Voluntary
Accidental Death and Dismemberment Insurance Program

Made Available By:

COLORADO HIGHER EDUCATION INSURANCE BENEFITS ALLIANCE TRUST (CHEIBA TRUST)
In spite of our best efforts, serious accidents can and do happen every day. If a serious accident occurs, your primary concern should be recovering from the injury, not the financial burden such an accident can create.

Mutual of Omaha’s AD&D insurance is a voluntary program offered by the CHEIBA Trust. It is designed to help provide you with peace of mind against the risk of covered injuries, or death. This coverage is so important because it offers both living and death benefits. It can be used to cover the cost of hospitalization, rehabilitation, or to replace lost income in the case of an accidental death. You can rely on Mutual of Omaha’s solid reputation and trusted name to provide security when you need it most.

**ELIGIBILITY**

All exempt faculty and administrative personnel who are employed* by the colleges on a .50 full-time equivalent or more; or who are eligible for insurance under the rules and regulations of the college by which they are employed and their eligible dependents.

Coverage is provided for your eligible family members only if you apply for coverage for them and pay the required premium. Family members eligible include an Employee’s (a) legal spouse; and (b) an Employee’s unmarried child(ren) who are primarily dependent upon the Employee for support and maintenance (i) until the end of the month of their 25th birthday, or (ii) of any age who are medically certified by a physician as disabled. Dependents must satisfy the requirements of the Internal Revenue Code to qualify as a tax dependent of the Employee and satisfy the eligibility requirements for coverage under a Benefit Plan. A Dependent may also include a child for whom the Employee is required to provide health benefits pursuant to a court order or a qualified medical child support order. Your eligible children shall include any legally adopted children and foster children provided they are dependent on you for support and maintenance.

*"Employed" means all exempt faculty and administrative personnel of an Employer that are regularly scheduled to work at least .5 FTE and that are included on the payroll records of the Employer. Leased Employees, independent contractors and part-time Employees who work less than .5 FTE are not eligible. Eligible Employees on an authorized leave of absence not to exceed a 24 consecutive month period, including Employees on sabbatical and summer break, are included as eligible Employees until the Employer notifies the Insurance Company of termination of eligibility.

Eligibility is extended to include the following named Colleges/Universities: Adams State College, Auraria Higher Education Center, Colorado School of Mines, Colorado State University at Pueblo, Fort Lewis College, Metropolitan State College of Denver, University of Northern Colorado and Western State College.

**NOTE:** No eligible person may be covered more than once under this plan. If they are covered as an employee, they cannot, at the same time, be covered as a dependent of another employee.

**COVERAGE**

This plan offers protection on a worldwide basis, 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 private and public conveyances. It also covers accidents while riding as a passenger (not as a pilot or member of a crew) and getting on or off: (a) any licensed civilian aircraft or its foreign equivalent; (b) any transport-type aircraft operated by the Military Airlift Command, the Department of National Defence (Canada) and the Royal Air Force Air Transport Command of Great Britain; or (c) any aircraft of the United States Department of Defense, other than a single-engine jet. The benefits provided herein are payable in addition to any other insurance which may be in effect at the time of the accident.

**EFFECTIVE DATE OF COVERAGE**

Your insurance is effective on the later of: (a) the policy effective date; or (b) the first day of the month following the date the Policyholder receives your completed enrollment form and payroll deduction authorization.

**BENEFITS**

**Accidental Death and Specific Loss**

When you or a dependent suffers any of the following specific losses because of injuries within 12 months from the date of the accident, we will pay for loss of:
Life .............................................................................................................................. Principal Sum
Both Hands or Both Feet or Both Eyes ........................................................................ Principal Sum
One Hand and One Foot .............................................................................................. Principal Sum
One Hand and One Eye or One Foot and One Eye ...................................................... Principal Sum
Speech and Hearing ..................................................................................................... Principal Sum
One Hand or One Foot or One Eye .............................................................................. Principal Sum
Speech or Hearing ...................................................................................................... Principal Sum
Thumb and Index Finger of the Same Hand .......................................................... One-fourth Principal Sum

If you or your covered dependent suffers multiple losses due to the same accident, only one benefit amount – the largest to which you are entitled – is payable. Loss of hand, hands, foot or feet means actual severance at or above the wrist or ankle joint. Loss of eye or eyes, speech or hearing means total, uncorrectable and irrecoverable loss of the entire sight, speech or hearing.

