

***Accidental Death and Dismemberment (AD&D)
Personal Accident Insurance***



*Developed for the Employees of
County of Placer*

Who Needs Personal Accident Insurance?

You do. Accident insurance can help you pay expenses if you or your spouse is seriously injured or killed in a covered accident. This insurance can help ensure that tragedy doesn't take both an emotional and a financial toll on your family.

By purchasing this insurance through your employer, you benefit from:

- Affordable group rates
- Convenient payroll deduction

Start With Basic Coverage

Basic Accident Insurance Coverage

(outlined in your certificate) — Employer-Paid

- Provided automatically to all eligible employees.
- Accident insurance equal to \$10,000.

Who Is Eligible for Voluntary Coverage?

You – You are eligible for coverage if you are an active full-time employee of the sponsoring employer working 20 or more hours per week.

Your Spouse *— You may elect coverage for a lawful spouse under age 70.

Your Children — You may elect coverage for your unmarried dependent children who are under age 23. Children must be dependent upon you for support and maintenance and must reside with you.

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

**Domestic Partner is defined in the group policy. For purposes of this brochure, wherever the term Spouse appears it shall also include Domestic Partner. You must have on file an affidavit (available from your employer) which specifies the criteria for being considered a Domestic Partner under the group policy. In addition, a Domestic Partner registered with the California Secretary of State is eligible as a Domestic Partner under the policy, and no affidavit is necessary. Additional information is available from your Benefit Services Representative.*

How Much Coverage Can You Buy?

The available coverage options for you, your spouse and child/ren are shown in the following chart.

You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

Your Bi-Monthly Cost

Your cost will depend on the benefit amount and coverage options you choose from the chart below.

Your Benefit Amount	Bi-Monthly Cost for:		
	You	Your Spouse	Your Children
\$500,000	\$7.50	--	--
450,000	6.75	--	--
400,000	6.00	--	--
350,000	5.26	--	--
300,000	4.50	\$ 6.00	--
250,000	3.75	5.01	--
200,000	3.00	4.00	--
150,000	2.26	3.00	--
100,000	1.50	1.99	--
75,000	1.13	1.50	--
50,000	.75	1.00	--
25,000	.38	.50	\$.50
10,000	--	.22	.22
5,000	--	--	.11

Costs are subject to change. Benefit amounts over \$250,000 cannot be greater than 10 times your annual earnings. Benefit amounts for your spouse and children may not exceed your benefit amount.

Benefit Reductions

When you reach age 70, your benefits will be reduced to 65% of the benefit amount selected; at age 75, 45%; at age 80, 30%, and at age 85, 15%. If you elect coverage for your family members, accidental death and dismemberment benefits for your insured family members will be based on your selected benefit amount. Other plan benefits based on your selected benefit amount will be determined by this reduction schedule. Coverage for your spouse ends when he or she reaches age 70. These reductions also apply if you elect coverage after age 69.

A Valuable Combination of Benefits

Personal Accident Insurance helps protect you against losses due to accidents. A covered accident is a sudden unforeseeable event that results in injury or death and that occurs while coverage is in force. We will pay the full benefit amount for accidental loss of life occurring within 365 days of a covered accident. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits for paralysis, dismemberment and loss of eyesight, speech or hearing 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:	
	You or Your Spouse	Your Children
Loss of life	100%	100%
Total paralysis of both upper and lower limbs Loss of any two: hand, foot or eyesight, or Loss of speech and hearing in both ears	100%	200%
Loss of one hand or foot, or sight in one eye, or Loss of speech, or Loss of hearing in both ears Total paralysis of both legs Total paralysis of arm and leg on one side of the body	50%	100%
Loss of thumb and index finger of the same hand	25%	50%

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 sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any hearing aid or device. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). California Residents: Loss of a thumb and index finger means complete severance of at least one whole phalanx (a bone of the finger) of each. Paralysis means loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible. Severance means complete separation and dismemberment of the limb from the body.

Additional Benefits

For Exposure and Disappearance

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident. If your or your insured family member's 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.

For Children Requiring Special Care

Personal Accident Insurance helps parents with children who survive severe accidents. If an insured child suffers a covered accidental injury, we will double the benefit amount up to \$50,000. If your child subsequently dies within 90 days of the covered accident, then we will pay only the death benefit payable under the plan. The chart shown reflects this additional benefit.

This increased benefit can help parents cope with the ongoing financial obligations associated with caring for children who require continued medical attention, rehabilitation services and a specialized educational environment.

