

# Accidental Death and Dismemberment

Version 2.8, 10/29/2015 (Effective 12/15/12 in NY);

Released June 2013 in: AK, AL, AR, AZ, DC, DE, FL, HI, ID, IL, IN, IA, KS, KY, LA, MA, ME, MI, MO, MS, MT, NC, ND, NM, NV, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WI, WY

Released December 2013 in: CO, CT, GA, MD, MN, NE, NJ, OR, VT, WA, WV

Released March 2015 in: CA, NH

Not Implemented in: PR

This is a version-controlled document. Printing is not recommended. Please refer to the online version for production use.

## Product Summary

<p><b>Product Definition</b></p> <p><a href="#">Back to Top</a></p>	<p><b>Product Vision and Value</b></p> <ul style="list-style-type: none"> <li>▪ Affordable supplement to insurance coverage and a stepping stone in the member relationship</li> <li>▪ Non-Interest Income potential for credit unions</li> </ul> <p><u>Value Proposition:</u></p> <ul style="list-style-type: none"> <li>▪ Provides member protection against accidental death and dismemberment</li> <li>▪ Guaranteed issue with affordable coverage up to \$500,000</li> <li>▪ Coverage availability for members, spouses and children</li> </ul> <p><b>Product Description</b></p> <p>Contributory: Accident only coverage is paid for by the member.                  Non-Contributory: Accident only coverage is paid for by the participating credit union. Members can have only one non-contributory policy per credit union.</p> <p><b>Maturity Expiration</b> NA</p> <p><b>Product Detail</b></p> <p><u>Product Type:</u> Accidental Death and Dismemberment  <u>Product Filing:</u></p> <ul style="list-style-type: none"> <li>▪ Non-Participating, Contributory and Non-contributory</li> </ul> <p><u>Individual or Group:</u></p> <ul style="list-style-type: none"> <li>▪ Contributory: This product will be filed as a group product with the credit union as the policy holder.                         <ul style="list-style-type: none"> <li>○ Exceptions: FL – CUNA, Inc; LA – Blanket Group – no separate requirement for administration, which will continue to function with CU being the policyholder for both basic and contrib.; WA, NH – Individual</li> </ul> </li> <li>▪ Non-Contributory (Basic): This product will be filed as a group product with the credit union as the policy holder.                         <ul style="list-style-type: none"> <li>○ Exceptions: FL – CUNA, Inc; LA – Blanket Group – no separate requirement for administration, which will continue to function with CU being the policyholder for both basic and contrib</li> </ul> </li> </ul> <p style="text-align: right;"><b>Section Owner: Yvonne Kanak, Product Management</b></p>
<p><b>Product Distribution</b></p> <p><a href="#">Back to Top</a></p>	<p><b>Distribution Channels</b></p> <ul style="list-style-type: none"> <li>• Direct Mail</li> <li>• Consumer Sales</li> <li>• Online as of 8/1/12</li> </ul> <p style="text-align: right;"><b>Section Owner: Yvonne Kanak, Product Management</b></p>