Hemiplegia, Paraplegia and Quadriplegia Benefits
When you or your covered dependent suffer injuries which result in hemiplegia, paraplegia, or quadriplegia commencing within 60 days after the accident and continuing for one year, we will pay benefits as follows:

For hemiplegia ................................................................................................. 50% of Principal Sum
For paraplegia .................................................................................................. 75% of Principal Sum
For quadriplegia ............................................................................................ 100% of Principal Sum

Only one of the amounts (the largest applicable) named above or in the Benefits For Specific Loss provision, will be paid for injuries from one accident.

Accident Only Coma Benefit
If as a result of injuries due to a covered accident, the Insured or covered dependent becomes Comatose within the 7 day Loss Period and remains Comatose beyond the 31 day Waiting Period, We will pay a benefit equal to 5% of their Principal Sum. Benefits will end on the earlier of: (a) the end of the month in which the Insured or covered dependent dies; (b) the date on which We have paid this benefit up to the 20 month benefit period; or (c) the end of the month in which the Insured or covered dependent recovers from the Coma.

Seat Belt Usage
When you or a covered dependent receives injuries covered by the policy which result in loss of life, we will pay an additional 10% of the Principal Sum not to exceed $10,000 if, at the time of the accident, you were the operator of or a passenger in a private passenger automobile and utilizing a seat belt. Seat belt usage must be verified by a doctor, coroner, traffic officer or other person of competent authority.

Education Benefits
If a dependent child is enrolled in and attending either the 12th grade or an accredited college or university on the date of a covered accident which results in your death, we will pay 5% of your Principal Sum or $5,000 per child per year, whichever is less, for each year of full-time uninterrupted college or university attendance completed during the four consecutive years following the child’s graduation from the 12th grade. If on the date of the accident no dependent children insured under the policy qualify for this benefit, we will pay $1,000 to your beneficiary.

Surviving Spouse Training Benefit
If you have family coverage and suffer loss of life in a covered accident, we will pay your surviving spouse within 54 months from the date of the accident, the expense incurred for any licensed professional or trade school training program not to exceed $5,000. This benefit is payable provided the spouse has: (a) enrolled for the purpose of obtaining an independent source of support or maintenance; (b) successfully completed the program; and (c) received a certificate or degree upon completion.
**Premium Waiver**
If you, due to a covered injury, suffer loss of life, coverage for any insured dependents will continue without premium payment until whichever of the following occurs first: (a) the date your spouse remarries; (b) the date the insurance terminates; (c) the date an unmarried dependent child ceases to be eligible due to age or marriage; or (d) the date the 12 month Benefit Period ends.

**Exposure and Disappearance**
If, while insured under the policy, an Insured or a dependent is unavoidably exposed to the elements because of a covered accident which results in the disappearance, sinking or damaging of a conveyance on which the Insured or dependent is covered by the policy and in which the Insured or dependent was riding, and if as a result of such exposure the Insured or dependent suffers a loss for which benefits are otherwise payable hereunder, such loss will be covered under the policy.

If, while insured under the policy, an Insured or dependent disappears because of a covered accident resulting in the sinking or disappearance of a conveyance on which the Insured or dependent is covered by the policy and in which the Insured or dependent was riding, and if the body of the Insured or dependent has not been found within 52 weeks after the date of such accident, it will be presumed, subject to no evidence to the contrary, that the Insured or dependent suffered loss of life as a result of injuries covered by the policy.

