



# For Life's Major Moments

## Group Accidental Death and Dismemberment Insurance

### *Helping You Survive Financially Through a Tragic Event*

Terrible accidents happen and they affect more than just your health. That is why The American College of Obstetricians and Gynecologists offers members an Accidental Death and Dismemberment (AD&D) Insurance Plan—with benefit amounts up to a maximum of \$500,000—designed to provide supplemental funds that you or your family members might need during difficult and trying times.

### *Make AD&D a Part of Your Financial Plan*

The Accidental Death and Dismemberment plan has been carefully evaluated by The College to provide our members with valuable coverage at competitive rates. Help protect you and your family from a potentially serious and unfortunate financial loss that can result from an accident.

### *Eligibility*

All active members in good standing under age 70, their lawful spouses under age 70, and their unmarried dependent children under age 23 are eligible. (Subject to state variations.) You must be able to perform the normal activities of a person of like age and sex, with like occupation or retired status on the date your insurance is to take effect. If not, insurance will take effect on the day you resume such activities.

### *Coverage up to \$500,000*

Coverage is available from \$100,000 all the way up to \$500,000 (in increments of \$25,000). With very competitive rates and high-limit options, you are offered realistic options to gain this valuable insurance protection. You can also cover your entire family for only a moderate amount more than if you were just insuring yourself.

- If you select the Family Plan, your spouse will be covered for 50% of your full benefit amount, and your eligible children will be covered for 20% of your full benefit amount.
- If you have no dependent children or if no eligible children are insured, your spouse's benefits increase to 60% of your full benefit amount.

- If you are a single parent, or if only you and your dependent children are insured, each insured child's benefits increase to 25% of your full benefit amount.

### *Education Benefit*

If you select family coverage and lose your life in a covered accident while the policy is in force, the insurance will pay, in addition to the full benefit amount for loss of life, 5% of your full benefit amount (to the maximum of \$5,000) to any eligible insured dependent child enrolled as a full-time student at an institution of higher learning on the date you die, or become(s) so enrolled within 365 days after the date of death. This benefit is payable annually after your death for a maximum of four consecutive years as long as the dependent child continues to be enrolled as a full-time student at an institution of higher learning. If there are no qualifying dependent child(ren) within 365 days after the date of your death, a one-time lump sum payment equal to 2% of your full benefit amount will be paid to your beneficiary.

### *Seat Belt Benefit*

If an insured person dies as a result of an injury caused by an automobile accident, the seat belt benefit will be paid if the following conditions are met: 1) the benefit for Loss of Life under the Accidental Death and Dismemberment Benefits section is payable; 2) the automobile accident occurs while the person is insured; 3) the person was wearing a seat belt at the time of the accident; 4) death occurs within 90 days of the date of the accident; and 5) due written proof is given.

Written proof must include evidence that the death was the result of an automobile accident and the person was properly wearing a seat belt at the time of the accident. A copy of the police accident report must be submitted as part of the proof.

The seat belt benefit will be paid in addition to the full benefit amount which is payable for Loss of Life. The amount of the seat belt benefit will be the lesser of \$10,000 or 10% of the person's full benefit amount.

### *Benefits Paid Directly to You*

Your benefits go directly to you or your beneficiary, not to your



# Group Accidental Death & Dismemberment Insurance

doctor or hospital. You'll receive your benefits regardless of any other coverage you may already have. Benefits for your dependent spouse and child(ren) will be paid to you.

## When Does Coverage Begin?

Your coverage becomes effective the first day of the month after your enrollment form and first premium payment is received. You must be able to perform the normal activities of a person of like age and sex, with like occupation or retired status on the date your insurance is to take effect. If not, insurance will take effect on the day you resume such activities.

As long as you are under age 80, the group master policy remains in force and insurance does not end for your class. Your coverage is renewable as long as you continue to make your premium payments when due. A dependent's insurance will end at the earliest of the date your insurance ends under the group policy, the date dependents' insurance ends under the group policy; with respect to spouses, the date the spouse attains age 80 or the date marriage ends by divorce or annulment; with respect to children, the date the person ceases to be a dependent or premium is not paid for the dependent when due.

## What isn't Covered?

Though all of us want to make this coverage as complete as possible for our members, there are some exclusions which we think you'll find reasonable. No benefits will be paid for any loss that results from or is caused directly, indirectly, wholly, or partly by:

1. Suicide or any attempt thereat; or intentionally self-inflicted injuries, while sane or insane (in Missouri, while sane)
2. Insurrection, war, or an act of war whether declared or undeclared
3. A physical or mental sickness, or treatment of that sickness
4. Voluntary intake of poison, drugs, gas, or fumes, unless taken as prescribed by a physician
5. Committing a crime, or an attempt to do so
6. Being intoxicated or under the influence of any drug, unless taken as prescribed by a physician
7. Illness, disease, pregnancy, childbirth, miscarriage, bodily infirmity, or any bacterial infection occurring in consequence of an accidental cut or wound
8. Accident occurring while the insured person is serving on full-time active duty in the Armed Forces of any country or international authority (any premium paid to be returned by the Company pro-rata for any such period of full-time active duty)

## Benefit Levels & Annual Rates

Because this plan is sponsored by The College and offered exclusively to our members as a group, the coverage can be yours at economical group rates.