## Product Details

<p><b>Benefits – Contributory</b></p> <p><b>Benefits as a Percentage of Face amount</b></p> <p>(Face amount reduces by 50% at attained age 70)</p> <p><a href="#">Back to Top</a></p>	<p>Included: implies that the benefit is part of the base contract.                  Percentages: vary for different states and will be included in the state specific product features, if applicable.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Benefit</th> <th style="width: 10%;">States not otherwise listed</th> <th style="width: 10%;">CO, OH</th> <th style="width: 10%;">MD, NV, TN</th> <th style="width: 10%;">NH</th> <th style="width: 10%;">NY</th> <th style="width: 10%;">VT</th> <th style="width: 10%;">WA</th> </tr> </thead> <tbody> <tr> <td>Loss of Life</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td><b>Greater of 100% or \$5,000</b></td> <td>100%</td> </tr> <tr> <td>Loss of two of the following: Foot, Hand or Eye</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td><b>Greater of 100% or \$5,000</b></td> <td>100%</td> </tr> <tr> <td>Loss of one of the following: Foot, Hand or Eye</td> <td>50%</td> <td>50%</td> <td>50%</td> <td>50%</td> <td>50%</td> <td><b>Greater of 50% or \$2,500</b></td> <td>50%</td> </tr> <tr> <td>Speech or Hearing</td> <td>50%</td> <td>50%</td> <td>50%</td> <td>50%</td> <td>50%</td> <td><b>Greater of 50% or \$2,500</b></td> <td>50%</td> </tr> <tr> <td>Quadriplegia</td> <td>NA</td> <td><b>50%</b></td> <td><b>50%</b></td> <td><b>50%</b></td> <td><b>60%</b></td> <td><b>Greater of 50% or \$2,500</b></td> <td><b>50%</b></td> </tr> <tr> <td>Thumb and index finger of the same hand</td> <td><b>25% (ME – Greater of 25% or \$1000)</b></td> <td>25%</td> <td>25%</td> <td><b>Greater of 25% or \$1,000</b></td> <td>25%</td> <td><b>Greater of 25% or \$2,500</b></td> <td>25%</td> </tr> <tr> <td>Paraplegia or Hemiplegia</td> <td>NA</td> <td><b>25%</b></td> <td><b>25%</b></td> <td><b>Greater of 25% or \$1,000</b></td> <td><b>30%</b></td> <td><b>Greater of 25% or \$2,500</b></td> <td><b>25%</b></td> </tr> <tr> <td>One thumb</td> <td>Lesser of 10% or \$1,000 <b>(NA in ME)</b></td> <td>Lesser of 10% or \$1,000</td> <td>Lesser of 10% or \$1,000</td> <td>Greater of 10% or \$500, up to a maximum amount of \$1,000</td> <td>Lesser of 10% or \$500, up to a maximum amount of \$1,000</td> <td><b>NA</b></td> <td>Lesser of 10% or \$1,000</td> </tr> <tr> <td>Spouse (if at least one child covered)</td> <td>50%</td> <td>50%</td> <td>50%</td> <td>50%</td> <td><b>60%</b></td> <td>50%</td> <td>50%</td> </tr> <tr> <td>Spouse (if no covered children)</td> <td>60%</td> <td>60%</td> <td>60%</td> <td>60%</td> <td><b>75%</b></td> <td>60%</td> <td>60%</td> </tr> </tbody> </table>	Benefit	States not otherwise listed	CO, OH	MD, NV, TN	NH	NY	VT	WA	Loss of Life	100%	100%	100%	100%	100%	<b>Greater of 100% or \$5,000</b>	100%	Loss of two of the following: Foot, Hand or Eye	100%	100%	100%	100%	100%	<b>Greater of 100% or \$5,000</b>	100%	Loss of one of the following: Foot, Hand or Eye	50%	50%	50%	50%	50%	<b>Greater of 50% or \$2,500</b>	50%	Speech or Hearing	50%	50%	50%	50%	50%	<b>Greater of 50% or \$2,500</b>	50%	Quadriplegia	NA	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>60%</b>	<b>Greater of 50% or \$2,500</b>	<b>50%</b>	Thumb and index finger of the same hand	<b>25% (ME – Greater of 25% or \$1000)</b>	25%	25%	<b>Greater of 25% or \$1,000</b>	25%	<b>Greater of 25% or \$2,500</b>	25%	Paraplegia or Hemiplegia	NA	<b>25%</b>	<b>25%</b>	<b>Greater of 25% or \$1,000</b>	<b>30%</b>	<b>Greater of 25% or \$2,500</b>	<b>25%</b>	One thumb	Lesser of 10% or \$1,000 <b>(NA in ME)</b>	Lesser of 10% or \$1,000	Lesser of 10% or \$1,000	Greater of 10% or \$500, up to a maximum amount of \$1,000	Lesser of 10% or \$500, up to a maximum amount of \$1,000	<b>NA</b>	Lesser of 10% or \$1,000	Spouse (if at least one child covered)	50%	50%	50%	50%	<b>60%</b>	50%	50%	Spouse (if no covered children)	60%	60%	60%	60%	<b>75%</b>	60%	60%
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Each child (if a spouse is also covered)	20%	20%	20%	20%	25%	20%	20%
Each child (if no spouse is covered)	25%	25%	25%	25%	40%	25%	25%
<b>Benefit</b>							
<b>Benefit</b>	<b>Stnd States</b>	<b>CO, OH</b>	<b>MD, NV, TN</b>	<b>NH</b>	<b>NY</b>	<b>VT</b>	<b>WA</b>
Accidental Death	Included	Included	Included	Included	Included	Included	Included
Accidental Dismemberment	Included	Included	Included	Included	Included	Included	Included
Inflation Protection	Included	Included	Included	Included	Included	Included	Included
Common Carrier	Included	Included	Included	Included	Included	Included	Included
Hospital Confinement	Included (NA in CT, ID, MN)	Included	Included (NA in MD)	NA	NA	NA	Included
Child Care Assistance	Included (NJ - for both Family & Insured Only plans)	Included	Included	Included	Included	Included	Included
Child Savings Fund	Included (NA in CT, NJ - for both Family & Insured Only plans)	Included	Included	Included	NA	Included	Included
Education Assistance	Included (NJ - for both Family & Insured Only plans)	NA	NA	NA	NA	NA	NA
Education Assistance – Child	NA	Included	Included	Included	Included	Included	Included
Education Assistance – Spouse	NA	Included	Included	Included	Included	Included	Included
Grief Counseling	Included (NA in CT, NJ - for both Family & Insured Only plans)	Included	Included	Included	Included	Included	NA
Common Accident – Percentage	Optional CU Endorsement	Included	Included	Included	Included	Included	Included
Seat Belt and Air Bag Benefit	Optional CU Endorsement	Included	Included	Included	Included	Included	Included
Professional Pilot & Crew Endorsement	Optional CU Endorsement	Optional CU Endorsement	Optional CU Endorsement	Optional CU Endorsement	Included	Optional CU Endorsement	Included
Military Pilot & Crew Endorsement	Optional CU Endorsement	Optional CU Endorsement	Optional CU Endorsement	Optional CU Endorsement	Included	Optional CU Endorsement	Included
Paralysis Benefit	NA	Included	Included	Included	Included	Included	Included
Rehabilitation Benefit	NA	Included	Included	Included	NA	Included	Included
<b>Optional Endorsement – Credit Union Decision</b>							
<b>Optional Endorsement – Credit Union Decision</b>	<b>Stnd States</b>	<b>CO, OH</b>	<b>MD, NV, TN</b>	<b>NH</b>	<b>NY</b>	<b>VT</b>	<b>WA</b>
Loan Endorsement	Optional (NA in CT, UT, PR)	Optional	Optional	Optional	NA	Optional	NA
100% Professional Pilot & Crew Endorsement	Optional	Optional	Optional	Optional	NA	Optional	NA
25% & 50% Professional Pilot & Crew Endorsement	Optional	Optional	Optional	Optional	NA	Optional	NA
Military Pilot & Crew Endorsement	Optional	Optional	Optional	Optional	NA	Optional	NA
Multi-Benefit Endorsement; Rehabilitation, Coma and Paralysis	Optional (Coma NA in CT)	NA	NA	NA	NA	NA	NA
Permanent Disability Endorsement	Optional (UT – only allows 25 month max benefit period)	Optional	Optional	Optional	NA	NA	NA
Return of Premium Benefit – Policy	Optional (NA in CT)	Optional	Optional	NA	NA	Optional	NA
Legal Partner	Optional (NA in NJ)	Optional	Optional (NA in NV)	Optional	NA	Optional	NA
War Benefit for Active Military	Optional Not filed in	Optional	Optional	Optional	NA	Optional	NA

		<b>MI</b>						
Seat Belt & Air Bag Endorsement	Optional	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
Common Accident – Flat Amount	Optional	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
Common Accident – Percentage	Optional	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>
Pilot & Crew Endorsement	Optional	Optional	Optional	Optional	<b>NA</b>	Optional	<b>NA</b>	<b>NA</b>

