

Term Life and Accident Insurance



*Developed for the Employees of
School Districts
Participating in CSD Group Insurance Trust*

Protecting Your Family Securing Your Future

"As long as you've got your health . . ."

If you're physically healthy, you can work, play, take care of your family, and enjoy life. The same holds true of your fiscal health. For long-term financial well-being, you need to understand where you are, be aware of where you want to go, and have a plan to get you there.

But, if something were to happen to you, all your hard work — and everything you have — could be lost unless you've taken steps to protect yourself and your family. Having adequate insurance coverage is not only the basis for a sound financial blueprint; it also provides the protection you need to help ensure that your family, your home and your finances will be protected in the event of a serious accident.

Who Needs Life and Accident Insurance?

You do. Single or married. Buying your first home or preparing for retirement. Raising children or sending them off to college. No matter where you are in life, insurance should be part of your financial plan.

Life Insurance can help you protect your family's financial security in case of your death.

Accident insurance can help pay expenses in the event of a serious accident.

By purchasing these insurance products through your employer, you benefit from:

- Affordable group rates
- Convenient payroll deduction
- Access to knowledgeable service representatives.

Life Insurance

Who Is Eligible For Coverage?

You — If you are an active, full-time employee of a School District participating in the CSD Group Insurance Trust. Please refer to your employee handbook for your eligibility waiting period.

Your Spouse — Up to age 80 is eligible provided that you apply for and are approved for coverage for yourself.

Your Dependent Children — Under age 26, as long as you are covered. One low premium will insure all your eligible children, regardless of the number of children you have.

No one may be covered more than once under this plan.

How Much Coverage Can You Buy?

You — You can select life insurance coverage of 1, 2, 3, 4 or 5 times your salary rounded to the next higher \$1,000. The maximum for any employee is the lesser of 5 times your annual salary or \$500,000. The guaranteed coverage amount for you is the lesser of 2 times your annual salary or \$200,000.

You will receive accident insurance in an amount equal to the life insurance coverage you have selected

Your Spouse — You may select coverage for your spouse in units of \$10,000 to a maximum of \$50,000. The guaranteed coverage amount for your spouse is \$50,000.

Your Dependent Children — You may select coverage for your dependent children in the amount of \$5,000 or \$10,000. The guaranteed coverage amount for your child(ren) is \$10,000.

Guaranteed Coverage

If you and your dependents are eligible and you apply during the initial enrollment period, or within 31 days after you are eligible to elect coverage, you are entitled to choose any of the offered amounts of coverage up to the guaranteed coverage amount, as shown on your application, without having to provide evidence of good health.

If you apply for an amount of coverage for yourself and any dependents greater than the guaranteed coverage amount, coverage in excess of the guaranteed coverage amount will not be issued until the insurance company approves acceptable evidence of your good health. Evidence of good health may include a paramedical exam or physician's statement.

If you apply for coverage for yourself and any dependents more than 31 days from the date you become eligible to elect coverage under this plan, the guaranteed coverage amounts will not apply. Coverage will not be issued until the insurance company approves acceptable evidence of good health. Evidence of good health may include a paramedical exam or physician's statement.

Automatic Increase Feature

In the event of an increase in salary, your voluntary life insurance coverage will increase accordingly.

Your new coverage amount will become effective on the October 1st of each year. We do not require evidence of good health for salary increases that are less than 25% of your previous salary, not to exceed \$20,000.

Calculating the Cost of Your Coverage

Follow These Steps

Step 1	\$ _____	Your Yearly Salary			
	x _____	1, 2, 3, 4 or 5 (salary multiples)			
	= \$ _____	Amount of Coverage You Want			
Step 2	Round to the Next Higher \$1,000 e.g. \$214,300 becomes \$215,000				
Step 3	_____ ÷ 1,000	=	_____	Employee Units	
	Your Coverage Amount				
Step 4	_____	x	\$ _____	=	\$ _____
	Employee Units		Employee Cost Per Unit*		
Step 5	_____	x	\$ 1.92	=	\$ _____ (+)
	Spouse Units		Spouse Cost Per Unit*		
Step 6	_____	x	\$ _____	=	\$ _____ (+)
	Child(ren) Units		Child(ren) Cost Per Unit		
Step 7		=	\$ _____	Total [Monthly] Cost	

Maximum coverage: Employee - Lesser of 5 times annual salary or \$500,000; Spouse - \$50,000; Children - \$10,000.

