

#### REHABILITATION BENEFIT

Reimburses covered rehabilitation expenses, the lesser of 10% of the Insured's Principal Sum or \$10,000, incurred within two years of and as a result of an accident causing a covered dismemberment, paralysis or permanent total disability.

#### REPATRIATION OF REMAINS BENEFIT

Pays benefits for covered expenses, up to a maximum of \$10,000, to return home to the United States or Canada the body of a covered person if such person suffers a covered accidental death while at least 100 miles from home.

#### SEAT BELT BENEFIT

Pays an additional benefit of 10% to a maximum of \$35,000 of the covered person's Principal Sum, if a covered person suffers a covered accidental death while operating or riding as a passenger in a private passenger automobile if it is verified that such person was wearing a properly-fastened, original, factory installed seat belt.

#### TUITION BENEFIT (only available with Family Coverage)

Pays an additional benefit equal to the lesser of 1) the actual tuition, 2) 5 % of your Principal Sum as applicable, or 3) \$5,000 if you suffer a covered accidental death, so that your covered eligible dependent children can continue or commence under certain circumstances their education in an institution of higher learning.

Also pays an additional benefit equal to the lesser of 1) the actual tuition, 2) 5% of your Principal Sum, or 3) \$5,000 if you suffer a covered accidental death so that your covered spouse can continue or commence under certain circumstances their education in an institution of higher learning or so that your covered eligible spouse can enroll in a professional or trade training program to obtain an independent source of support or to enrich his/her ability to earn a living.

#### EXCLUSIONS:

This policy does not cover loss caused in whole or in part by, or resulting in whole or in part from, the following:

(1) suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury (2) sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism, or ptomaine poisoning; (3) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is: a) riding

as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or the Insured Person's employer; (4) declared or undeclared war, or any act of declared or undeclared war; (5) full-time active duty in the armed forces or any country or international authority, except the National Guard or organize reserve corps duty. (unearned premium will be returned if the Insured Person enters military service.

#### For further information contact:

**UNIVERSITY BENEFITS**  
**903 W. University Avenue**  
**GAINESVILLE, FL 32601**

**Or by campus mail to P.O. Box 115007**  
**PHONE: (352) 392-2477**



Administrators of the Plan:  
Willis HRH  
4880 W Newberry Rd.  
Gainesville, FL 32607  
Phone: 352-378-2511



This brochure provides only brief descriptions of the coverages available. The Policies contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in each Policy. If there are any conflicts between this document and each Policy, the Policy PAI 9061063 shall govern. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. with its principal place of business in New York, NY. NUFIC does not solicit business in New York.

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## VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

**Underwritten by**  
**National Union Fire Insurance Company of Pittsburgh, Pa.**

The University of Florida offers a Voluntary Accidental Death and Dismemberment program to their Employees.

You will be covered 24-hours-a-day, 365 days-a-year, both on and off the job. You can elect to cover your spouse and eligible dependent children at our affordable rates. Dependent coverage is available from birth to age 19 (thru age 25 if attending an institution of higher learning on a full or part time basis) and primarily dependent on the insured for support and maintenance. Disabled children incapable of self-sustaining employment and who are primarily dependent on the insured for support and maintenance may continue beyond the age limit as long as the policy is in force, but only if they remain continuously covered under the policy.

Please note: You must complete an enrollment form.

**Benefit Amounts:** You may elect a minimum of \$10,000 up to \$750,000 (in increments of \$10,000). However, amounts above \$350,000 cannot exceed 10 times your base Annual Salary. Your Principal Sum equals the amount of insurance you choose subject to the reduction schedule later in this brochure.

“Annual Salary” means your annual base compensation exclusive of overtime, bonuses, commission, profit sharing or any other form of remuneration.

If the family plan is selected, benefits are as follows:

If your covered dependent child suffers a loss payable under the Plan and you have a covered spouse at the date of the loss, that child's Principal Sum will equal 15% of your Principal Sum up to a maximum of \$70,000. If you do not have a covered spouse on the date of the loss, that child's Principal Sum will equal 20% of your Principal Sum up to a maximum of \$70,000.

If your covered spouse suffers a loss payable under the Plan and there is no covered dependent child on the date of the loss, your spouse's Principal Sum will equal 60% of your Principal Sum. If there is a covered dependent child, your spouse's Principal Sum will equal 50% of your Principal Sum.

**THE COST OF INSURANCE**

The cost for Employee Only Coverage is \$0.026 per \$1,000 per 16 biweekly pay periods. The cost of Family Coverage is \$0.036 per \$1,000 per 16 biweekly pay periods.

