



Personal Accident Insurance

Accidents happen — help your family prepare

Important Note: The plan provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, major medical or sickness coverage.

For the employees of
West Virginia University
(the Policyholder)



Insurance underwritten by:
National Union Fire Insurance Company of Pittsburgh, Pa.
(the Insurance Company)

Why Personal Accident Insurance?

Today, more than ever, shouldn't you be prepared for the unexpected? This plan can be extremely important to you and your family in the event one of you is involved in an accident. No matter what precautions we take, accidents DO happen.

West Virginia University is providing you with the opportunity to purchase a personal accident insurance plan through convenient payroll deductions. You can purchase coverage for yourself, your spouse and/or your dependent children. You choose the coverage limits that fit your needs.

How Does Personal Accident Insurance Work?

Coverage

Employee Only

You may choose any amount of insurance in multiples of \$10,000 from \$10,000 to \$350,000. However, amounts above \$250,000 cannot exceed 10 times your annual salary (base annual salary exclusive of overtime, bonuses, tips, commission and special compensation). Your principal sum equals the amount of insurance you choose subject to the reduction schedule outlined later in this brochure.

Family (Employee, Spouse and Dependent Children)

The principal sum applicable to your covered dependents is an amount based upon the composition of your family at the time of loss and is expressed as a percentage of your principal sum as follows:

- If your insured dependent child suffers a loss payable under the program and you have an insured spouse at the date of the loss, that child's principal sum will equal the lesser of \$25,000 or 15 percent of your principal sum on the date of the accident causing the loss.
- If you do not have a covered spouse on the date of the loss, that child's principal sum is the lesser of \$25,000 or 20 percent of your principal sum on the date of the accident causing the loss.
- If your covered spouse suffers a loss payable under the program and there is no covered dependent child on the date of the loss, your spouse's principal sum will equal 60 percent of your principal sum.
- If there is a covered dependent child, your spouse's principal sum will equal 50 percent of your principal sum.

In the event that a person is covered under the program as an employee and as a dependent, the combined principal sum on that person may not exceed \$700,000.

Eligibility

You are eligible to participate if you are an active regular full-time employee, an Emergency Medical Resident or a Physician of West Virginia University.

Under the Family Coverage plan, you may also insure your spouse and any unmarried dependent child(ren), including natural children from moment of birth, step, foster or adopted child(ren) from the moment of placement in your home, under age 19 (25 if attending an accredited institution of higher learning on a full-time basis) and primarily dependent upon you for support and maintenance.

If you and your spouse are both eligible to enroll for coverage under the program, one, but not both of you, may purchase Family Coverage, and the other spouse may then elect Employee Only Coverage.

Effective Dates

Employee

Your coverage will become effective on the first of the month next following receipt of your completed enrollment form by West Virginia University's benefits department.

Dependents

Your eligible dependents' coverage will become effective on the latest of:

- The date your coverage begins;
- The date the first premium is paid when due on behalf of that dependent;
- The date that dependent becomes eligible, as defined in the policy, for coverage; or
- The date that you enroll that dependent for coverage (if you don't enroll within 31 days after the date the dependent becomes eligible, you must wait until the next open enrollment period to enroll the dependent).

Termination Dates

Employee

Your coverage shall immediately terminate on the earliest of:

- The date the Policy is terminated;
- The premium due date if premiums are not paid when due;
- The date you cease to be an eligible employee of West Virginia University; or
- The date you request, in writing, that your coverage be terminated.

Dependents

Coverage for a covered dependent shall immediately terminate on the earliest of:

- The date your coverage ends;
- The premium due date if premiums for that covered dependent are not paid when due;
- The date you request, in writing, that coverage for that covered dependent be terminated; or
- The date that covered dependent is no longer eligible for coverage as a dependent.

What Can Personal Accident Insurance Offer Me?

- **Accident insurance protection:** Your plan provides Accidental Death and Dismemberment (AD&D) benefits for covered accidents.
- **Flexible planning:** You select the amount of coverage you need. See "How Does Personal Accident Insurance Work?" above for details.
- **Can supplement other insurance:** Benefits are paid directly to you (unless you specify otherwise). This is in addition to any other insurance you may have at the time of the accident.
- **Family coverage available:** You may also insure your spouse and Eligible Dependent Children.
- **24/7 worldwide coverage:** Your coverage is in force around-the-clock — at work, at home or at play, anywhere in the world.
- **Convenient payroll deductions:** For your convenience, premium is automatically deducted.

Plan Costs

Rates are per \$1,000 of Principal Sum per month (for nine months).