Death Benefit	Member	Member & Family
\$500,000.00	\$300.00	\$470.00
\$450,000.00	\$270.00	\$423.00
\$400,000.00	\$240.00	\$376.00
\$350,000.00	\$210.00	\$329.00
\$300,000.00	\$180.00	\$282.00
\$250,000.00	\$150.00	\$235.00
\$200,000.00	\$120.00	\$188.00
\$150,000.00	\$90.00	\$141.00
\$100,000.00	\$60.00	\$94.00

Accidental death and dismemberment benefits will be reduced by 50% on the date the member attains age 70. Accidental death and dismemberment benefits that are based on the member's full benefit amount will be computed on the reduced amount. Coverage terminates at age 80. If death occurs within 365 days solely as a result of an injury caused by an accident which occurs while the person is insured and due proof is received, the plan will pay the full benefit amount for loss of life. If an insured person suffers more than one loss due to any one accident, payment will be made only for that loss for which the largest amount is payable. In the event of loss of sight of both eyes, the loss of both hands, or both feet, movement of both upper and lower limbs (quadriplegia), the loss of speech and hearing, or the loss of any combination of foot, hand or sight of one eye due to an injury caused by an accident, the plan will pay the full benefit amount. The plan will pay three quarters of the benefit amount for loss of movement of both lower limbs (paraplegia). One-half the benefit amount will be paid for loss of sight of one eye, one hand, one foot, movement of both upper and lower limbs of one side of the body (hemiplegia) or speech or hearing. One-quarter of the benefit amount will be paid for loss of thumb and index finger of same hand. Loss of sight means total loss of sight which cannot be restored by surgical or other means. Loss of hand means that a hand is permanently severed at or above the wrist. Loss of foot means that a foot is permanently severed at or above the ankle. Loss of speech or hearing means entire and irrecoverable loss thereof, which cannot be restored by surgical or mechanical means. Loss of thumb and index finger means actual severance through or above the metacarpophalangeal joints.



# Group Accidental Death & Dismemberment Insurance

9. Flight in any type of aircraft, unless you travel as a fare paying passenger or on a pass, and if:
  - The aircraft is licensed to carry passengers
  - The carrier is licensed to fly such aircraft
  - The aircraft is flown by a licensed pilot
  - The flight is regularly scheduled between established airports
10. Travel or flight in any vehicle or device for aerial navigation, including boarding or alighting there from:
  - While being used for any test or experimental purpose; or
  - While the insured person is operating, learning to operate, or serving as a member of the crew thereof
  - While being operated by, for, or under the direction of any military authority other than transport type aircraft operated by the Military Air Command (MAC) of the United States of America or the similar air transport service of any other country
  - Any such aircraft or device which is owned or leased by or on behalf of the organization or any subsidiary or affiliate of such organization.

## Backed by a Company Known for its Longevity and Financial Strength

The most prominent independent ratings agencies continue to recognize The United States Life Insurance Company in the City of New York, in terms of insurer financial strength. For current insurer financial strength ratings, please consult the website at [americangeneral.com/ratings](http://americangeneral.com/ratings).

## Your Privacy is Protected!

### **MIB Disclosure Notice (Retain for your records)**

Information regarding your insurability will be treated as confidential. The United States Life Insurance Company in the City of New York or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866.692.6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

The United States Life Insurance Company in the City of New York, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [mib.com](http://mib.com).

## Questions About This Coverage?

Call **800.214.8122** or visit [acoginsurance.com/ADD](http://acoginsurance.com/ADD)

## Underwritten by:

*This plan is underwritten by The United States Life Insurance Company in the City of New York, NAIC No. 70106 domiciled in the state of New York with a principal place of business of 175 Water Street, New York, NY 10038. It is currently authorized to transact business in all states, plus District of Columbia, except Puerto Rico. This summary is a brief description of benefits only and is subject to the terms, conditions and limitations of Group Policy No. G-610, 188, Form no. G-19000. Coverage may vary or may not be available in all states.*

*Policies are issued by The United States Life Insurance Company in the City of New York (all states). The United States Life Insurance Company is responsible for the financial obligations of insurance products it issues and is a member of American International Group, Inc. (AIG).*

## Administered & Brokered by:



1200 E Glen Ave, Peoria Heights, IL 61616  
**800.447.4982** | [pearlinsurance.com](http://pearlinsurance.com)

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The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

page 3 of 3

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