

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT

Standard Insurance Company

(503) 321-7000

Fax (800) 378-2403

Toll Free (800) 348-3226

900 SW Fifth Avenue

Portland, OR 97204-1282

Policy Number **645938-A**

COVERAGE RATES:

Monthly rates vary, See the insurance policy, Page 2

COVERAGE AMOUNTS:

Employee:

Increments of \$25,000 up to 10x base salary to a max of \$500,000 (whichever is less)

Spouse only: **This option not offered**

Up to 50% of employee coverage

Child(ren) only: **This option not offered**

Up to 10% of employee coverage, not to exceed \$25,000


Spouse & Children:

Up to 40% of employee coverage; 5% of employee coverage per child

SCHEDULE OF AD&D INSURANCE

You may apply for AD&D Insurance in multiples of \$25,000, from \$25,000 to \$500,000. Any amount in excess of \$250,000 may not exceed ten times your Annual Earnings.

You may also elect to insure your Dependents. The amount of AD&D Insurance for your Dependents is equal to a percentage of your AD&D Insurance, as follows:

| | | |
|----------------------|---|--|
| Spouse only: |  | 50% |
| Children only: | | 10% for each Child, not to exceed \$25,000 |
| Spouse and Children: | | 40% for your Spouse 5% for each Child |

The amount payable for certain Losses will differ. See **Accidental Death and Dismemberment Insurance, C. Amount Payable.**

REDUCTIONS IN INSURANCE

If you or your Spouse has reached an age shown below, the amount of AD&D Insurance will be the amount determined from the Schedule of Insurance, multiplied by the appropriate percentage below.

| Age | Percentage |
|---------------|------------|
| 70 through 74 | 65% |
| 75 through 79 | 45% |
| 80 through 84 | 30% |
| 85 through 89 | 20% |
| 90 through 94 | 15% |
| 95 or over | 10% |

OTHER PROVISIONS

| | |
|--|--|
| Annual Earnings based on: | Earnings in effect on your last full day of Active Work. |
| Benefit for loss due to exposure: | Yes |
| Benefit for disappearance: | Yes |
| Benefit for loss of speech or hearing: | Yes |
| Benefit for loss of thumb and index finger of same hand: | Yes |

PREMIUM RATES AND RENEWALS

| | |
|------------------------|--|
| Premium Rates | |
| Member only: | \$.030 monthly per \$1,000 of Member's AD&D Insurance. |
| Member and Dependents: | \$.050 monthly per \$1,000 of Member's AD&D Insurance. |
| Premium Due Dates: | January 1, 2008 and the first day of each calendar month thereafter. |
| Grace Period: | 31 days |

To Be Completed By Human Resources

| | | | |
|-------------------------------|----------|------------------|--------------------|
| Group Number 645938 | Division | Billing Category | Date of Employment |
|-------------------------------|----------|------------------|--------------------|

To Be Completed By Applicant Apply for Coverage Beneficiary Change *Complete Beneficiary Section below.* Name Change
 Add or Delete Dependent Date of add/delete _____

| | | | |
|---|---|----------------------|---|
| Your Name (Last, First, Middle) | Your Social Security Number | Birth Date | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Your Address | City | State | ZIP |
| Former Name (Last, First, Middle) <i>Complete only if name change</i> | | Phone Number | |
| Employer Name Wichita State University | | Job Title/Occupation | |
| Hours Worked Per Week | Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year | | |

Coverage *Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.*

Life Insurance

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

You only \$ _____ Your Spouse \$ _____ or _____ % Your child(ren) \$ _____ or _____ %

Beneficiary *This designation applies to Accidental Death and Dismemberment (AD&D) Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.*

| Primary - Full Name | Address | Soc. Sec. No. | Relationship | % of Benefit |
|------------------------|---------|---------------|--------------|--------------|
| | | | | |
| | | | | |
| Contingent - Full Name | Address | Soc. Sec. No. | Relationship | % of Benefit |
| | | | | |
| | | | | |

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated _____.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.