Example: (Biweekly cost)		
\$10,000	Employee Only	\$0.26
	Family	\$0.36

**REDUCTION SCHEDULE**

The amount payable for a loss will be reduced for covered persons aged 70 or older on the date of the accident causing the loss with respect to any benefit provided by the Plan where the amount payable for the loss is determined as a percentage of that person’s Principal Sum. The amount payable under that benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	% OF AMOUNT OTHERWISE PAYABLE
70 – 74	82.5%
75 – 79	57.5%
80 – 84	37.5%
85 and older	20%

Premium for all covered persons aged 70 and older will be based on 100% of the Principal Sum in effect if the covered person were under age 70.

“Age” as used above refers to the covered person’s age at that person’s most recent birthday, regardless of the actual time of birth.

**BENEFITS**

Accidental Death, Dismemberment and Paralysis

When Injury results in any of the following losses to an Insured Person within 365 days of the date of the accident causing the loss, the Company will pay, in one sum, the indicated percentage of the Principal Sum for:

Loss of:	
Life	100%
Two or more members	100%
Speech and Hearing in both ears	100%
Loss of one member	50%
Loss of sight in one eye	50%
Loss of speech or hearing in both ears	50%
Loss of thumb and index finger of same hand	25%

Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%

“Member” means hand foot or eye. (Please refer to the Benefits Booklet for complete definition of loss as used above.

“Quadriplegia” means the complete and irreversible paralysis of both upper and both lower limbs. “Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one loss stated in said table is sustained as the result of the same accident, one amount, the largest, will be paid.

**ADDITIONAL BENEFITS**

Please refer to your Benefits Booklet for complete details and definitions.

**COMA BENEFIT**

Pays a monthly benefit of 1% of the Principal Sum, up to a maximum of 100% of the Principal Sum, if a covered person suffers a covered coma and the person remains comatose for at least 30 days. No benefits are payable for the first 30 days.

**CONVERSION PRIVILEGE**

Provides an accidental death and dismemberment conversion option to covered persons when their coverage ends (prior to a specified age) because they are no longer eligible for coverage under the Plan.

**COMMON DISASTER BENEFIT (Only available with Family Coverage)**

May increase your covered spouse’s Principal Sum to equal the lesser of (1) \$750,000; or (2) or 100% of your Principal Sum if you and your spouse both suffer a covered accidental death in the same accident within a specified time after the accident.

**DAY CARE BENEFIT (Only available with Family Coverage)**  
Helps pay covered day care expenses equal to the lesser of 1) the actual cost of care; 2) 5% of your Principal Sum; or 3) \$5,000 on behalf of eligible dependent children who are enrolled or who subsequently enroll in a day care facility within a specified time of your covered accidental death.

**EMERGENCY EVACUATION BENEFIT**

Pays benefits for covered evacuation expenses if a covered person suffers an injury or emergency sickness while they are at least 100 miles from home which results in a medically necessary emergency evacuation, up to a maximum of \$50,000.

Also provides benefits for reasonable expenses incurred following a covered emergency evacuation to return home those eligible dependent children traveling with a covered person and to bring one person to and from the hospital or other medical facility where the covered person is confined, if the place of confinement is at least 100 miles from home.

**FELONIOUS ASSAULT BENEFIT – PERCENTAGE OF PRINCIPAL SUM (Not Applicable to covered dependents)**

Pays an additional benefit equal to 10% to a maximum of \$25,000 if you suffer a specified covered loss as a result of a felonious assault.

**GROUP MEDICAL/DENTAL PREMIUM CONTINUATION REIMBURSEMENT BENEFIT (Only available with Family Coverage)**

Pays benefits for a limited time if you suffer a covered accidental death and your covered spouse and/or covered dependent children elect, within 60 days, to continue group medical and/or dental covered under a plan already provided through University of Florida equal to the lesser of (1) the premium charged; (2) 5% of your Principal Sum; or (3) \$6,000.

**IN-HOSPITAL INDEMNITY BENEFIT(Not Applicable to covered dependents)**

Pays a daily benefit equal to the lesser of \$2,000 or 1% of your Principal Sum for a maximum of 12 months after 7 days of confinement if you incur a covered hospital confinement.

**PERMANENT TOTAL DISABILITY BENEFIT(Not Applicable to Insured’s age 70 or older or to Covered Dependents)**

Pays 100% of the Principal Sum if you suffer a covered permanent total disability and you remain permanently and totally disabled for at least 12 months.