Section Owner: Joe Gracyalny, Product Actuarial

**Benefits – Non Contributory**

Benefits as a Percentage of Face amount  
(Face amount reduces by 50% at attained age 70)

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	<b>VT</b>	<b>All states except VT</b>
Loss of Life	<b>Greater of 100% or \$5,000</b>	100%
Loss of two of the following: Foot, Hand or Eye	<b>Greater of 100% or \$5,000</b>	100%
Loss of one of the following: Foot, Hand or Eye	<b>Greater of 100% or \$2,500</b>	100%
Speech or Hearing	<b>Greater of 100% or \$2,500</b>	100%
Thumb and index finger of the same hand	<b>Greater of 100% or \$2,500</b>	100%
Paraplegia or Hemiplegia	<b>Greater of 100% or \$2,500</b>	NA
Quadriplegia	<b>Greater of 100% or \$2,500</b>	NA

Section Owner: Joe Gracyalny, Product Actuarial

**Billing**

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**Available Billing Methods:**  
Direct Bill, List Bill, Credit Card, PAC.

**Default Billing Method on OFS:**  
Varies by Credit Union

**Billing Method if automatic payment information on application is incomplete:**  
The default billing method varies based on the application authorization language. Application authorization language is based on the member level billing indicator.

**State Variation:**  
AK – Allows credit card payments; however, coverage must be effective immediately.  
ME – Allows credit card payments for monthly, quarterly or semi-annual payments – NOT annual.  
NJ – No credit card or PAC allowed from NJ CUs. We will accept Direct Bill and ACH as long as it is through their Credit Union, and not another financial institution.

Section Owner: Shelly Janssen, AD&D IT Development

**Death (Benefit) Proceeds**

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Accidental death proceeds for the main insured equal the additional amount, (face amount of the policy increased by the inflation protection benefit). Dismemberment and ancillary benefits are a percentage of the principle sum. Note, benefits are reduced by 50% at age 70. (See the contract for details.)

The inflation protection benefit automatically increases the additional amount based on the percentages in the table below. The start date of the increases will be based upon the inflation protection start date which is shown on the schedule page. This will typically be the effective date unless there is a takeover or coverage increase.

In the event of a takeover, the inflation protection start date will be either the original effective date, (if provided by the credit union), a common date for all takeover insureds, (the date will be determined by CMG and the credit union), or the takeover effective date. In the event of an increase in coverage, the original amount and the amount of the increase will each have their own respective inflation protection increases (See table below for percentages and state variations.)

Coverage decreases or changes, (i.e. Family to Single), will re-set the inflation protection benefit. In other words, the inflation protection provision will start over as of the effective date of the decrease or change. Any prior increases will no longer be in effect.

	<b>States not otherwise listed</b>	<b>CO, OH</b>	<b>MD, VT</b>	<b>NY</b>	<b>WA</b>
Inflation Protection Increase (ends at year 11)	5% every two years	<b>7.5% every year</b>	<b>5.5% every year</b>	<b>10% every year</b>	3.5% every year

Section Owner: Darren Westendorf, Claims

**Face Amount**

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**Minimum Face Amount:** See table below  
**Maximum Face Amount:** See table below

Type	Issue Age	Minimum Face Amount	Maximum Face Amount
Contributory	18-69	\$10,000	\$500,000 per insured life (Any combination of member or dependent contributory coverage cannot exceed the maximum. This includes existing AD&D coverage and coverage in multiple credit unions. This does not include the non-contributory amount.)
	70+	\$5,000 (after the automatic reduction of face amount at age 70)	
Non-contributory	18-69	\$1,000 ( <b>\$4,000 ME, \$5,000 VT</b> )	\$5,000 (Higher amounts subject to Product Management Review and Filing)
	70+	\$500 ( <b>\$2,000 ME, \$2,500 VT</b> )	

Section Owner: Joe Gracyalny, Product Actuarial

**Gender**

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Male or Female

Section Owner: TJ Turner, Product Actuarial

**Issue Age Limits – Primary Insured**

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**Filing Issue Age Limits:** 18+  
**Marketing Issue Age Limits:** 18-69  
**System Issue Age Limits:** 18+ (Note: System limitation to 99)

Section Owner: Joe Gracyalny, Product Actuarial

**Policy Changes After Issue**

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**Decreases:** Allowed to the minimum contributory face amount of \$10,000, benefit automatically reduces to 50% at age 70.  
**Increases:** Allowed to maximum amount per insured life (total AD&D insurance may not exceed \$500,000 or the state maximum)  
**Add Riders:** Optional endorsement may be attached to the primary insurance coverage, determined by the credit union.

Section Owner: Julie Regenold, Service Processing

**Reinstatement Provision**

Reinstatements are allowed with receipt of due premium. Back premium is due for reinstatement. We reserve the right to require an application for reinstatement. Benefits will only be provided for losses occurring after the date we receive the due premium.

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Duplicate Coverage: You may not be the insured under more than one Basic certificate per participating association. Upon discovery of duplication, we will consider you to be covered under the certificate which provides the greatest amount of coverage.

For Contributory coverage, you may be the insured under more than one policy, however, we reserve the right to limit the total additional amount for a covered person to the maximum allowable amount according to our underwriting rules then in effect. The current maximum allowable amount is shown on the policy schedule. If the total amount of contributory coverage exceeds this limit, the excess amount will be void, and we will refund the portion of premiums paid which are attributable to the excess amount.

At issue and after issue, processes are run to capture duplicate basic coverage and contributory coverages that exceed maximum coverage per insured life.

**Section Owner: Julie Regenold, Service Processing**

**State Availability**

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**Phase 1 states include:**  
AK, AL, AR, AZ, DC, DE, FL, HI, ID, IL, IN, IA, KS, KY, LA, MA, ME, MI, MO, MS, MT, NC, ND, NM, NV, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WI, WY

**Phase 2 states include:**  
CT, CO, GA, MD, MN, NE, ~~NH~~, NJ, OR, VT, WA, WV  
WA CU members residing outside WA will not be issued any product.

