



LifeMap Assurance Company™
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(503) 721-7161 (800) 794-5390

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT
CERTIFICATE OF INSURANCE

FOR

EMPLOYER: SEVIER COUNTY

GROUP POLICY NUMBER: WBT 000977

CERTIFICATE SCHEDULE

This certificate is not valid unless accompanied by a Confirmation Statement from LifeMap. The Confirmation Statement is a letter that verifies the benefit level you have selected and your effective date of coverage. Your coverage will begin on the effective date shown provided you are actively at work (for employees) on that date and the required premium has been paid.

PRINCIPAL SUM: Employees may select a Principal Sum in \$25,000 increments up to a maximum of \$500,000. Benefits will be paid according to the amount shown on your Confirmation Statement.

FAMILY PLAN: This coverage is provided only if shown on your Confirmation Statement.

If the family plan has been chosen, the Principal Sum applicable to "Eligible Dependents" will be as follows:

- Spouse Only Covered..... Spouse: 50% of the Employee's Principal Sum
Children Only Covered ..... Each Child: 15% of the Employee's Principal Sum
Spouse and Children Covered..... Spouse: 40% of the Employee's Principal Sum
Each Child: 10% of the Employee's Principal Sum

YOU ARE COVERED FOR ACCIDENTS ONLY.
THE POLICY DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.
READ YOUR CERTIFICATE WITH CARE.

LifeMap Assurance Company (herein called "We," "Us" and "Our") has issued a group insurance policy to your employer. Your benefits are described in this Certificate. You should read it with care so you will understand your coverage. This Certificate is a summary of your insurance under the group policy; it is not a contract of insurance. The group policy is the only contract under which benefits are paid. You may examine the group policy at the office of your employer. This Certificate replaces any certificates which may have been issued to you in the past under the group policy.

Signed for LifeMap Assurance Company on the insured's effective date.

SECRETARY

[Handwritten signature of Secretary]

PRESIDENT

[Handwritten signature of President]

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## EMPLOYEE COVERAGE

You will be covered by the group policy on the effective date shown on your Confirmation Statement. This effective date does not apply if you are not regularly performing the duties of your occupation on the date your coverage would begin. In that case, your coverage will start on the first day of the month that follows a return to those duties.

**Termination** - Your coverage will end when any of these things happen:

1. On the date that the group policy is terminated.
2. On the next premium due date on or after your retirement.
3. On the next premium due date, if you enter full time military service for more than 30 days.
4. On the next premium due date, if you are no longer eligible according to the terms of the policy.
5. At the end of the period for which you have paid your premium, if you do not pay the required premium contribution. This is subject to a 31 day grace period.

If you are absent due to disability or authorized leave, coverage will end on the date any of the following occur:

1. termination of payroll deduction; or
2. termination of central collection of premiums; or
3. six months after the last day on which you were actively at work on a full time basis.

## FAMILY PLAN COVERAGE

If "Family Plan" is shown on your Confirmation Statement, we certify that the family members described below are covered:

1. Your legal spouse, while he or she is under age 70.
2. Your unmarried children under 26 years of age. This includes stepchildren, legally adopted children, and children of adopting parents pending adoption procedures. To be covered, a child must: a) have his or her principal residence with you;\* and b) chiefly rely on you for support and maintenance.

\*unless the child is enrolled as a full time student at an accredited school or you are legally required to contribute to his or her support.

**Newborn Children** - Your newborn children are automatically covered from live birth until they are 31 days old. After this time, the child will remain covered only if we have received written notice of the birth and payment of the correct premium. Notice is not required if you are already paying the family plan premium.

**Termination** - If you have family plan coverage, a family member's coverage will end:

1. when your coverage ends; or
2. on the next premium due date, if the family member is no longer eligible; or
3. at the end of the period for which you have paid the family plan premium, if you do not pay the required premium contribution. This is subject to a 31 day grace period.

**Handicapped Dependents** - Coverage may be kept in force for any child who reaches the age limit and is both: (1) totally incapable of self-sustaining employment due to a physical or mental handicap; and (2) chiefly dependent on you for support and maintenance. To keep this coverage in force, you must give us proof of the child's incapacity and dependency not more than 31 days after the child reaches the age limit. We may require proof from time to time, but not more than once a year after the 2 years that follow the date that the child reaches the age limit.

## DESCRIPTION OF COVERAGE

**Scope of Coverage:** We will pay benefits for loss from bodily injuries:

1. caused by an accident which happens while a person is covered by the policy; and
2. which directly, and from no other cause, result in a covered loss.

