

# STANDARD INSURANCE COMPANY

A Stock Life Insurance Company  
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## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

### OUTLINE OF COVERAGE

THIS CONTRACT PROVIDES BENEFITS FOR ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D). IT DOES NOT PROVIDE BENEFITS FOR SICKNESS.

- I. This Outline of Coverage provides a very brief summary of the important features of your coverage. This Outline is not the insurance contract and only the actual policy provisions will control. The policy sets forth, in detail, the rights and obligations of both you and Standard Insurance Company. It is, therefore, important that you **READ YOUR CONTRACT CAREFULLY!**
- II. Accidental Death and Dismemberment is designed to provide, to a person insured, coverage for certain Losses resulting from an accident, subject to any limitations set forth in the policy. Coverage is not provided for sickness, nor provided for basic hospital, basic medical-surgical, or major medical expenses.
- III. **BENEFITS** – This Accidental Death and Dismemberment contract provides insurance benefits to Members and their insured Dependents as a result of a Loss. We will pay the following benefits as provided in the contract.

**ACCIDENTAL DEATH BENEFITS** including accidental exposure due to adverse weather conditions.

**ACCIDENTAL DISMEMBERMENT BENEFITS** including benefits for Loss of hand or foot, sight in one eye, speech, hearing in both ears, thumb and index finger of the same hand, and two or more of the those Losses. However no more than 100% of your AD&D Benefit will be paid for all Losses suffered by one insured person resulting from one accident.

**ADDITIONAL BENEFITS** including Seat Belt Benefit, Air Bag Benefit, Repatriation Benefit, Career Adjustment Benefit, Child Care Benefit, and Higher Education Benefit.

- IV. **EXCLUSIONS** – With respect to benefits provided under this policy, no benefits will be payable if the accident or Loss is caused or contributed by any of the following:
  - War or act of War. War means declared or undeclared war, whether civil or international, insurrection, and any substantial armed conflict between organized forces of a military nature.
  - Attempting suicide or other intentionally self-inflicted Injury, while sane or insane.
  - Committing or attempting to commit a felony or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot or insurrection while performing official duties.

- The voluntary use or consumption of any poison, chemical compound, drug, or alcohol in excess of the legal limit in the state in which the Accident occurred, unless used or consumed according to the directions of a Health Care Provider.
- Sickness existing at the time of the accident or exposure.
- Heart Attack or stroke.
- Medical or surgical treatment or diagnostic procedure of any of the above.
- Boarding, leaving, or being in or on any kind of aircraft as a pilot or crew member. However, this exclusion will not apply if the person who suffers the Loss is a fare paying passenger on a commercial aircraft. This exclusion also does not apply to aircraft owned by the State of Montana while you are on state business.

**V. RENEWABILITY, TERMINATION, SELF PAY PROVISION –**

**Renewability** – Your coverage will continue so long as premiums are paid when due or within the Grace Period and the policy remains in force.

**Termination** – Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you made the required premium contributions.
- The date the Group Policy terminates.

Insurance ends on the earliest of the following for your Dependent:

- The date the Member’s AD&D Insurance ends.
- The last day of the last period in which premium payment has been made as of the date your Dependent ceases to meet the definition of a dependent Child or Spouse.
- The last day of the last period for which you made the required premium contribution for your Dependent.

**Self Pay Provision**- You may continue insurance for you and your Dependents by paying the entire cost of your insurance to your Employer.

- For up to 18 months while you are on approved leave without pay status, if you are a non-represented MEMBER.
- For up to 12 months while you are on approved leave without pay status, if you are any other Member.
- For up to 12 months while you are receiving Worker's Compensation benefits for any Sickness or Injury sustained during state employment.

**VI. PREMIUMS** – The Policyholder determines the amount, of each Member’s contribution toward the cost of insurance. Each premium is payable on or before the Premium Due Date to us. There are no medical questions to be answered to become insured for this coverage, however one must be capable of active work on the day before the schedule effective date of their insurance.