**Phase 3 states include:**  
CA, NH

**Not Implemented:**  
PR

**Section Owner: Yvonne Kanak, Product Management**

**Voice Sig**

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Allowed	Not Allowed	Exceptions
AL, AK, AR, AZ, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA <sup>1</sup> , MA, MD <sup>1</sup> , ME <sup>2</sup> , MI, MN, MO, MS, MT, NC, ND, NE, NH <sup>3</sup> , NJ <sup>4</sup> , NM, NV, NY <sup>1</sup> , OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA <sup>1</sup> , WA, WI, WV, WY ( <sup>1, 2, 3, 4</sup> see exception list)	PR	<ol style="list-style-type: none"> <li><b>LA, MD*, NH*, NY* &amp; VA</b> – Required VS Enrollment Form Filings (these were filed and approved in LA, MD, NH, NY and VA) <b>*MD, NH &amp; NY</b> use State Specific Forms (MD &amp; NY require fraud language above the signature line.)</li> <li><b>ME</b> – Requires the following statement on the form: The certificate provides limited benefits. Review your certificate carefully.</li> <li><b>NH</b> – Requires the following statement (in bold) above the signature line on the form: The certificate provides limited benefits. Review your certificate carefully.</li> <li><b>NJ</b> – Allowed only for ACH within NJ credit unions with a special agreement. (no separate form)</li> </ol>

**Section Owner: Adam Hopkins, Consumer Sales**

**Web**

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Allowed	Not Allowed	Exceptions
AK, AL, AR, AZ, CO, CT, DC, DE, FL <sup>1</sup> , GA <sup>2</sup> , HI, ID, IL, IN, IA, KS, KY, LA <sup>3</sup> , MA, MD <sup>3</sup> , ME <sup>4</sup> , MI, MN, MO, MS, MT, NC, ND, NE, NH <sup>3</sup> , NJ <sup>5</sup> , NM, NV, NY <sup>3</sup> , OH, OK, OR <sup>2</sup> , PA, RI, SC, SD, TN, TX, UT, VA <sup>3</sup> , VT, WA, WI, WV <sup>2</sup> , WY ( <sup>1, 2, 3, 4, 5</sup> see exception list)	PR – CU Domicile or Resident – not allowed due to lack of translation tools.	<ol style="list-style-type: none"> <li>FL – Not allowed when the CU is not part of the League</li> <li>GA, OR, WV – Require Web Advertising Filings</li> <li>LA, MD, NH, NY &amp; VA – Required Web Enrollment Form Filings (these were filed and approved in LA, MD, NH, NY and VA) Web Enrollment is available.</li> <li>ME &amp; NH: Requires the following statement on the form (in bold): The certificate provides limited benefits. Review your certificate carefully.</li> <li>NJ – CU Domiciled in NJ has Billing Restrictions</li> </ol>

**Section Owner: Kari Hamrick, Rate and Form Compliance**

**Appendix**

**Appendix 3 – Description of Ancillary Benefits & Endorsements**

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**The below mentioned benefits and endorsements apply to most states. However, state specific variations exist and are present in the state specific product features.**

**Ancillary Benefit Descriptions:**

**Inflation Protection Benefit**  
The additional amount for each covered person increases by 5% of the original coverage amount every two years to a maximum total increase of 25%.  
State Variations:  
CO, OH: The additional amount for each covered person increases by **7.5%** of the original coverage amount **every year** to a maximum total increase of **75%**  
MD, VT: The additional amount for each covered person increases by **5.5%** of the original coverage amount **every year** to a maximum total increase of **55%**  
NY: The additional amount for each covered person increases by **10%** of the original coverage amount **every year** to a maximum total increase of **100%**.  
WA: The additional amount for each covered person increases by **3.5%** of the original coverage amount **every year** to a maximum total increase of **35%**

**Travel by Common Carrier Benefit**  
The additional amount is doubled if accidental death occurs while the main insured is riding as a fare paying passenger on a common carrier.

**Hospital Confinement Benefit**  
A benefit of 1% of the additional amount up to a maximum of \$1,000 per month is paid for each full month of continuous hospital confinement due to a covered accident. The confinement must be for a period of more than seven days.  
Not Available in CT, ID, MD, MN, NH, NY, VT.

**Child Savings Fund**  
Family plan benefit where if the main insured suffers an accidental death, a benefit of \$1,000 will be paid for each covered child. The benefit may be applied to purchase a CD, deposited in a savings account, or deposited in another available financial instrument.  
Not Available in NY, CT.

**State Variations:**  
**NJ**: Single and Family plan benefit where if the main insured suffers an accidental death, a benefit of \$1,000 will be paid for each child that



is a legal child of the insured. The benefit may be applied to purchase a CD, deposited in a savings account, or deposited in another available financial instrument.

#### **Child Care Assistance Benefit**

Family plan benefit where if the main insured or covered spouse suffers an accidental death, a benefit will be paid for each month following death that any covered child, who is less than 14 years of age, requires child care service. Child care service must be provided for at least 120 hours per month. This benefit is payable for 12 months following the date of the accident. The monthly benefit amount, regardless of the number of children eligible for the benefit, is 1/12th of 2% of the deceased person's additional amount; up to a maximum amount of \$160 per month.

State Variations:

CO, MD, NH, NV, OH, TN, VT, WA: Family plan benefit where if the main insured or covered spouse suffers an accidental death, a benefit will be paid for each month following death that any covered child, who is less than 14 years of age, requires child care service. Child care service must be provided for at least 120 hours per month. This benefit is payable for 12 months following the date of the accident. The monthly benefit, regardless of the number of children eligible for the benefit, is 1/12 of 6% of the deceased person's additional amount up to a maximum of \$400 per month. Benefit in Place of Child Care Assistance: If at the time of death there are no covered children that qualify, a benefit of \$2,500 will be paid.

NY: Family plan benefit where if the main insured or covered spouse suffers an accidental death, a benefit will be paid for each month following death that any covered child, who is less than 14 years of age, requires child care service. Child care service must be provided for at least 120 hours per month. This benefit is payable for 12 months following the date of the accident. The monthly benefit amount, regardless of the number of children eligible for the benefit, is 1/12th of 6% of the deceased person's additional amount; up to a maximum amount of \$600 per month. Benefit in Place of Child Care Assistance: If there are no covered children that qualify, a benefit of \$2,500 will be paid.