We will not pay benefits if the loss was caused by:

1. sickness, disease or bodily infirmity; or
2. any of the exclusions listed on the following page.

**Benefits for Accidental Loss of Life, Limb or Sight:** If, within 365 days from the date of accident covered by the policy, bodily injuries result in any of the following losses, we will pay the benefit set opposite such loss; provided, however, that if you sustain more than one such loss as the result of any one accident, we will pay only the single largest amount to which you are entitled. This amount will not exceed the Principal Sum.

Loss of Life .....	The Principal Sum
Loss of Two or More Members .....	The Principal Sum
Loss of One Member.....	One-Half the Principal Sum
Loss of Thumb and Index Finger of the Same Hand .....	One-Fourth the Principal Sum

**The Principal Sum is the amount shown on your Confirmation Statement.**

"Member" means hand, foot or eye.

"Loss" means with regard to hand or foot complete severance through or above the wrist or ankle joint; loss of an eye means total and irrecoverable loss of sight; loss of thumb and index finger means severance of each through or above the joint closest to the wrist.

*For other coverage provided under this policy (if any), see the Riders attached to the end of this Certificate.*

**Benefit Reduction:** We will pay benefits for loss resulting from a covered accident for an employee age 70 and over as follows:

<u>Age At Date Of Loss</u>	<u>Principal Sum Reduced to</u>
65-69	65%
70 and over	50%

All plan benefits that are based on the Employee's Principal Sum will be computed according to the schedule above.

If the Family Plan is elected, coverage for a dependent spouse will end at age 70. Accidental Death and Dismemberment benefits for insured dependents will be based on the Employee's selected Principal Sum. All other plan benefits that are based on the Employee's Principal Sum will be computed according to the age reduction schedule above.

## **EXCLUSIONS**

No benefits will be paid for loss resulting from:

1. Intentionally self-inflicted injuries, or any attempt thereat, while sane or insane
2. Declared or undeclared war or act of war.
3. Accident which occurs while the covered person is serving on full time active duty for more than 30 days in any Armed Forces. (Send us proof of service. We will refund any premium paid for this time.) (Reserve or National Guard active duty for training is not excluded.)
4. Travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if:
  - a. the aircraft or device is being used:
    - 1) for test or experimental purposes; or
    - 2) by or for any military authority. (Aircraft flown by the U.S. Military Airlift Command (MAC) or similar service of another country are not excluded); or
    - 3) for travel, or is designed for travel, beyond the earth's atmosphere; or
    - 4) by or for the named organization or any of its subsidiaries or affiliates. (This exclusion applies whether the aircraft or device is owned, leased, operated or controlled, as defined. Chartered aircraft, as defined, are not excluded); or
  - b. the covered person is:
    - 1) serving as pilot or crew member (or student taking a flying lesson) and is not riding as a passenger; or
    - 2) hang-gliding; or
    - 3) parachuting, except when the covered person has to make a parachute jump for self-preservation.
5. The commission of a felony by the covered person.
6. Sickness, disease or bodily infirmity. (Bacterial infection which results from an accidental cut or wound or accidental ingestion of a poisonous food substance are not excluded.)

## **DEFINITIONS**

"Owned aircraft" means one to which the employer holds legal or equitable title. They may use, alter or sell their property as they wish.

"Leased aircraft" means one the employer does not own. They may use the aircraft as they wish for the term of the written lease. The time will be longer than a few days or one or two trips. They may not alter or sell the aircraft without the consent of the owner.

"Operated or controlled aircraft" means one the employer does not own. It will be leased, rented or borrowed for more than 10 straight days. The employer may use it as they wish. They may not alter or sell the aircraft without consent of the owner.

"Chartered aircraft" means one the employer does not own. It will be hired for one purpose or one trip or for general use. The time the employer has it may not exceed 10 straight days, nor more than 15 days in any one year. One or more aircraft hired on a regular or frequent basis are not chartered.

## PROVISIONS

### NOTICE OF CLAIM:

Written notice must be given within 30 days after a covered loss begins, or as soon as reasonably possible. Notice can be given to us at our home office in Portland, Oregon or to our agent. This notice should include your name, address and the policy number.

### CLAIM FORMS:

When we receive the notice of claim, we will send forms for filing proof of loss. If claim forms are not sent within 15 days, the proof requirements will be met by submitting, within 90 days, written proof of the nature and extent of the loss.