**See Table.*

Employee Age	Employee Monthly Cost per \$1,000 Unit
Under 25	\$ 0.0640
25 to 29	0.0740
30 to 34	0.0960
35 to 39	0.1060
40 to 44	0.1110
45 to 49	0.1680
50 to 54	0.2450
55 to 59	0.4450
60 to 64	.6750
65 to 69	1.2780
70 to 74	2.0620
75 & over	3.0850

The employee rates above include the cost for a matching amount of accident insurance coverage.

The monthly cost for you spouse is \$1.92 per \$10,000 of coverage. The monthly cost for children is \$.58 for \$5,000 of coverage and \$1.15 for \$10,000 in coverage. One premium will insure all your eligible children, regardless of the number of children you have.

Costs are subject to change.

When You Reach Age 65

By the time you and your spouse reach age 65, chances are that your children will be grown and your mortgage paid. At age 65, providing you are still employed, your coverage will decrease to 65% of the benefit amount. It will decrease to 45% at age 70, 30% at age 75 and 20% at age 80. Premiums and coverage for your spouse will end at age 80; at that time your spouse may choose to convert this coverage to a permanent life insurance policy.

Other Benefit Features

Accelerated Death Benefit — Terminal Illness

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the accelerated payment benefit for terminal illness provides for up to 50% of the life insurance coverage amount in force or \$37,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

The terminal illness benefit may be taxable. As with all tax matters, an insured should consult with a personal tax advisor to assess the impact of this benefit.

Other Benefit Features (Cont'd)

Waiver of Premium

If you become totally disabled — To make sure you can keep the life insurance protection you need during a difficult period of your life, this plan provides a *waiver of premium* feature. If you are totally disabled prior to age 60 and can't work for at least 6 months, you won't need to pay premiums for your coverage, provided the insurance company approves you for this benefit. You must continue to pay premiums until the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force to age 65, subject to proof of continuing disability each year. If you qualify for this benefit and have insured your spouse or children, the premium for their coverage is also waived.

Converting Your Coverage to Permanent Life Insurance

If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. No medical certification is needed. To convert coverage, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

If You Leave Your Employer

To help you keep your life insurance coverage during the years when your family needs financial protection, the plan allows you to continue all of your voluntary coverage if you leave your employer. Premiums may change at this time. Just make arrangements to pay your premiums directly to the insurance company after you leave your current employer. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children. As long as the group policy remains in force, the option of continuing this coverage is available.

What Is Not Covered

The plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.

When Your Coverage Begins and Ends

The date your coverage begins is called its "effective date." Your employer will let you know the effective date of your coverage. If you are not actively at work on the effective date of coverage, your coverage will not begin until you return to work.

For coverage for your spouse and/or children to be effective, they must not be hospitalized or confined at home under the care of a doctor.

Your coverage cannot be terminated as long as you remain eligible, the premium is paid and the group policy remains in force.

For your spouse and children, coverage ends when your coverage ends, when their premiums are not paid or when they are no longer eligible.

Designating Your Beneficiary

Your term life benefit will automatically be paid to the first beneficiary listed below who is living at the time of your death if you do not designate a specific beneficiary:

- 1) Your Spouse
- 2) Your Child(ren)
- 3) Your Parents
- 4) Your Siblings
- 5) Your Estate

If you wish to designate different beneficiaries, or to indicate percentages, you may do so on your application. If the listed beneficiary is a trustee or a trust, you will need to indicate the trustee's name, the name of the trust and the date of the trust agreement. The trust document must be presented in order for the claim to be processed.

Apply Today

In order to apply for coverage, you must complete an application form. Be sure to answer all questions accurately, and indicate how much coverage you wish to have.

Payroll Deduction

You pay your premiums through payroll deduction. The total depends on how much coverage you select, your age, your spouse's age and the amount of coverage you buy for your spouse and children.

Questions?

CIGNA Group Insurance has courteous, knowledgeable customer service representatives who can assist you with the completion of your enrollment form by calling 1-800-732-1603 toll-free anytime from Monday through Friday, 8 a.m. to 6 p.m. Eastern time. CIGNA does not have your coverage election information on file. For specific benefit/account inquiries on what is available under your plan, please contact your Human Resources department.