**State Variations:**

**NJ**: Single and Family plan benefit where if the main insured (or covered spouse, if the family plan is selected) suffers an accidental death, a benefit will be paid for each month following death that any child that is a legal child of the insured, who is less than 14 years of age, requires child care service. Child care service must be provided for at least 120 hours per month. This benefit is payable for 12 months following the date of the accident. The monthly benefit amount, regardless of the number of children eligible for the benefit, is 1/12th of 2% of the deceased person's additional amount; up to a maximum amount of \$160 per month.

#### **Education Assistance for Covered Children Benefit**

Family plan benefit of 2% of the additional amount up to a maximum of \$3,000 per year per covered dependent child, who at the time of the main insured's accidental death was a full time student. If not currently enrolled, dependent children must be at the 12<sup>th</sup> grade level and subsequently enroll as a full time student.

State Variations:

CO, MD, NH, NV, OH, TN, VT, WA: Family plan benefit of 2% of the additional amount up to a maximum of \$4,000 per year per covered dependent child, who at the time of the main insured or covered spouse's accidental death was a full time student. If not currently enrolled, dependent children must be at the 12th grade level and subsequently enroll as a full time student. Benefit in Place of Education Assistance for Covered Children: If at the time of death there are no covered children or none that are eligible for the benefit, pay flat amount of \$3,500.

NY: Family plan benefit of 3% of the additional amount up to a maximum of \$6,000 per year per covered dependent child, who at the time of the main insured or covered spouse's accidental death was a full time student. If not currently enrolled, dependent children must be at the 12th grade level and subsequently enroll as a full time student. Benefit in Place of Education Assistance for Covered Children: If at the time of death there are no covered children or none that are eligible for the benefit, pay flat amount of \$3,500.

**NJ**: Single and Family plan benefit of 2% of the additional amount up to a maximum of \$3,000 per year per child (who is a legal child of the insured), who at the time of the main insured's accidental death was a full time student. If not currently enrolled, dependent children must be at the 12th grade level and subsequently enroll as a full time student.

#### **Education Assistance for Covered Spouse Benefit**

Family plan benefit of 2% of the additional amount up to a maximum of \$3,000 per year, for a covered spouse who at the time of the main insured's accidental death was a full time student. If not currently enrolled, the covered spouse must subsequently enroll as a full time student within 2 years of the accident.

State Variations:

CO, MD, NH, NV, OH, TN, VT, WA: Family plan benefit of 2% of the additional amount up to a maximum of \$4,000 per year per covered spouse, who at the time of the main insured's accidental death was a full time student. If not currently enrolled, the covered spouse must subsequently enroll as a full time student. If not currently enrolled, the covered spouse must subsequently enroll as a full time student within 1 year of the accident. Benefit in Place of Education Assistance for Covered Spouse: If there is no covered spouse at the time of death, pay a lump sum benefit amount of \$2,000. If at the time of death the spouse is not eligible for benefit, he or she may choose to receive a flat amount of \$2,000.

NY: Family plan benefit of 3% of the additional amount up to a maximum of \$6,000 per year, for a covered spouse who at the time of the main insured's accidental death was a full time student. If not currently enrolled, the covered spouse must subsequently enroll as a full time student within 1 year of the accident. Benefit in Place of Education Assistance for Covered Spouse: If there is no covered spouse at the time of death, pay a single lump sum benefit amount of \$2,000. If at the time of death the spouse is not eligible for benefit, he or she may choose to receive a flat amount of \$2,000.

**NJ**: Single and Family plan benefit of 2% of the additional amount up to a maximum of \$3,000 per year, for an insured's spouse who at the time of the main insured's accidental death was a full time student. If not currently enrolled, the insured's spouse must subsequently enroll as a full time student within 2 years of the accident.

#### **Grief Counseling Benefit**

Family plan benefit of \$50 per counseling session for surviving insureds. The maximum number of sessions is 10.

**State Variations:**

**NJ**: Single and Family plan benefit of \$50 per counseling session for surviving insureds if the insured (or another covered person if the family plan was selected) suffers an accidental death. The maximum number of sessions is 10.

Not Available in CT, WA

#### **Common Disaster Benefit**

By Endorsement

State Variations:

CO, MD, NH, NV, NY, OH, TN, VT, WA: Family plan benefit which increases the spouse's benefit to equal that of the main insured if both the spouse and main insured die as a result of the same accident. (Benefit percentage is 100% and non-variable.) **This is an additional benefit built into the CO, MD, NH, NV, NY, OH, TN, VT and WA Contributory Policies and is therefore not available by endorsement in these states.**

#### **Paralysis Benefit**

By Endorsement

State Variations:

CO, MD, NH, NV, OH, TN, VT, WA: The definition of dismemberment includes loss of use due to paralysis. 50% of a covered person's additional amount for quadriplegia and 25% for paraplegia or hemiplegia (paralysis of 2 limbs) is payable for loss of use due to paralysis. (In other words, quadriplegia, paraplegia & hemiplegia have been added to the AD&D benefit table in the policy and the definition of "dismemberment" now includes loss of use due to paralysis.)

NY: The definition of dismemberment includes loss of use due to paralysis. **60%** of a covered person's additional amount for quadriplegia and **30%** for paraplegia or hemiplegia (paralysis of 2 limbs) is payable for loss of use due to paralysis. (In other words, quadriplegia,

paraplegia & hemiplegia have been added to the AD&D benefit table in the policy and the definition of "dismemberment" now includes loss of use due to paralysis.) **This is an additional benefit built into the CO, MD, NH, NV, NY, OH, TN, VT and WA Contributory Policies and is therefore not available by endorsement in these states.**

**Rehabilitation Benefit**

By Endorsement

State Variations:

CO, MD, NH, NV, OH, TN, VT, WA: If an insured suffers an accidental dismemberment (including loss of use due to paralysis) an additional benefit will be paid for rehabilitative services. The amount payable is \$100 per session. The maximum benefit is the lesser of: 10% of the additional amount or \$5,000. **This is an additional benefit built into the CO, MD, NH, NV, OH, TN, VT and WA Contributory Policies and is therefore not available by endorsement in these states.**

Not Available in NY

**Seat Belt and Air Bag Benefit**

By Endorsement

State Variations:

CO, OH, WA: If a covered person suffers an accidental death or dismemberment, the benefit amount payable is increased by **100%** if, at the time of the accident, the covered person was driving or riding in a private passenger vehicle and was either: 1.) wearing a properly fastened seat belt; or 2.) sitting in a seat protected by an air bag.