### PROOF OF LOSS:

Written proof must be given to us within 90 days after the date of loss. If that is not reasonably possible, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. **Proof of Loss** means a properly completed claim form; plus:

1. for **Accidental Death** - in addition to the certified death certificate:
  - a. coroner's report;
  - b. investigating agency's report;
  - c. Employer's Workers' Compensation report of claim, if applicable; and
  - d. news accounts, if available;
2. for **Accidental Dismemberment** -
  - a. medical records;
  - b. police records;
  - c. Employer's Worker's Compensation report of claim, if applicable; and
  - d. news accounts, if available.

### TIME OF PAYMENT OF CLAIMS:

Benefits for loss covered by the policy will be paid as soon as we receive proper written proof of such loss.

### PAYMENT OF CLAIMS:

**Insured's Beneficiary:** Loss of life benefits will be paid to the beneficiary named in writing on your Beneficiary Designation Form. All other benefits will be paid to you.

**Spouse's Beneficiary:** Loss of life benefits will be paid to you. All other benefits will be paid to your spouse.

**Child's Beneficiary:** Loss of life and all other benefits will be paid to you.

If there is no surviving beneficiary, your loss of life benefits will be paid in one lump sum to the first surviving class of the following classes of beneficiaries:

- (a) wife or husband;
- (b) child or children;
- (c) mother or father;
- (d) sisters or brothers.

If there is no surviving member of any of the above classes, the benefits will be paid to your estate. All other benefits will be paid to you. If we are to make payments to your estate, or to a family member who is incapable of giving a valid release, we may pay up to \$500 to a relative by blood or marriage who we believe is equitably entitled to it. This good faith payment satisfies our legal duty to the extent of that payment.

**PHYSICAL EXAMINATIONS AND AUTOPSY:**

We will pay the cost and have the right to have the covered person examined as often as reasonably necessary while a claim is pending. We may have an autopsy made, at our expense, unless prohibited by law.

**REVIEW PROCEDURE:**

A claimant has the right to a review of any denial by us of all or any part of a claim. To obtain a review, a written request for review should be sent to us at our Home Office within 60 days after the claimant receives notice of denial. No special form is required.

The claimant may submit written comments and provide additional documentation in support of the claim, and may review any non-privileged information relating to the request for review.

We will review the claim promptly after receiving the request. We will send the claimant written notice of our decision within 60 days after the request for review is received, or within 120 days if special circumstances require an extension. The notice will include the reasons for the decision and will refer to the specific provisions of the policy on which the decision is based.

Another person may be authorized to act for the claimant under this review procedure.

**LEGAL ACTIONS:**

No legal action to get policy benefits may be brought less than 60 days nor more than 3 years after written proof of loss has been furnished as required by the policy.

**CHANGE OF BENEFICIARY:**

The beneficiary can be changed at any time. The beneficiary's consent is not required. No change is binding unless it is:

1. signed and dated by you; and
2. delivered to the employer during your lifetime; and
3. in a form acceptable to us.

**WORKERS' COMPENSATION INSURANCE:**

This policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation insurance.

**SPEECH AND/OR HEARING RIDER**

This rider amends the policy or certificate to which it is attached. It takes effect and expires at the same time as the policy or certificate.

In consideration of the premium, Accidental Loss of Life, Limb or Sight Coverage will include benefits for:

Loss of Speech **and** Hearing..... The Principal Sum

Loss of Speech **or** Hearing..... One-Half the Principal Sum

Loss of speech means total and irrecoverable loss of audible communication. Loss of hearing means permanent total deafness in both ears such that it cannot be corrected to any functional degree by any aid or device.

No other policy provision or condition is changed in any way by this rider.

**LIFEMAP ASSURANCE COMPANY**

President



## AMENDATORY RIDER

This rider amends the policy or certificate to which it is attached. It takes effect and expires at the same time as the policy or certificate.

In return for the premium the following benefit is added:

### SPECIAL EDUCATION BENEFIT

We will pay a "Special Education Benefit" if the Insured:

- a) is covered under the Family Plan; and
- b) dies as the result of a covered accident; and
- c) is survived by a dependent child who:
  - (1) on the date of the accident, was enrolled as a full-time student in any school beyond the 12th grade level; or
  - (2) was at the 12th grade level and later enrolls as a full-time student at a school of higher learning within 365 days after the accident.

The "Special Education Benefit" is payable for each child who qualifies:

- a) in an amount equal to **2%** of the Insured's Principal Sum, but not more than **\$2,500**;
- b) once a year for not more than **four** straight years;
- c) only while the child continues as a full-time student at a school of higher learning;
- d) in addition to all other policy benefits.

If, at the time of accident, Family Plan coverage is in force but there is no dependent child who qualifies, we will pay an additional benefit of **\$1,000** to the Insured's designated beneficiary.

