# YOUR GROUP **SUPPLEMENTAL AD&D INSURANCE** PLAN



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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)

Outside Los Angeles: 1-800-927-HELP (1-800-927-435)

Los Angeles: (213) 897-8921

B-12800 (6-14)

# 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

	Section(s) of Certificate
BENEFITS	Schedule of Benefits
	Accidental Death and Dismemberment Insurance
EXCEPTIONS, REDUCTIONS	
AND LIMITATIONS	Accidental Death and Dismemberment Insurance
ELIGIBILITY and TERMINATION	Member's Insurance

# 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.

**Group Policy Number** 66326-3ASCPAI

Policyholder
Insurance and Benefits Trust of Peace
Officers Research Association of California

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.

Pamela Chock
Registrar

# **SCHEDULE OF BENEFITS**

# Accidental Death and Dismemberment (AD&D) Insurance

**Full Amount of AD&D Insurance** 

MEMBER \$65,000

# MEMBER'S INSURANCE

## **Eligibility**

The member is eligible on the later of the following dates:

- The Group Policy's Effective Date.
- · The date the member becomes a member of a Participating Unit.
- The member's effective date under the Policyholder's Disability Plans (Safety: Premier #610007-M, 649401-A or Premier Plus #610007-N, #649401-B), Non-Safety: Premier #610007-K or Premier Plus #610007-L).

The member must meet the following conditions to become insured:

- Be eligible for the insurance.
- Be actively performing the normal duties of your occupation.
- · Be at least age 18 on the date of application.

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

Your insurance starts on the later of the following dates:

- The date your coverage becomes effective under the Policyholder's Disability Plans (Safety: Premier #610007-M, #649401-A or Premier Plus #610007-N, #649401-B), (Non-Safety: Premier #610007-K or Premier Plus #610007-L).
- · The date your premium is received.

#### **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 as an employee in a Participating Unit.
- The last day of the month during which you are no longer eligible for insurance under the Group Policy.
- The date your coverage under the Policyholder's Disability Plans (Safety: Premier #610007-M, #649401-A or Premier Plus #610007-N, #649401-B) or (Non-Safety: Premier #610007-K or Premier Plus #610007-L) terminates.
- The date the Policyholder's Disability Plans (Safety: Premier #610007-M, #649401-A or Premier Plus #610007-N, #649401-B) or (Non-Safety: Premier #610007-K or Premier Plus #610007-L) terminate.
- · The last day of the month during which you retire.
- · The date the Group Policy stops.
- The date your Participating Unit stops participating in the Trust or discontinues participation under the Group Policy.
- The date the Trust, Insurance and Benefits Trust of Peace Officers Research Association of California, terminates.

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

#### **Continuation of Insurance**

If you stop active work due to being totally disabled and are approved for disability benefits under the Policyholder's Disability Plans (Short Term Disability/Long Term Disability), your insurance may be continued for up to 2 years from the date of your disability while you continue to be eligible to receive disability benefits.

# 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 365 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	
Loss of one hand and one foot	
Loss of speech and hearing in both ears	10% of Full Amount
Loss of one hand or one foot and sight of one eye	10% of Full Amount
Loss of one hand or one foot or sight of one eye	10% of Full Amount
Loss of speech	10% of Full Amount
Loss of hearing in both ears	10% of Full Amount
Loss of thumb and index finger of same hand	10% 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.

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

# **Accidental Death and Dismemberment Exclusions**

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

- An accident occurring before the Effective Date of the Group Policy.
- 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.
- · Any armed conflict, whether declared as war or not, involving any country or government.
- An accident which occurs while in the military service for any country or government.
- · An accident which occurs when you commit or attempt to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent, unless prescribed by a doctor or taken as directed by a doctor or the manufacturer.
- 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.

# **CLAIM PROCEDURES**

## Submitting a Claim

You 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, 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 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 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 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 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 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 die.

# Incontestability

Your 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 insurance because of inaccurate or false information received relating to your insurability. Only statements that are in writing and signed by you 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.

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

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

#### Member -

Member includes:

- · A member in good standing of PORAC; or
- An active employee in a Participating Unit, who is not a member in good standing of PORAC, and whose Participating Unit or employer pays 100% of the cost for their Disability coverage under one of the following: Safety Premier #610007-M, #649401-A, Premier Plus #610007-N, #649401-B, or Non-Safety Premier #610007-K, Premier Plus #610007-L, for all employees in the Participating Unit.

Participating Unit includes an independent Peace Officer's Association which is a member of PORAC and which has been approved by the Policyholder for participation under the Group Policy.

Policyholder - Insurance and Benefits Trust of Peace Officers Research Association of California.

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

Sickness - any physical illness.

**Spouse** – the legal husband or wife of a member.

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

**You, Your** – a person insured for Member's Insurance under the Group Policy.

# Plan Arranged and Administered by:



Myers-Stevens & Toohey Co., Inc. 26101 Marguerite Parkway Mission Viejo, CA 92692 CA License No. 0425842 800-827-4695 or fax 949-348-2630