NH: If a covered person suffers an accidental death or dismemberment, the benefit amount payable is increased by **200%** if, at the time of the accident, the covered person was driving or riding in a private passenger vehicle and was either: 1.) wearing a properly fastened seat belt; or 2.) sitting in a seat protected by an air bag.

MD, TN, VT: If a covered person suffers an accidental death or dismemberment, the benefit amount payable is increased by **70%** if, at the time of the accident, the covered person was driving or riding in a private passenger vehicle and was either: 1.) wearing a properly fastened seat belt; or 2.) sitting in a seat protected by an air bag.

NV: If a covered person suffers an accidental death or dismemberment, the benefit amount payable is increased by **15%** if, at the time of the accident, the covered person was driving or riding in a private passenger vehicle and was either: 1.) wearing a properly fastened seat belt; or 2.) sitting in a seat protected by an air bag.

NY: If a covered person suffers an accidental death or dismemberment, the benefit amount payable is increased by **10%** if, at the time of the accident, the covered person was driving or riding in a private passenger vehicle and was either: 1.) wearing a properly fastened seat belt; or 2.) sitting in a seat protected by an air bag.

**NOTE: This is an additional benefit built into the above listed state Contributory Policies and is therefore not available by endorsement in these states.**

**Pilot and Crew Member (Professional and Military) Benefit**

By Endorsement

State Variations:

NY, WA: If any loss or covered injury occurs while flying as a professional pilot or crew member or a military pilot or crew member, benefits are reduced to **20%** of what otherwise would be paid. **This is an additional benefit built into the NY and WA Contributory Policies and is therefore not available by endorsement in these states.**

**Endorsement Descriptions:**

Provision / Benefit	Description
<b>Loan Protection</b> Contributory Only Member Only and Family Plan E10c-014-2012AMEND1  Not available in CT, NY, UT or WA	Payable for accidental death of insured. Payable in addition to all other benefits. Benefit will be paid if insured had any outstanding loans, excluding credit card debt, with the participating association. Benefit Amount: Insured's total loan amount as of the date of the accident. Maximum Loan Protection Benefit Amount: lesser of: 10% of insured's additional amount; or \$10,000.
<b>Pilot and Crew Member</b> Contributory and Non-Contributory Member Only and Family Plan E10c-014-2012AMEND2  State Variations: <u>NY, WA</u>	Provision Name: Professional Pilot or Crew Member (Passenger Flights) Payable for Accidental Death or Dismemberment Coverage is extended to the Covered Person if loss occurs while flying as a professional pilot or crew member on a regularly scheduled passenger flight carrying ticketed, fare-paying passengers. Benefit Amount: 100% of the benefit amount payable for the loss and no other benefit is payable.  <u>NY, WA</u> : If any loss or covered injury occurs while flying as a professional pilot or crew member, benefits are reduced to <b>20%</b> of what otherwise would be paid. <b>This is an additional benefit built into the NY and WA Contributory Policies.</b>
<b>Pilot and Crew Member</b> Contributory and Non-Contributory Member Only and Family Plan E10c-014-2012AMEND2-2  State Variations: <u>NY, WA</u>	Provision Name: Professional Pilot or Crew Member (Passenger Flights) Payable for Accidental Death or Dismemberment Coverage is extended to the Covered Person if loss occurs while flying as a professional pilot or crew member on a regularly scheduled passenger flight carrying ticketed, fare-paying passengers. Benefit Amount: 25% or 50% of the benefit amount payable for the loss and no other benefit is payable. (Benefit amount percentage is variable, although 25% or 50% are considered "standard" options)  <u>NY, WA</u> : If any loss or covered injury occurs while flying as a professional pilot or crew member, benefits are reduced to <b>20%</b> of what otherwise would be paid. <b>This is an additional benefit built into the NY and WA Contributory Policies.</b>
<b>Military Pilot or Crew Member</b> Contributory and Non-Contributory Member Only and Family Plan E10c-014-2012AMEND3  State Variations: <u>NY, WA</u>	Payable for Accidental Death or Dismemberment Coverage is extended to the Covered Person if loss occurs while flying as a military pilot or flight crew member on a military aircraft operating under the authority of any of the US Armed Forces. Benefit Amount: 100% of the benefit amount payable for the loss and no other benefit is payable. (Benefit amount percentage is variable, although 100% is considered "standard")  <u>NY, WA</u> : If any loss or covered injury occurs while flying as a military pilot or crew member, benefits are reduced to <b>20%</b> of what otherwise would be paid. <b>This is an additional benefit built into the NH, NY and WA Contributory Policies.</b>
<b>Seat Belt &amp; Air Bag</b> Contributory Only Member Only and Family Plan E10c-014-2012AMEND4  State Variations: <u>CO, MD, NH, NV, NY, OH, TN, VT, WA</u>	Payable for Accidental Death or Accidental Dismemberment of a covered person. Benefit amount is increased if, at the time of the accident, covered person was driving or riding in a private passenger vehicle and was either wearing a properly fastened seat belt or sitting in a seat protected by an air bag. Benefit Amount: Lesser of 50% of additional amount, or \$50,000. (The Benefit Percentage and Dollar amount are variable, however 50% and \$50,000 are the "standard".) No benefit is payable if the driver was 1.) Not properly licensed; 2.) Legally intoxicated; or 3.) Under the influence of any illegal drug or legal drug that was not used accordingly.  <u>CO, OH, WA</u> : If a covered person suffers an accidental death or dismemberment, the benefit amount payable is increased by <b>100%</b> if, at the time of the accident, the covered person was driving or riding in a private passenger vehicle and was either: 1.) wearing a properly fastened seat belt; or 2.) sitting in a seat protected by an air bag. <u>NH</u> : If a covered person suffers an accidental death or dismemberment, the benefit amount payable is increased by <b>200%</b> if, at the time of the accident, the covered person was driving or riding in a private passenger vehicle and was either: 1.) wearing a properly fastened seat belt; or 2.) sitting in a seat protected by an air bag. <u>MD, TN, VT</u> : If a covered person suffers an accidental death or dismemberment, the benefit amount payable is increased by <b>70%</b> if, at the time of the accident, the covered person was driving or riding in a private passenger vehicle and was either: 1.) wearing a properly fastened seat belt; or 2.) sitting in a