No other policy provisions or condition is changed in any way by this rider.

## LIFEMAP ASSURANCE COMPANY

President



**AMENDATORY RIDER  
PARALYSIS**

This rider amends the policy or certificate to which it is attached. It is in force only while the policy is in force.

In return for the premium, Accidental Loss of Life, Limb or Sight Coverage will include benefits for:

Quadriplegia ..... The Principal Sum  
(total paralysis of both upper and lower limbs)

Paraplegia ..... **One-Half** of the Principal Sum  
(total paralysis of both lower limbs)

Hemiplegia..... **One-Half** of the Principal Sum  
(total paralysis of upper and lower limbs on one side of the body)

**"Paralysis"** means loss of use, without severance, of a limb. The loss must be determined by a physician to be complete and not reversible.

**Coverage for loss resulting from paralysis terminates at age 70.**

No other policy provision or condition is changed in any way by this rider.

**LIFEMAP ASSURANCE COMPANY**

President



**AMENDATORY RIDER  
COMA I**

This rider amends the policy or certificate to which it is attached. It is in force only while the policy is in force.

If as a result of a covered accident a Covered Person is injured, we will pay an additional benefit if the Covered Person becomes Comatose within 365 days of the accident, and remains Comatose beyond the Waiting Period.

A person is considered "Comatose" or in a Coma, if he is in a profound stupor or state of complete and total unconsciousness, as the result of an accident.

The "Waiting Period" is the **31-day period** from the day the Covered Person becomes Comatose.

We will pay this benefit at the rate of **1% of the Covered Person's Principal Sum per month or 1% of the difference between the Principal Sum and the amount of any benefits paid for loss arising out of the same accident, whichever is less**, from the end of the Waiting Period. We will cease payment on the earliest of:

- a) the end of the month in which the Covered Person dies;
- b) the end of the 11th month for which this benefit is payable;
- c) the end of the month in which the Covered Person recovers from the Coma.

Monthly coma benefit payments will be payable to the Covered Person's legal guardian, or in the event no legal guardian is appointed, to the person, who in the opinion of the Company, is responsible for care of the Covered Person. In the event of the covered person's death, any Accidental Death benefits payable will be paid to the Covered Person's beneficiary.

If the Covered Person dies as a result of the covered accident while the monthly Coma Benefit is payable, benefits will be paid under the policy for Accidental Death; however, in no event shall the total amount paid for all benefits exceed the Covered Person's Principal Sum Amount.

If the Covered Person remains Comatose after this Coma Benefit is payable for **11 straight months**, benefits will be paid under the policy for Accidental Death; however, in no event shall the total amount paid for all benefits exceed the Covered Person's Principal Sum Amount.

**If Coma Benefits are payable, benefits will not be payable under any Permanent Total Disability Benefit or Paralysis Benefit in the policy, if any.**

**ADDITIONAL EXCLUSIONS**

In addition to the General Exclusions of the policy the following exclusion is added. Benefits will not be paid for loss caused by or resulting from sickness, disease, bodily infirmity 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 bodily injury or accidental food poisoning.

Except for the above, all other terms and conditions shall remain unchanged.

**LIFEMAP ASSURANCE COMPANY**

President



## AMENDATORY RIDER

This rider amends the policy or certificate to which it is attached. It takes effect and ends at the same time as such policy or certificate.

In consideration of the premium the following benefit is added:

### SPOUSE RETRAINING BENEFIT

We will pay this benefit if the Insured:

- a) has elected family plan coverage prior to time of accident; and
- b) dies within a year of, and as a result of, a covered accident; and
- c) is survived by a dependent spouse.

The benefit will be payable for the Insured's surviving spouse who:

- a) enrolls within one year after the Insured's death in any accredited school for the purpose of retraining or refreshing skills needed for employment; and
- b) incurs expenses payable directly to, or approved and certified by such school.

We will pay the cost of such incurred expense for not more than:

- a) one year after the first retraining/refresher course begins; or
- b) \$3,000  
whichever is less.

Payment will be in addition to all other policy benefits.

No other policy provision or condition is changed in any way by this rider.

## LIFEMAP ASSURANCE COMPANY

President



## **AMENDATORY RIDER**

This rider amends the policy or certificate to which it is attached. It takes effect and expires at the same time as such policy or certificate.

In consideration of the premium the following benefit is added. It will only apply if the family plan has been chosen.

