

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

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Section 5

Voluntary Accidental Death and Dismemberment (Voluntary AD&D)

General Information

Voluntary Accidental Death and Dismemberment (Voluntary AD&D) provides accidental death, dismemberment and loss of sight coverage in addition to the Basic, Optional and Dependents' AD&D coverage described earlier in this book. Two options are available for you to enroll in: Employee Only Voluntary AD&D and Employee and Family Voluntary AD&D.

Eligibility

You may enroll in Voluntary AD&D and Evidence of Insurability is not required for you or your eligible Dependents. You may enroll in the Employee Only coverage if you desire coverage only for yourself. You may enroll in the Employee and Family coverage to have coverage for yourself and **all** your eligible Dependents. **All** your eligible Dependents (spouse and children) will be covered.

The following persons are not eligible to receive coverage as your Dependent:

- Any person insured as an Employee under Employee Only Voluntary AD&D or any person insured as a Dependent spouse under the Employee and Family Voluntary AD&D; or
- Any person who is within the 31 day conversion period for Basic or Optional Group Term Life.

Summary of Benefits

Coverage For	Description of Insured Class	Amount of Principal Sum		
		<u>Benefit</u>		Increments
		Minimum	Maximum	
Employee Only	Active Employees:			
	Under age 70*	\$10,000	\$200,000	\$5,000
	70-74*	6,500	130,000	3,250
	75-79*	4,000	80,000	2,000
	80-84*	2,500	50,000	1,250
	85-89*	1,500	30,000	750
	90 and over*	1,000	20,000	500
	* Employee's attained age as of September 1 of each year.			

- or -

Coverage For	Description of Insured Class	Amount of Principal Sum		
		<u>Benefit</u>		Increments
		Minimum	Maximum	
Employee And Family	Active Employees and all eligible Dependents:			
	Under age 70*	Employees: \$10,000	\$200,000	\$5,000
	70-74*	6,500	130,000	3,250
	75-79*	4,000	80,000	2,000
	80-84*	2,500	50,000	1,250
	85-89*	1,500	30,000	750
	90 and over*	1,000	20,000	500
	* Employee's attained age as of September 1 of each year.	Dependents: Spouse: 50% of the Employee's amount; Each child, for either: A. 5% of the Employee's amount if there is a spouse who is eligible for insurance; or B. 10% of the Employee's amount if there is no spouse who is eligible for insurance.		

Voluntary AD&D ends for you and your Dependents upon your retirement, regardless of age. There are limitations and exclusions that may limit the amount that is payable to you or your beneficiary. See Section 6 for details.

Employee Only Voluntary AD&D

The amount of insurance you select when you enroll will be paid if you have an Accidental Bodily Injury that directly results in your death or in a bodily loss within 180 consecutive days of the accident date.

In the event of your Accidental Death, your Voluntary AD&D amount will be paid to your designated beneficiary.

Your Voluntary AD&D amount will be paid to you if you have a bodily loss as a direct result of your Accidental Bodily Injury and if your bodily loss is one or more of these types:

- loss of your hand by *actual severance* through or above the wrist;
- loss of your foot by *actual severance* through or above the ankle joint; or
- loss of sight in one of your eyes resulting in total and permanent loss of vision that cannot be recovered by surgery or other means.

If one of the above bodily losses occurs, half of your Voluntary AD&D amount will be paid to you. If you have two or more bodily losses at the same time, the full amount of your Voluntary AD&D insurance will be paid to you. Benefits will not be paid if you independently lose one or more fingers, one or more toes, or incur a partial loss of sight.

The total Voluntary AD&D amount that will be paid for all losses resulting from the same accident will be the Voluntary AD&D amount you have selected on your enrollment form.

Step-by-Step Instructions for Filing an Employee's Voluntary AD&D Claim

If you die as a result of an Accidental Bodily Injury,

Your designated beneficiary:

- within 120 days of the accident, obtains a claim form through the ERS web site at www.ers.state.tx.us or contacts your Benefits Coordinator for a claim form and completes the claim form;
- submits the completed claim form together with a certified copy of your death certificate to your Benefits Coordinator within 24 months of your death; and
- provides additional information as needed for FDL to process the claim.

Benefits Coordinator of your State Agency:

- receives the completed, signed claim form, death certificate and any other attachments;
- completes the Agency Certification and Coordinator's Statement portion of the claim form; and
- forwards the claim to ERS.

ERS:

- reviews the claim for completeness and forwards to FDL.

FDL:

- receives the claim form, the death certificate, any attachments and the Agency Certification and Coordinator's Statement;
- requests additional information as needed to process the claim; and
- pays the death benefit to your designated beneficiary if the claim is approved; or
- notifies your beneficiary and your Benefits Coordinator if the claim is denied for any reason.

