## Huston-Tillotson University Basic Accident Proposal Schedule of Benefits Summary

Eligibility	All active, full-time U.S. Employees of the Employer regularly	
Engionity	working a minimum of 30 hours per week.	
Benefits:		
Covered Earnings Definition	Employee's annual wage or salary as reported by the Employer	
Covered Larinings Definition	excluding bonuses, commissions, overtime pay or extra compensation	
Eligibility Waiting Period	Following 30 days of active service.	
Employee Benefit	Flat \$50,000	
Coverage	Basic, Employer paid, 24 Hour Accidental Death & Dismemberment	
Coverage	Benefits. Other enhancements will be defined in the policy.	
Loss of Life	100% of the Principal Sum	
Dismemberment	100% of the Finespan Sum	
Loss of Two or More Hands or Feet	100% of the Principal Sum	
Loss of Five of More Hands of Feet Loss of Sight of Both Eyes	100% of the Principal Sum	
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum	
Quadriplegia (Total paralysis of upper and	100% of the Principal Sum	
lower limbs)	100% of the Finicipal Sum	
Paraplegia (Total paralysis of both lower	75% of the Principal Sum	
limbs)	75 % of the Filhelpti Sum	
Hemiplegia (Total paralysis of upper and	50% of the Principal Sum	
lower limbs on one side of the body)	Constitution and a state of the	
Uniplegia (Total paralysis of one upper or	25% of the Principal Sum	
one lower limb)	1	
Loss of One Hand or Foot	50% of the Principal Sum	
Loss of Sight in One Eye	50% of the Principal Sum	
Severance and Reattachment of One Hand	50% of the Principal Sum	
or Foot	•	
Loss of Speech	50% of the Principal Sum	
Loss of Hearing (in both ears)	50% of the Principal Sum	
Loss of Thumb and Index Finger of the	25% of the Principal Sum	
Same Hand		
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum	
Loss of all the Toes of the Same Foot	20% of the Principal Sum	
Coma		
Monthly Benefit	1% of Principal Sum	
Number of Monthly Benefits	11	
When Payable	At the end of each month during which the Covered Person remains	
	comatose	
Lump Sum Benefit	100% of Principal Sum	
When Payable	Beginning of 12th Month	

Accidental Death & Dismemberment Schedule of Benefits: We will pay the benefit for any one of the Covered Losses listed in the Schedule of Benefits, if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period specified in the Schedule of Benefits.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable.

If the loss results in death, benefits will only be paid under the Loss of Life benefit provision.

Any Loss of Life benefit will be reduced by any paid or payable Accidental Dismemberment benefit. However, if such Accidental Dismemberment benefit equals or exceeds the Loss of Life benefit, no additional benefit will be paid.

## **Extension of Coverage:**

Coverage expanded to cover the following circumstances:

• Exposure & Disappearance - loss occurs due to exposure; disappearance if not found within one year

Benefit Reductions	We can help you meet your Age Discrimination in Employment Act (ADEA) responsibilities by extending coverage to all active employees, regardless of age.  Benefits reduced for employees based on ages at time of accident according to the following schedule: 65% @ age 70, 50% @ age 75
Continuation of Insurance	Family Medical Military Leave (12 weeks)
Additional Benefits:	
Seatbelt and Airbag Benefit	Covered Person dies directly and independently of all other causes from a Covered Accident while wearing a seatbelt and riding in a private passenger automobile.  If seatbelt benefit is payable, an additional benefit is provided if Covered Person was also positioned in a seat protected by a properly –functioning and properly deployed Supplemental Restraint System Airbag.  Seatbelt: Additional 10% of the principal sum to a maximum of \$5,000  Child Restraint: Additional 10% of the principal sum to a maximum of \$5,000  Airbag: Additional 5% of the principal sum to a maximum of \$2,500
Special Education Benefit I (Child)	We will pay the Benefit below for each qualifying Dependent Child of a Covered Person whose death resulted from a Covered Accident, if the child enrolls as a full-time student at an accredited school of higher learning within 365 days from the date of the Covered Accident, continues his education as a full-time student and incurs expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.  Additional 3% of Principal Sum, up to a maximum of \$3,000 per year for up to 4 years If no dependent child qualifies we will pay the following default amount: \$1,000
Beneficiary Designation	Recognize Prior Beneficiary Designations or Pay According to Succession Schedule (if no beneficiary has been designated)