### **BENEFICIARY CRITICAL PERIOD**

If the family plan has been chosen, an additional benefit will be paid for the accidental loss of life of the Insured or the Insured's spouse. The Covered Person's beneficiary will receive an additional ½% of the deceased person's Principal Sum each month. It will be paid for 12 consecutive months.

No other policy provision or condition is changed in any way by this rider.

## **LIFEMAP ASSURANCE COMPANY**

President

A handwritten signature in black ink, consisting of a stylized, cursive 'L' followed by a loop and a horizontal stroke.

**AMENDATORY RIDER**

This rider amends the policy or certificate to which it is attached. It is in force only while the policy is in force.

In consideration of the premium, the following benefit is added:

**CONTINUATION CLAUSE**

If the Family Plan is selected, the following benefit will apply at time of loss of life of the Insured Employee:

The Company shall continue coverage for the Insured Employee's dependents for six (6) months. This continuation of coverage shall be at no charge to the dependents and at the Principal Sum percentages applicable prior to the loss of the Insured Employee.

No other policy provision or condition is changed in any way by this rider.

**LIFEMAP ASSURANCE COMPANY**

President



## AMENDATORY RIDER

This rider amends the policy or certificate to which it is attached. It takes effect and ends at the same time as such policy or certificate. In consideration of the premium the following benefit is added.

### CHILD CARE CENTER BENEFIT

We will pay this benefit if the Insured and/or the Insured Spouse:

- a) Die(s) as the result of a covered accident; and
- b) Family Plan coverage has been elected; and
- c) Is/are survived by a dependent child who:
  - 1) On the date of the covered accident was enrolled in a legally licensed Child Care Center; or
  - 2) Is enrolled in a legally licensed Child Care Center within 365 continuous days from the date of the covered accident; and
  - 3) Is under 13 years old.

The Child Care Center Benefit is payable for each child who qualifies:

- a) In an amount equal to 2% of the Insured's Principal Sum, but not more than **\$5,000** per year; and
- b) Only while the dependent child continues to be enrolled in a legally licensed Child Care Center.

We will pay this benefit once a year for not more than five straight years, or until the dependent child's 13th birthday, whichever happens first.

This benefit will be payable to the surviving spouse, if the spouse has custody of the child. If there is no surviving spouse, or the child does not live with the spouse, then the benefit will be paid to the child's legally appointed guardian.

If, at the time of the accident, coverage for a dependent child is in force, but there is no dependent child who qualifies, we will pay an additional benefit of **\$1,500** to the Insured's designated beneficiary.

Child Care Center means a facility which:

- a) Is run according to law, including laws and regulations applicable to child care facilities; and
- b) Provides care and supervision for children in a group setting, on a regular, daily basis.

A Child Care Center does not include:

- a) A hospital; or
- b) The child's home; or
- c) Care provided during normal school hours while a child is attending grades one through twelve.

At the end of each twelve-month period following an Insured's death, we will reimburse the claimant. Bills must be submitted to us at the end of the twelve-month period. A twelve-month period starts when the dependent child enters a Child Care Center for the first time after an Insured's death.

No other policy provision or condition is changed in any way by this rider.

### LIFEMAP ASSURANCE COMPANY

President



## **Notice of Protection Provided by Utah Life and Health Insurance Guaranty Association**

This notice provides a brief summary of the Utah Life and Health Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Utah law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, health, or annuity insurance company becomes financially unable to meet its obligations and is taken over by its insurance regulatory agency. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Utah law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

### Life Insurance

- \$500,000 in death benefits
- \$200,000 in cash surrender or withdrawal values

### Health Insurance

- \$500,000 in hospital, medical and surgical insurance benefits
- \$500,000 in long-term care insurance benefits
- \$500,000 in disability income insurance benefits
- \$500,000 in other types of health insurance benefits

### Annuities

- \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$500,000. Special rules may apply with regard to hospital, medical and surgical insurance benefits.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. Coverage is conditioned on residency in this state and there are substantial limitations and exclusions. For a complete description of coverage, consult Utah Code, Title 31A, Chapter 28.

**Insurance companies and agents are prohibited by Utah law to use the existence of the Association or its coverage to encourage you to purchase insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between Utah law and this notice, Utah law will control.**

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association’s website at [www.utlifega.org](http://www.utlifega.org) or contact:

Utah Life and Health Insurance Guaranty Assoc.  
60 East South Temple, Suite 500  
Salt Lake City UT 84111  
(801) 320-9955

Utah Insurance Department  
3110 State Office Building  
Salt Lake City UT 84114-6901  
(801) 538-3800

A written complaint about misuse of this Notice or the improper use of the existence of the Association may be filed with the Utah Insurance Department at the above address.