		<p>seat protected by an air bag.</p> <p><u>NY</u>: If a covered person suffers an accidental death or dismemberment, the benefit amount payable is increased by <b>15%</b> if, at the time of the accident, the covered person was driving or riding in a private passenger vehicle and was either: 1.) wearing a properly fastened seat belt; or 2.) sitting in a seat protected by an air bag.</p> <p><u>NY</u>: If a covered person suffers an accidental death or dismemberment, the benefit amount payable is increased by <b>10%</b> if, at the time of the accident, the covered person was driving or riding in a private passenger vehicle and was either: 1.) wearing a properly fastened seat belt; or 2.) sitting in a seat protected by an air bag. This is an additional benefit built into the NY Contributory Policy.</p> <p><b>NOTE: This is an additional benefit built into the CO, MD, NH, NV, NY, OH, TN, VT, WA Contributory Policies.</b></p>
	<p><b>Rehabilitation, Coma &amp; Paralysis</b>  Contributory Only  Member Only and Family Plan  E10c-014-2012AMEND5</p> <p>State Variations:  Rehabilitation:  <u>CO, MD, NH, NV, OH, TN, VT, WA</u>  Paralysis:  <u>CO, MD, NH, NV, NY, OH, TN, VT, WA</u>  Coma:  Not available in CT</p>	<p><b>Rehabilitation:</b> Payable for accidental dismemberment of a Covered Person.  Payable in addition to all other benefits.  Benefit will be paid for outpatient rehabilitation services (occurring within 6 months of the date of the dismemberment) required as a result of dismemberment.  <u>Benefit Amount:</u> \$50 per session  <u>Maximum Rehabilitation Benefit Amount:</u> for all sessions combined, the lesser of 2% of additional amount, or \$1,000.  Benefit Payable in a single sum.  <u>CO, MD, Rehab VT, NH, NV, OH, TN, VT, WA:</u> If an insured suffers an accidental dismemberment (including loss of use due to paralysis) an additional benefit will be paid for rehabilitative services. The amount payable is <b>\$100</b> per session. The maximum benefit is the lesser of: <b>10%</b> of the additional amount or <b>\$5,000</b>. <b>This is an additional benefit built into the CO, MD, NH, NV, OH, TN, VT, WA Contributory Policies.</b></p> <p><b>Coma:</b> Payable for accidental dismemberment of a Covered Person.  If the accident causing the coma also results in a loss or covered injury under the policy for the Hospital Confinement or Paralysis Benefit, only the benefit that would be greater would be payable.  If a Covered Person sustains an injury resulting in a Coma, and remains in a coma for more than 2 days, a monthly benefit will be paid, calculated from the first day of comatose.  <u>Benefit Amount:</u> 1% of additional amount for each month remains comatose  <u>Maximum Coma Benefit:</u> \$1,000 / month; 12 months.</p> <p><b>Paralysis:</b> Payable for an injury happening as a result of an accident resulting in paralysis.  If the accident causing the paralysis also results in a loss or covered injury under the policy for the Coma benefit, only the benefit that would be greater will be payable.  <u>Benefit Amount:</u> 25% of additional amount for paraplegia (both legs and lower half of body) or hemiplegia (both the arm and leg on one side of body); or 50% of additional amount for quadriplegia (both arms and both legs)  <u>CO, MD, NH, NV, OH, TN, VT, WA:</u> The definition of dismemberment includes loss of use due to paralysis. 50% of a covered person's additional amount for quadriplegia and 25% for paraplegia or hemiplegia (paralysis of 2 limbs) is payable for loss of use due to paralysis. (In other words, quadriplegia, paraplegia &amp; hemiplegia have been added to the AD&amp;D benefit table in the policy and the definition of "dismemberment" now includes loss of use due to paralysis.) <b>This is an additional benefit built into the CO, MD, NH, NV, OH, TN, VT, WA Contributory Policies.</b>  <u>NY:</u> The definition of dismemberment includes loss of use due to paralysis. <b>60%</b> of a covered person's additional amount for quadriplegia and <b>30%</b> for paraplegia or hemiplegia (paralysis of 2 limbs) is payable for loss of use due to paralysis. (In other words, quadriplegia, paraplegia &amp; hemiplegia have been added to the AD&amp;D benefit table in the policy and the definition of "dismemberment" now includes loss of use due to paralysis.) <b>This is an additional benefit built into the NY Contributory Policy.</b></p>
	<p><b>Permanent Total Disability Benefit</b>  Contributory Only  Member Only and Family Plan  E10c-014-2012AMEND6</p> <p>Not available in NY, <u>VT</u> or WA  State Variation: UT</p>	<p>Payable in addition to all other benefits.  Provides benefit to the Insured if he sustains an injury (only if he is employed for wage or profit) before he reaches age 65 that results in permanent total disability. The permanent disability must begin within 1 yr. of accident and continue without interruption for 12 consecutive months. Beginning with 13<sup>th</sup> month, benefit will be paid for each month the disability continues.  <u>Benefit Amount:</u> 1% of insured's additional amount. (Benefit amt percentage is variable, although 1% is considered "standard")  <u>Maximum Benefit Period:</u> \$2,500/month for 12 months (Benefit period is variable, 12 or 25 months is considered "standard")  UT – The 12 month maximum benefit period is NOT available. The 25 month maximum benefit period is the only period allowed.</p>
	<p><b>Pilot or Crew Member</b>  Contributory and Non-Contributory  Member Only and Family Plan  E10c-014-2012AMEND7</p> <p>Not available in NY or WA</p>	<p>Coverage is extended to the Covered Person if loss occurs while flying as a pilot or flight crew member. This benefit will not be paid if the loss is due to a declared war, undeclared war, or any act of war.</p> <p><u>Benefit Amount:</u> 50% of the benefit amount payable for the loss and no other benefit is payable. (Benefit amt percentage is variable)</p>
	<p><b>Legal Partner</b>  Contributory Only  Family Plan Only  E10c-014-2012AMEND8</p> <p>Not available in NJ, NV, NY, or WA</p>	<p>Provides coverage under the family plan for a domestic partner with whom the insured has entered into a mutually exclusive relationship.</p>
	<p><b>Common Accident Benefit</b>  Contributory Only  Family Plan Only  E10c-014-2012AMEND9  (Available in Phase 3)</p> <p>Not available in NH, NY or WA</p>	<p>Payable in addition to all other benefits.  If both the insured and his or her covered spouse suffer an accidental death due to injuries sustained in the same accident, a common accident benefit will be paid to the beneficiary. Both accidental deaths must occur within 365 days of the accident which caused the injuries.  <u>Benefit Amount:</u> A flat benefit amount not to exceed \$1,000,000. (Benefit amt is variable)</p>
	<p><b>Common Accident Benefit</b>  Contributory Only  Family Plan Only  E10c-014-2012AMEND10  (Available in Phase 3)</p> <p>State Variations:  <u>CO, MD, NH, NV, NY, OH, TN, VT, WA</u></p>	<p>Payable in addition to all other benefits.  If both the insured and his or her covered spouse suffer an accidental death due to injuries sustained in the same accident, a common accident benefit will be paid to the beneficiary. Both accidental deaths must occur within 365 days of the accident which caused the injuries.</p> <p><u>Benefit Amount:</u> Equal to the greater of the following:  1. X% of the additional amount in effect as of the date of the accident and including any increases due to the Inflation Protection Option;  or  2. The benefit amount otherwise payable under the policy due to the accidental death of the insured and his or her covered spouse.  The total benefit amount payable cannot exceed \$1,000,000. (Benefit percentage amt and benefit amt are variable)  <u>CO, MD, NH, NV, NY, OH, TN, VT, WA:</u> Family plan benefit which increases the spouse's benefit to equal that of the main insured if both the spouse and main insured die as a result of the same accident. (Benefit percentage is 100% and non-variable.) Both accidental deaths must occur within 90 days of</p>