This portion of the plan provides life insurance only.

Accident Insurance

Who Is Eligible For Coverage?

You – If you are an active, full-time employee of a School District participating in the CSD Group Insurance Trust. Please refer to your employee handbook for your eligibility waiting period.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

How Much Coverage Can You Buy?

You – You will receive accident insurance coverage in an amount equal to the life insurance coverage you have selected.

Automatic Increase Feature

If you receive an increase in your life insurance benefit amount due to an increase in salary, you will receive an increase in your accident insurance benefit amount equal to the increase in your life insurance benefit amount.

Your Monthly Cost

The cost of your accident coverage will be added to the cost of your life coverage. (See page 2 for the total cost of Life/Accident Insurance)

Cost of subject to change

Benefit Reductions

When you reach age 65, your benefits will be reduced to 65% of the benefit amount selected; at age 70, 45%; at age 75, 30%, and at age 80, 20%. Other plan benefits based on your selected benefit amount will be determined by this reduction schedule. These reductions also apply if you elect coverage after age 64.

A Valuable Combination of Benefits

Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of life, or Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower or upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech, or Loss of hearing in both ears, or	50%
Loss of thumb and index finger of the same hand, or Loss of all four fingers of the same hand, or Total paralysis of one upper or lower limb	25%
Coma	1%

If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies.

Loss of a hand or foot means complete severance through or above the wrist or ankle joint. **Loss of sight** means the total, permanent loss of all vision in the eye. **Loss of speech** means total, permanent and irrecoverable loss of audible communication. **Loss of hearing** means total and permanent loss of the ability to hear any sound in both ears. Loss of sight, speech and hearing must be irrecoverable by natural, surgical or artificial means. **Loss of a thumb and index finger or four fingers**, means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). **Paralysis** means total loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible. **Loss of Toes** means complete severance through the metatarsophalangeal joint. **Severance** means complete and permanent separation and dismemberment of the limb from the body.

For Exposure and Disappearance

Benefits are payable if you suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident.

If your body is not found within one year of the disappearance, wrecking or sinking of the vehicle in which you were riding, it will be presumed that you sustained loss of life as a result of injury.

Additional Benefits

For Comas

If you are in a coma as a result of a covered accident, we will pay a coma benefit.

After the insured person has been in a coma for one full month, we will begin to make monthly payments of 1% of the covered person's full benefit amount. The chart shown reflects this additional benefit. We will make 11 monthly payments, provided the person remains in a coma during this period. If the person recovers, the payments will stop.

If the insured person dies while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump sum payment equal to the full benefit amount.

Coma means a profound state of unconsciousness which resulted directly and independently from all other causes from a covered accident, and from which the Insured is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that covered accident.

For Training for Your Spouse

Your spouse will receive educational reimbursement if he or she enrolls, within one year of your death in a covered accident, in an accredited school to gain skills needed for employment. We will pay the actual cost of this education or training program up to 5% of your benefit amount, not to exceed \$5,000.

For Furthering Education

The education benefit can give employees and family members extra peace of mind if their children enroll in a school of higher learning.

If you die in a covered accident, we will pay an extra benefit for each child who is enrolled in a school of higher learning or is in the 12th grade and enrolls within one year of the accident. To help pay expenses, we will increase your benefit amount by 5% (up to \$5,000) for each qualifying child. This benefit is payable each year for four consecutive years as long as your children continue their education.

If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.

Additional Benefits

For Wearing a Seatbelt and Protection by an Airbag

This benefit is payable if an insured person dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile*, while wearing a properly fastened seatbelt. That person's death benefit will be increased by 10%, but not by more than \$10,000. If the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System** (Airbag), we will increase that person's death benefit by an additional 5%, but not by more than \$5,000.

Verification of the actual use of the seatbelt, and that the supplemental restraint system inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be certified, in writing, by the investigating officer(s), and submitted with the claim.

If it is unclear whether the insured had been wearing a seatbelt, or that the person was positioned in a seat protected by a properly functioning and properly deployed airbag, the plan will pay a benefit of \$1,000.

*Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper or motor-home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

**Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.

For Victims of Crime

This benefit is payable if you are the victim of crime. If you suffer bodily injury or die as a result of a felonious assault, robbery, holdup, attempted robbery or holdup, kidnapping or attempted kidnapping while at work, we will increase the benefit amount by 25% but not more than \$100,000. The insured must provide a copy of the police report describing the felonious assault or violent crime before benefits will be paid.

We will not pay benefits if you are assaulted by a fellow employee, or a household or family member, or for losses incurred when you commit a violent crime or felonious assault.

Additional Benefits

For Child Care Expenses

Personal Accident Insurance pays an additional benefit to help pay for your children's child care expenses.

If you die as a result of a covered accident, and you have a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterward, we will pay a child care center benefit. This benefit will be an annual sum for each

child of up to 3% of the insured's benefit amount but not more than \$3,000 a year for 5 straight years or until the child turns 13, whichever occurs first.

We will make the payment to the child's surviving custodial parent or legal guardian.

Each payment will be made at the end of a 12-month period in which there were documented child care center expenses.

For Home Alteration and Vehicle Modification

Personal Accident Insurance pays an additional benefit if you require home alteration or vehicle modification due to injuries from a covered accident. For example: If, as the result of a covered accident, you are required to use a wheelchair to be ambulatory, we will pay reasonable and customary home alteration and vehicle modification expenses. The expenses must be incurred within one year of the date of the accident causing the loss, up to 10% of the benefit amount or \$25,000, if less.

This benefit covers alteration to the insured's residence or modifications to a motor vehicle that are certified by a physician to be necessary to maintain an independent lifestyle. Benefits will not be paid if the covered person required an adaptive device, or adaptation of residence and/or vehicle prior to the date of the covered accident. Home alteration and/or vehicle modification must be made by a qualified person and must be in compliance with all applicable laws and regulations.

For Rehabilitation

If you incur rehabilitative expenses within 2 years of the date of a covered accident, we will pay an additional 5% of the benefit amount, to a maximum of \$10,000, for each covered accident.

Rehabilitative expenses means any medical services, supplies or treatment, or hospital confinement that is necessary for physical rehabilitative training. Rehabilitative training must prepare the insured to return to his/or or any other occupation, be prescribed and under the care of a doctor, and meet the generally accepted standards of medical practice.

What Is Not Covered

Plan benefits are not payable if an injury or a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide, while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; any active participation in a riot or insurrection; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound, or accidental food poisoning.)

Benefits are also not payable if the loss occurs while the covered person is voluntarily using any drug, narcotic, poison, gas or fumes, except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol (intoxicated is defined by the law of the state in which the covered accident occurred) or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization, or any of its subsidiaries or affiliates (an aircraft will be deemed to be "controlled" by the sponsoring organization if the aircraft may be used as the sponsoring organization wishes for more than 10 straight days, or more than 15 days in any year); flying in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface, except as a passenger on a regularly scheduled commercial airline; that is: an ultra-light or glider; designed to be used in outer space; being used by any military authority, except the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew; being used for parachuting, hang-gliding, crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, skydiving, pipeline or power line inspection, aerial photography, or exploration, racing, endurance tests, stunt or acrobatic flying, or any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).

When Your Coverage Begins and Ends

Current employees can sign up during this enrollment period. New employees have 31 days from the date they become eligible to enroll. Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work.

Your coverage will continue as long as you remain an eligible employee, pay your premium when due and we agree with your employer to continue this group policy.

Changing from the Group Plan to Individual Coverage

If, before you reach age 70, this group coverage is reduced or ends for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

Signing Up Is Easy

No medical examination is required to apply!

Just follow these steps.

1. Choose the benefit amount and coverage options that are right for you.
2. Fill out the accident section of your insurance application and return it to your Human Resource Department.

Don't forget to . . .

Use the full name of your beneficiary. For example, use "Mary Jones Smith" not "Mrs. John A. Smith."

If you have any questions about the plan, please contact your Human Resources Department.

This portion of the plan provides ACCIDENT insurance only. It pays benefits for bodily injury. It does not provide coverage for sickness.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. FLX-961375, on Policy Form TL-004700, issued in Missouri. Terms and conditions of voluntary accident insurance coverage are set forth in Group Policy No. OK-961470, on Policy Form No. GA-00-1000.00, issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Services Industry(ies). The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.

*Coverage is underwritten by
Life Insurance Company of North America
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08/12



GO YOUSM



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