## Education Benefit

ReliaStar Life pays an **Education** benefit in addition to the AD&D benefit and subject to the conditions below if your insured dependent spouse or domestic partner dies due to a covered accident. This benefit will be paid at the end of each annual period following your dependent spouse's or domestic partner's death to your spouse's or domestic partner's dependent who is enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond grade 12 within 365 days following the date of your spouse's or domestic partner's death. Benefit payments will stop if either of the following is true during the preceding annual period –

- the student's full-time school attendance is less than 6 months; or
- the student would no longer be considered your spouse's or domestic partner's eligible dependent under the definition of dependent in the policy.

Your dependent spouse or domestic partner must be insured for at least \$10,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order for the dependent student to be eligible for an Education benefit.

<b>For:</b>	<b>The benefit is:</b>
Education .....	An additional 5% of Full Amount of Dependent AD&D benefit per year for up to 4 years to a maximum of \$3,000 per year

Education benefits are paid to each eligible dependent student, or to the dependent's legal guardian.

## Transportation Benefit

ReliaStar Life pays a **Transportation** benefit in addition to the AD&D benefit if your insured dependent dies due to a covered accident that occurs at least 75 miles from his or her primary residence. Your dependent must be insured for at least \$10,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order to be eligible for a Transportation benefit.

<b>For:</b>	<b>The benefit is:</b>
Transportation .....	An additional 2% of Full Amount of Dependent AD&D benefit to a maximum of \$2,000

Transportation benefits for your insured dependent are paid to you.

## Child Care Benefit

ReliaStar Life pays a **Child Care** benefit in addition to the AD&D benefit if your insured dependent spouse or domestic partner dies due to a covered accident, and their insured dependent child under age 13 years is enrolled in a licensed day care center within 90 days of your insured dependent spouse or domestic partner's death. This benefit is paid on behalf of each eligible dependent child at the end of each annual period following your insured dependent spouse's or domestic partner's death. Benefit payments will stop if either of the following is true during the preceding annual period –

- the dependent child does not attend a licensed day care center for at least 1000 hours; or
- the dependent child is not under age 13 years for any part of that year.

Your dependent spouse or domestic partner must be insured for at least \$10,000 Dependent AD&D Insurance as shown on the Schedule of Benefits in order for the dependent child to be eligible for the Child Care benefit.

<b>For:</b>	<b>The benefit is:</b>
Child Care .....	An additional 3% of Full Amount of Dependent AD&D benefit per year for up to 6 years to a maximum of \$2,000 per year

Child Care benefits are paid to the person who has incurred the cost of day care expenses for the eligible dependent child.



# ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

## Common Carrier Benefit

ReliaStar Life pays a **Common Carrier** benefit in addition to the AD&D benefit if your insured dependent suffers a covered loss due to a covered accident, and the loss occurs while traveling:

- as a fare paying passenger,
- in or on or entering into or alighting from a public conveyance, and
- the public conveyance is operated by a licensed common carrier for passenger service.

### For:

### The benefit is:

Common Carrier ..... An additional 50% of the Dependent AD&D benefit otherwise payable for this loss to a maximum of \$50,000

Common Carrier benefits for your insured dependent are paid to you.

## Common Disaster Benefit

ReliaStar Life pays a **Common Disaster** benefit if, as a result of a common accident, you and your insured dependent spouse or domestic partner die within one year as a result of a covered accident.

### In the event of:

### The benefit is:

Common Disaster ..... An increase in your insured dependent spouse's or domestic partner's benefit up to 100% of your AD&D amount, provided the additional amount does not exceed \$50,000.

**Common Accident** means the same accident or separate accidents that occur within the same 24-hour period.

Common disaster benefits are paid to your beneficiary.

## Accidental Death and Dismemberment Exclusions

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. **Exception:** Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when your insured dependent commits or attempts to commit a crime.
- Your insured dependent's intoxication. Intoxication means your insured dependent's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

ReliaStar Life does not pay benefits for loss sustained or contracted in consequence of your insured dependent being under the influence of any controlled substance unless administered on the advice of a doctor.

# CLAIM PROCEDURES

## Submitting a Claim

You, your insured dependent or someone on your behalf must send ReliaStar Life written notice of the loss on which your claim will be based. The notice must –

- include information to identify you or your insured dependent, like your name, address and Group Policy number.
- be sent to ReliaStar Life or one of its licensed agents authorized to accept claims.
- be sent within 91 days after the loss for which claim is based has occurred or as soon as reasonably possible.

## Claim Forms

ReliaStar Life or its authorized agent will send proof of loss claim forms to you, to your insured dependent or to the Policyholder to give to you. ReliaStar Life will send the forms within 15 days after ReliaStar Life receives your notice of claim.

You, your insured dependent or someone on your behalf must return the completed proof of loss claim forms to ReliaStar Life within 91 days of the loss. Even if you or your insured dependent do not receive the forms, written proof of loss must be sent to ReliaStar Life within 91 days after the loss or as soon as reasonably possible. Written proof of loss includes details of how the loss occurred.

## Benefit Payments

Benefits under the Group Policy are paid when proof of loss is received. Claims are paid in the order received.