**AGE REDUCTION SCHEDULE**
Principal Sum Benefits for Insureds age 70 and over shall be payable according to the following schedule:

- Insureds ages 70 through 74 .......................................... receive 65% of their original Principal Sum
- Insureds ages 75 through 79 .......................................... receive 45% of their original Principal Sum
- Insureds ages 80 through 84 .......................................... receive 30% of their original Principal Sum
- Insureds age 85 and over .............................................. receive 15% of their original Principal Sum

**EXCLUSIONS**
This plan does not cover: (a) expense or loss for suicide while sane; (b) expense or loss for intentionally self-inflicted injury while sane; (c) loss caused by act of declared or undeclared war; (d) injuries received while participating in training exercises or maneuvers of an armed service while a member of an armed service; (e) injuries received while traveling by air (except as provided under the Coverage section); (f) injuries received because the insured person was under the influence of any controlled substance unless administered on the advise of a physician; (g) injuries received because the insured person was intoxicated; or (h) injuries received while traveling in any aircraft which is owned or leased by: (1) the Policyholder, subsidiary or affiliate of the Policyholder; or (2) a director, officer or employee of the Policyholder, subsidiary or affiliate of the Policyholder.

**PAYMENT OF CLAIMS**
Indemnity for loss of life will be payable in accord with the beneficiary designation made in writing by the Insured and on file with the Company. In the absence of such beneficiary designation, or in the event the designated beneficiary predeceases the Insured, indemnity for loss of life will be paid to the first of the following surviving beneficiaries: the Insured's: (a) lawful spouse; (b) child or children, jointly; (c) parents, jointly if both are living, or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate. Any other accrued indemnities unpaid at the Insured's death may, at Our option, be paid either to the Insured's beneficiary or to his or her estate.

**TERMINATION DATE OF COVERAGE**
Your insurance will end on the first of the following dates: (a) the date you cease to be eligible; (b) the date any premium is due and unpaid, subject to the grace period; or (c) the date the policy terminates.

**CONVERSION OPTION**
Conversion coverage is available to you and a dependent in the event the insurance provided by the certificate should end because your eligibility ends. You must send us a written application for conversion coverage and the initial premium within 31 days after your coverage under the policy ends. The conversion coverage will be issued in accord with: (a) our rules; and (b) the conversion law in effect when application is made.
The conversion coverage: (a) shall provide indemnity for specific loss in an amount not to exceed the Principal Sum applicable to you or a dependent under the certificate; and (b) may be substantially different from the certificate.

DEFINITIONS

“Coma” or “Comatose” means a state of unconsciousness in which the Insured or a covered dependent is wholly and totally unresponsive and cannot be aroused. This condition must be diagnosed and regularly treated by a Physician.

“Injuries” means accidental bodily injuries received while insured under this policy, resulting independently of sickness and other causes.

“Licensed Professional or Trade School Training Program” means a certificate or degree program of a professional or trade school.

“Loss Period” within the Accident Only Coma Benefit means the period of time during which the insured person must seek initial treatment for Injuries received in a covered accident.

Paralysis:

“Hemiplegia” means complete loss of function of one side of the body with involvement of the arm and leg.

“Paraplegia” means complete loss of function of the lower extremities of the body with involvement of the legs.

“Quadriplegia” means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and both legs.

“Seat Belt” means any factory-installed passive restraint device or any child passive restraint device which meets published federal safety standards.

“Waiting Period” within the Accident Only Coma Benefit means the period of time during which benefits are not paid.

CHOOSE THE PROTECTION YOUR FAMILY NEEDS

The amount of insurance you select is called the “Principal Sum”. You may select a Principal Sum between a minimum of $10,000 and a maximum of $500,000 in increments of $10,000. Amounts over $250,000 are subject to ten (10) times your annual salary.

If you select a Family Plan, your spouse’s benefit will be 50% of your Principal Sum and the benefit for each child (no matter how many) will be 10% of your Principal Sum. However, if no children are insured on the date of your covered accident, your spouse’s benefit will increase to 60% of your Principal Sum. Likewise, if no spouse is insured on the date of your covered accident, each child’s benefit will increase to 20% of your Principal Sum.