If you lose a hand, foot or sight in one eye as a result of an Accidental Bodily Injury,

You must:

- within 120 days of the accident obtain a claim form through the ERS web site at www.ers.state.tx.us or contact your Benefits Coordinator for a claim form and complete the Employee's section of the claim form;
- have your doctor, who must be an Approved Practitioner, complete the attending practitioner's statement as due proof of your loss;
- return the claim form to your Benefits Coordinator; and
- provide FDL with additional information as needed to process the claim.

Benefits Coordinator of your State Agency:

- reviews the claim form for completeness of the Employee's section and attending practitioner's statement;
- completes the Employer's section of the claim form; and
- forwards the claim form to ERS.

ERS:

- reviews the claim for completeness and forwards to FDL to be received by FDL within 18 months of the accident.

FDL:

- receives the claim form and due proof of your loss;
- requests additional information as needed to process the claim; and
- pays the benefit amount to you if the claim is approved; or
- notifies you and your Benefits Coordinator if the claim is denied for any reason.

Employee and Family Voluntary AD&D

The amount of insurance for you and your eligible Dependents is the amount you select when you enroll as described in the Summary of Benefits earlier in this section.

If your death or bodily loss is a direct result of your Accidental Bodily Injury, your Voluntary AD&D amount will be paid to you or your designated beneficiary as stated above in the Employee Only Voluntary AD&D section.

In the event of your covered Dependent's Accidental Death, that Dependent's Voluntary AD&D amount will be paid to you.

Your Dependent's Voluntary AD&D amount will be paid to you if your covered Dependent has a bodily loss as a direct result of an Accidental Bodily Injury and if your Dependent's bodily loss is one or more of these types:

- loss of a hand by *actual severance* through or above the wrist;
- loss of a foot by *actual severance* through or above the ankle joint; and
- loss of sight in one eye resulting in total and permanent loss of vision that cannot be recovered by surgery or other means.

If one of the above bodily losses occurs, half of that Dependent's Voluntary AD&D amount will be paid to you. If your covered Dependent has two or more bodily losses at the same time, the full Dependent's Voluntary AD&D amount will be paid to you. Benefits will not be paid if your covered Dependent independently loses one or more fingers, one or more toes, or incurs a partial loss of sight.

The total Voluntary AD&D amount that will be paid for all losses resulting from the same accident will be that Dependent's Voluntary AD&D amount described above.

There are limitations and exclusions that may limit the amount that is payable to you. See Section 6 for details.

Step-by-Step Instructions for Filing a Dependent's Voluntary AD&D Claim

If your covered Dependent dies as a result of an Accidental Bodily Injury,

You must:

- within 120 days of the accident obtain a claim form through the ERS web site at www.ers.state.tx.us or contact your Benefits Coordinator for a claim form and complete the claim form;
- submit the completed claim form together with a certified copy of your Dependent's death certificate to your Benefits Coordinator within 24 months of your Dependent's death; and
- provide additional information as needed for FDL to process the claim.

Benefits Coordinator of your State Agency:

- receives the completed, signed claim form, the death certificate and any other attachments;
- completes the Agency Certification and Coordinator's Statement portion of the claim form; and
- forwards the claim to ERS.

ERS:

- reviews the claim for completeness and forwards to FDL.

FDL:

- receives the claim form, the death certificate, any attachments and the Agency Certification and Coordinator's Statement;
- requests additional information as needed to process the claim; and
- pays the death benefit to you if the claim is approved; or
- notifies you and your Benefits Coordinator if the claim is denied for any reason.

If your covered Dependent loses a hand, foot or sight in one eye as a result of an Accidental Bodily Injury,

You must:

- within 120 days of the accident obtain a claim form through the ERS web site at www.ers.state.tx.us or contact your Benefits Coordinator for a claim form and complete the claim form;
- have your Dependent's doctor, who must be an Approved Practitioner, complete the attending practitioner's statement as due proof of your Dependent's loss;
- return the claim form to your Benefits Coordinator; and
- provide FDL with additional information as needed to process the claim.

Benefits Coordinator of your State Agency:

- reviews the claim form for completeness of the Employee's section and attending practitioner's statement;
- completes the Employer's section of the claim form; and
- forwards the claim form to FDL to be received by FDL within 18 months of the accident.

FDL:

- receives the claim form and due proof of your Dependent's loss;
- requests additional information as needed to process the claim; and
- pays the benefit amount to you if the claim is approved; or
- notifies you and your Benefits Coordinator if the claim is denied for any reason.