## Payment of Proceeds

Where indicated, ReliaStar Life pays proceeds to the beneficiary. If there is more than one beneficiary, each receives an equal share, unless you have requested otherwise, in writing. To receive proceeds, a beneficiary must be living on the earlier of the following dates:

- The date ReliaStar Life receives proof of your death.
- The tenth day after your death.

If there is no eligible beneficiary or if you did not name one, ReliaStar Life pays the proceeds in the following order:

1. Your spouse or domestic partner.
2. Your natural and adopted children.
3. Your parents.
4. Your estate.

The person must be living on the tenth day after your death.

## Overpayment

If ReliaStar Life pays a benefit under the Group Policy and it is later shown that a lesser amount should have been paid, ReliaStar Life will be entitled to a refund of the excess.

## GENERAL PROVISIONS

### **Health Insurance Assignment**

You or your insured dependent may not transfer to anyone else –

- ownership of any certificate issued under the Group Policy.
- insurance under the Group Policy.

### **Legal Action**

Legal action may not be taken to receive benefits until 60 days after the date proof of loss is submitted according to the requirements of the Group Policy. Legal action must be taken within 3 years after the date proof of loss must be submitted.

If the Policyholder's state requires longer time limits, ReliaStar Life will comply with the state's time limits.

### **Exam and Autopsy**

When reasonably necessary, ReliaStar Life may have you or your insured dependent examined while a claim is pending under the Group Policy. ReliaStar Life pays for the initial exam. If not forbidden by state law, ReliaStar Life may have an autopsy made if you or your insured dependent die.

### **Incontestability**

Your and your dependent's insurance has a contestable period starting with the effective date of your insurance and continuing for 2 years while you are living. During that 2 years, ReliaStar Life can contest the validity of your and your dependent's insurance because of inaccurate or false information received relating to your and your insured dependent's insurability. Only statements that are in writing and signed by you or your insured dependent can be used to contest the insurance.

## DEFINITIONS

**Accident, Accidental Injury** – bodily injury resulting from a sudden, violent, unexpected and external event. ReliaStar Life considers all injuries received in one accident as one accidental injury. Infection resulting from a cut or wound caused by an accident is also an accidental injury.

Accidental injury does not include poisoning, disease or any other type of infection, except as stated above.

**Active Work, Actively at Work** – the employee is physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

**Child** –

- your natural or adopted child, who is dependent on you for support and maintenance.
- a child who is placed in your physical custody for purposes of adoption.
- a child who is your stepchild, your domestic partner's child, your foster child, or a child for whom you are legal guardian, who is primarily dependent on you for support.

**Close Relative** – you, your spouse, your domestic partner, and a child, brother, sister, or parent of you or your spouse or domestic partner.

**Dependent** –

- your legal spouse.
- your domestic partner, as defined.
- your unmarried child less than 26 years of age.

The term “dependent” does not include –

- a spouse, domestic partner or child living outside the United States.
- a spouse, domestic partner or child eligible for Employee's Insurance under the Group Policy.
- a spouse, domestic partner or child on active military duty.
- a parent of you or your spouse or domestic partner.

**Doctor** – a person, other than a close relative, licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require that benefits be paid for professional services of a practitioner other than a medical doctor. If so, the term “doctor” also includes persons recognized as qualified to treat the accidental injury for which claim is made, by the state in which treatment is received.

**Domestic Partner** – another adult with whom you have a Declaration of Domestic Partnership registered with the California Secretary of State. A copy of the certified registration may be required as proof.

**Employee** – an active, benefits eligible employee residing in the United States who is employed by the Policyholder and is regularly scheduled to work on at least a 20-hour-per-week basis. Active Board members are also included. The following are excluded: temporary or seasonal employees, leased employees or independent contractors, full-time members of the armed forces of any country, substitute employees, student workers, volunteers.

**Group Policy** – the written group insurance contract between ReliaStar Life and the Policyholder.

**Nonworking Day** – a day on which the employee is not regularly scheduled to work, including time off for the following:

- Vacations.
- Personal holidays.
- Weekends and holidays.
- Approved nonmedical leave of absence.
- Paid Time Off for nonmedical-related absences.

Nonworking day does not include time off for any of the following:

- Medical leave of absence. Time off for a medical leave of absence will be considered a scheduled working day.
- Temporary layoff.
- The Policyholder suspending its operations, in part or total.
- Strike.

**Policyholder** – California Schools Employee Benefits Association.

## DEFINITIONS

**ReliaStar Life** – ReliaStar Life Insurance Company, at its Home Office in Minneapolis, Minnesota.

**Retirement** – the first of the following dates to occur:

- The effective date of the employee's retirement benefits under –
  - any plan of a federal, a state, a county, a municipal or an association retirement system for which the employee is eligible as a result of employment with the employer;
  - any plan the employer sponsors; or
  - any plan for which the employer makes or has made contributions.
- The effective date of the employee's retirement benefits under the United States Social Security Act or any similar plan or act.

However, any employee in active employment and receiving retirement benefits under the United States Social Security Act or any similar plan or act will not be considered retired.

**Sickness** – any physical illness.

**Spouse** – your lawful husband or wife.

**Written, In Writing** – signed, dated and received at ReliaStar Life's Home Office in a form ReliaStar Life accepts.

**You, Your** – an employee insured for Employee's Insurance under the Group Policy.