NOTE: Coverage for your Spouse and/or children cannot be purchased on a “stand alone” basis. Employee participation in the program is required in order to purchase coverage for your eligible dependents.

PREMIUM

The monthly premium for each unit of Principal Sum shall be:

Employee Only: $0.036 per $1,000.00 Principal Sum
Employee & Family: $0.052 per $1,000.00 Principal Sum

This outline summarizes the provisions of the policy issued to the CHEIBA Trust. Should there be any discrepancy between the policy and this outline, policy provisions will prevail.
CHEIBA TRUST
Voluntary AD&D Insurance
How Do I Enroll?

1. Complete the Employee Section on the enclosed Voluntary Enrollment Form.

2. Complete the Employee Coverage Election section by placing an [X] in the Employee Only or the Employee and Family box and indicate the insurance amount in the appropriate area.

3. If you have chosen to purchase Spouse and/or Dependent Children coverage please complete the Dependent Information section of the Voluntary Enrollment Form.

4. Complete the Beneficiary section on the Voluntary Enrollment Form.

5. Sign and date the Voluntary Enrollment Form.

6. Return your Voluntary Enrollment Form to your benefits manager.

The premiums for this coverage will be withdrawn automatically by payroll deduction on a monthly basis.

Note: If you decide not to enroll, you must sign the “Waiver of Group Voluntary Insurance” section on the form and return it to your benefits manager.

Underwritten by:
Mutual of Omaha Insurance Company
Home Office: Omaha, Nebraska
Voluntary Enrollment Form

Underwritten by: Mutual of Omaha Insurance Company

Employer Section

Company Name: CHEIBA TRUST

City: State: Zip Code:

Sub Group Name: Location Code:

Group I.D.: Sub-group I.D.: Class: Effective Date: Hours worked per week:

Current Base Pay
$ Hourly
Weekly
Biweekly
Monthly
Semimonthly
Annually

Full-Time Employment Date:

Occupation:

Employee Section (Please Print)

Social Security:

Name: Last First M.I.

Birth Date: Mo. Day Yr.

Gender: Male Female

Marital Status:

Street Address:

City: State: Zip Code:

Voluntary AD&D Coverage Election

Review & Check As Applicable

Yes No Benefit Amount Premium Amount

Voluntary AD&D Employee Only

Voluntary AD&D Employee & Family

Dependent Information (Please Print)

Name of Dependent(s) Gender Relationship Birth Date Mo. Day Yr. Social Security Number

Spouse:

Child(ren):

Beneficiary for Death Benefits – Right to Change Beneficiary is Reserved to the Insured.

(If more than one beneficiary is named, the beneficiaries shall share equally unless otherwise stated below.)

Primary Beneficiary

Secondary Beneficiary

Last Name First M.I. to Insured

Last Name First M.I. to Insured

Instructions: Application must be made within 31 days from the date the employee becomes eligible (or as otherwise stated in the plan). If plan is contributory, form MUST be signed and dated to authorize payroll deductions. Should you decline coverage(s) for either yourself or your eligible dependent(s), you MUST complete the Waiver of Group Voluntary Insurance on the back of this form.

I represent that the information I have provided in this Enrollment Form is complete, true and accurate, to the best of my knowledge.

Signature of Employee ________________________________ Date _______/_____/_____

MUG6673
### Waiver of Group Voluntary Insurance

I have been given the opportunity to apply for Group Voluntary AD&D Insurance as offered by the Policyholder, and after careful consideration have decided not to enroll:

- [ ] Myself (and all eligible dependents, if applicable)
- [ ] My eligible dependent spouse only
- [ ] My eligible dependent spouse and children only
- [ ] My eligible dependent children only

I understand and accept the Waiver of Group Insurance provisions.

**Signature of Employee** ________________________________  **Date** __________/________/________

**Insurance Company Use Only**

Acknowledgement ____________________________________________  **Date Recorded** __________/________/________