the accident which caused the injuries. **This is an additional benefit built into the CO, MD, NH, NV, NY, OH, TN, VT and WA Contributory Policies.**

**Return of Premium**  
Contributory Only  
Member Only and Family Plan  
E10c-014-2012AMEND11  
  
Not available in CT, NH, NY, or WA

Payable for non-accidental death of insured.  
If the insured person suffers a non-accidental death while the coverage is in force, we will return an amount equal to the total premiums paid while the additional amount was in force without interruption, up to a maximum amount.

**War Benefit for Active Military**  
Basic and Contributory –  
AMEND13  
Member Only and Family Plan  
E10c-014-2012AMEND13  
  
Not available in MI, NY, or WA

AMEND13 - War Benefit for Basic Amount and Additional Amount – Attach to Contributory Certificate Only:  
Payable if full benefit is excluded due to war exclusion.  
Insured must be active duty in US military at the time of loss and loss must occur on foreign soil.  
Benefit amount varies and is chosen by the credit union.

Basic Amount Only –  
AMEND13B  
Used with AMEND13 &  
AMEND13-2 Basic Certs  
E10c-014-2012AMEND13B  
  
Not available in MI, NY, or WA

The maximum contributory benefit amount is the less of [5%] of the face or [\$10,000].  
The maximum basic benefit amount payable for death is equal to [\$1000].  
The maximum basic benefit amount payable for dismemberment is equal to [\$500.]

AMEND13B - War Benefit for Basic Amount Only – Attach to Basic Certificates Only:  
Payable if full benefit is excluded due to war exclusion.  
Insured must be active duty in US military at the time of loss and loss must occur on foreign soil.  
Benefit amount varies and is chosen by the credit union. The maximum basic benefit amount payable for death is equal to [\$1000]. The maximum basic benefit amount payable for dismemberment is equal to [\$500.]

NAVY Basic and Contributory –  
AMEND13-2  
Only available to Navy Federal  
Credit Union  
Member Only and Family Plan  
E10c-014-2012AMEND13-2

AMEND13-2 – NAVY War Benefit for Basic Amount and Additional Amount – Attach to NAVY Contributory Certificates Only:  
Payable if full benefit is excluded due to war exclusion.  
Insured must be active duty in US military at the time of loss and loss must occur on foreign soil.

Available ONLY in VA for NAY

The benefit amount payable = A x B x C + D  
Where:  
A = the lesser of: a.) the additional amount shown on the insured's certificate schedule; or b.) \$[200,000].  
B = the applicable "% of Additional Amount", as shown in the table below, based on the type of loss suffered by the insured.  
C = the applicable "War Benefit Percentage", as shown in the table below, based on the type of loss suffered by the insured and the benefit year in which the loss occurred.  
D = a Basic Benefit amount of \$[2,000] for accidental death or \$[1,000] for an accidental dismemberment.

TYPE OF LOSS	% of Additional Amount	WAR BENEFIT PERCENTAGE	
		During Benefit Year 1	During Benefit Years 2+
Accidental Death	100%	[50]%	[100]%
Two of the following: hand, foot or eye	100%	[40]%	[80]%
One of the following: hand, foot or eye	50%	[40]%	[80]%
Speech or Hearing	50%	[40]%	[80]%
Thumb and index finger of same hand	25%	[40]%	[80]%
One Thumb	Lesser of: 10% or \$1,000	[40]%	[80]%

**Endorsement – State Applicability**

Section Owner: Joe Gracyalny, Product Actuarial