For Comas

Personal Accident Insurance pays an additional benefit if you or an insured family member enters a coma. If you, your spouse, or your children are in a coma as a result of a covered accident, we will pay a Coma Benefit as long as the insured person entered the coma within 31 days of the accident.

After the insured person has been in a coma for 31 days, we will begin to make monthly payments of 1% of the covered person's full benefit amount. 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, as a result of a covered accident, 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, minus any amounts we have paid or owe under the schedule of losses. This lump sum payment will end the insured person's coverage under the policy. No further benefit will be paid.

Additional Benefits (cont'd)

For College Education and Spouse Training

The education benefit provides training or education as follows:

- *For your children:* If you or your insured spouse dies in a covered accident, we will pay an extra benefit for each insured child who enrolls in college before he or she is 23. To help pay college expenses, we will increase your benefit amount by 5% or \$5,000, whichever is less, for each qualifying child. This benefit is payable each year for four consecutive years as long as your child continues his/her college education.
- *For your spouse:* If, within one year of your death in a covered accident, your spouse enrolls in an accredited school to gain skills needed for employment, we will pay the actual cost of this education or training program for not more than one year after enrollment begins, up to a maximum of \$5,000.

If your spouse does not elect this education program, and if you have no dependent children, we will pay an additional \$1,000 to the insured's beneficiary.

For Wearing a Seatbelt and Protection by an Airbag

This benefit is payable if an insured person dies as a result of injuries sustained in a covered accident while driving or riding in a private passenger automobile*, and while wearing a properly fastened, original, factory-installed seatbelt. That person's death benefit will be increased by 10%, but not by more than \$25,000.

If the seatbelt benefit is payable, and the insured was positioned in a seat protected by a properly functioning, original, factory-installed airbag that inflates on impact, we will increase the death benefit by an additional 5%, but not by more than \$12,500.

Verification of the actual use of the seatbelt, and that the airbag 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).

** 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, or jeep-type 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 inflates for added protection to the head and chest areas.*

For Child Care Expenses

Personal Accident Insurance pays an additional benefit to help pay for your insured children's child care expenses. If you have elected to cover your family members and you or your insured spouse 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 your death or within one year afterward, we will pay a Child Care Center Benefit. This benefit will be an annual sum for each covered child of up to 5% of your benefit amount but not more than \$5,000 a year for five straight years or until the child enters the first grade (whichever comes 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. If, at the time of the accident, coverage for your family members is in force but there is no dependent child who qualifies, we will pay an additional benefit of \$1,500 to the insured's beneficiary.

Escalator Benefit

We will increase the benefit amount by 3% on the first policy anniversary after you or your insured family member has been covered for 12 straight months. If the coverage continues, this benefit amount will increase 3% every 12 months after that until the benefit amount has been increased by a total of 15%.

If the benefit amount is reduced, any benefit due will be reduced proportionately.

For Bereavement and Trauma Counseling

Personal Accident Insurance helps pay counseling expenses if you or an insured family member has experienced a covered loss. The plan will pay for up to 5 Bereavement and Trauma Counseling Sessions, up to \$50 per session, to a maximum of \$250 for each covered accident. Benefits are payable for each insured person and any of his or her immediate family members* for counseling expenses incurred within one year of the date of the covered accident.

Immediate Family Members mean the insured's spouse, brother or sister-in-law, son or daughter-in-law, mother or father-in-law, parent (including stepparent), brother or sister (including stepbrother and stepsister), or child (including legally adopted and stepchildren).

Covered Bereavement and Trauma Counseling Expense(s)

means expenses that are charged for a Medically Necessary Bereavement or Trauma Counseling Session for the insured and/or one or more of his or her Immediate Family Member(s) provided under the care, supervision or order of a doctor. We will not cover expenses that exceed the usual level of charges for similar counseling sessions in the locality where the expense is incurred or expenses for charges that would not have been made had no insurance existed.

Additional Benefits (cont'd)

Medically Necessary Bereavement or Trauma Counseling Session means any individual, joint or family mental health counseling session that is essential to assist the insured and/or one or more Immediate Family Members in coping with the covered loss, and one that meets generally accepted standards of medical practice and is ordered by a doctor.

In addition to the general exclusions, this benefit is not payable if you or an insured family member is entitled to benefits under Workers' Compensation or any similar plan.

For Brain Damage

This plan will pay 100% of the benefit amount if you or an insured family member suffer brain damage as a result of injuries from a covered accident. The insured person must be hospitalized for treatment of brain damage at least 7 days within the first 60 days following the covered accident, the brain damage must begin within 60 days of the covered accident and continue for 12 consecutive months, and a doctor must determine that, the brain damage is permanent, complete and irreversible. This benefit is payable in one lump sum on the first of the 13th month following the date of the covered accident if brain damage continues past 12 months. This benefit amount cannot exceed your full benefit amount chosen under **How Much Coverage Can You Buy?**

Brain Damage means physical damage to the brain which causes the complete inability to perform all the substantial and material functions and activities normal to everyday life.

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 30 days after receipt of your application. Provided the application has been received and the appropriate premium paid, dependent coverage will start when your coverage begins.

If you are not actively at work, the effective date of your insurance will be deferred until you are actively at work. If your spouse is not regularly performing the duties of his/her occupation, or if your spouse or children are unable to engage in all the usual duties of a person of like age and sex, the effective date of their insurance will be deferred until they return to work or resume their usual duties.

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. For your spouse and dependent children, coverage ends when your coverage terminates, when their premiums are not paid, or when he or she is no longer eligible, whichever occurs first. Your coverage may be continued for up to 12 months while you are on an approved military leave of absence.

Changing from the Group Plan to Individual Coverage

If, before you reach age 70, this group coverage ends for any reason except non-payment of premium, 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. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

What Is Not Covered

Plan benefits are not payable if a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide; any felony committed by the insured; any act of war, declared or undeclared; 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 you are 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; traveling in an experimental aircraft or one designed to be used in outer space; traveling in an aircraft that is being operated by or for a military authority other than U.S. Military Airlift Command, or similar foreign service; hang gliding; parachuting, except for self-preservation; piloting or serving as a crew member in any aircraft; and taking a flying lesson in any aircraft.

Signing Up Is Easy

No medical examination is required to apply! Follow these steps.

1. Choose the benefit amount and coverage option right for you.
2. Fill out the enrollment form and return it to your Human Resources 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 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 important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Policy OK-004509, on Policy Form No. LM-2L60, issued in California. The group policy is subject to the laws of the state in which it is issued. The availability of this offer may change. Please keep this material as a reference.

Notes

Life Insurance Company of North America
Personal Accident Insurance

POLICYHOLDER
County of Placer

POLICY No.
OK-004509

Complete the following to enroll:

Full Name _____ Date of Birth ____/____/____
PRINT FULL NAME(S)

Address _____ Social Security # ____-____-____
STREET

CITY STATE ZIP

Select Coverage Amounts: Employee \$ _____
 Spouse/Domestic Partner \$ _____
 Children \$ _____

Total Cost \$ _____/ Semi-Monthly

My Beneficiary _____ Relationship _____

You will be your family members' beneficiary unless you tell us otherwise in writing. Benefits will not be paid to your Domestic Partner if he or she is not specifically designated.

I enroll and authorize my employer to deduct the premiums from my earnings. I understand that the insurance selected will begin on the effective date as described in the brochure. If I am not actively at work, or my family members are not actively at work, or they are unable to engage in all the usual duties of a person of like age and sex, the effective date of coverage will be delayed until the individual returns to work, or the family member resumes usual duties.

SIGNATURE _____ DATE ____/____/____

DECLINATION — Check here and sign above if you do not want this coverage.

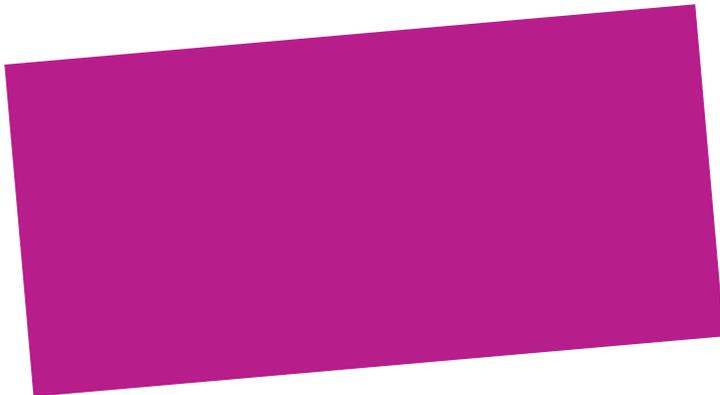
Return to your employer. Be sure to make a copy for your records.



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*Coverage is underwritten by
Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, PA 19192*

12/12
Class 1



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