Employee Only Coverage: \$0.039

Family Coverage: \$0.060

Sample Monthly Costs

Principal Sum	Employee Only	Family
\$10,000	\$0.39	\$0.60
\$50,000	\$1.95	\$3.00
\$100,000	\$3.90	\$6.00
\$150,000	\$5.85	\$9.00
\$200,000	\$7.80	\$12.00
\$250,000	\$9.75	\$15.00
\$300,000	\$11.70	\$18.00
\$350,000	\$13.65	\$21.00

Reduction Schedule

The amount payable for a loss will be reduced if an insured person is age 70 or older on the date of the accident causing the loss with respect to any benefit provided by this 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	Percentage of Amount Otherwise Payable
70-74	65
75-79	45
80-84	30
85 and older	15

* "Age" refers to the covered person's age at the person's most recent birthday, regardless of the actual time of birth.

The premium for an insured person age 70 or older is based on 100 percent of the coverage that would be in effect if the insured person were under age 70.

Benefits and Coverage Limits

Accidental Death , Accidental Dismemberment and Paralysis

Subject to all policy terms and conditions, if injury to an eligible insured person directly results in any of the losses specified below within 365 days of the date of the accident that caused the injury, we will pay, in one sum, the percentage of the Principal Sum shown for that loss:

Loss of	Percentage of Principle Sum
Life	100
Both hands or both feet	100
Sight of both eyes	100
One hand and one foot	100
One hand and the sight of one eye	100
One foot and the sight of one eye	100
Speech and hearing in both ears	100
Sight of one eye	50
One hand or one foot	50
Speech or hearing in both ears	50
Thumb and index finger of the same hand	25
Paralysis	
Quadriplegia	100
Paraplegia	75
Hemiplegia	50

"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.

"Quadriplegia" means the complete and irreversible paralysis of both upper and 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 on the same side of the body. "Limb" means entire arm or entire leg.

If more than one loss listed above is sustained by an insured person as a result of a single accident, only one amount, the largest, will be paid.

Common Disaster

If an insured with Family Coverage in effect under the policy and his or her insured spouse both suffer accidental death in the same accident within 365 days of the accident such that an Accidental Death benefit is payable under the policy for both persons, the insured spouse's Principal Sum is increased to equal 100% of the insured's Principal Sum.

Conversion Privilege (Applies to the Accidental Death Benefit and Accidental Dismemberment Benefit Only)

If an insured person's coverage ends (prior to age 70) because he or she is no longer a member of any eligible class of persons as described in the Classification of Eligible Persons section of the Master Application, coverage may be converted to an individual accidental death and dismemberment policy (herein called an individual policy). However, an insured dependent may convert only if he or she is the age of majority or over on the date coverage ends.

The underwriting company (Company) must receive a written application and payment of the required premium within 31 days after coverage ends under the policy. No evidence of insurability is required to obtain the individual policy.

The individual policy will be a type the Company regularly makes available on its effective date. The initial premium for the individual policy will be based on the insured person's attained age, risk class and amount of insurance provided at the time of application for the individual policy.

Coverage under the individual policy will take effect on the later of: 1) the date the application and required premium payment are received by the Company; or 2) the date that the insured person's coverage under the policy ends. In the event that the application and required premium are not received prior to termination of coverage under the policy, coverage is not provided from the date coverage ends under the policy until the date coverage under the individual policy becomes effective. Coverage under the individual policy may not be less than \$100,000 and may not exceed the greater of: 1) the amount for which the insured person was covered under the policy; or 2) \$500,000.

Seat Belt

The Company will pay a benefit when the insured person suffers accidental death such that an Accidental Death benefit is payable under the policy and the accident causing death occurs while the insured person is operating, or riding as a passenger in, an automobile and wearing a properly fastened, original, factory-installed seat belt or, if the insured person is a child, a properly installed and fastened child restraint device as defined by state law. Verification of the actual use of the seat belt, at the time of the accident, must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s). The amount payable is the lesser of: 1) 10% of the insured's Principal Sum; or 2) \$25,000.

Tuition (only available with Family Coverage)

If an insured or the insured spouse suffers accidental death such that an Accidental Death benefit is payable under the policy, and the insured had Family Coverage in effect under the policy on the date of the accident causing death, the Company will pay the following benefits:

For Insured Spouse

The Company will pay a benefit to or on behalf of any insured spouse who was insured under the policy on the date of the accident causing death and who, for the purpose of obtaining an independent source of support: 1) is enrolled in any institution of higher learning or professional or trade training program on the date of the insured's death; or 2) subsequently enrolls in an institution of higher learning or professional or trade training program within 30 months after the date of the insured's death. The benefit will be paid for each year of the insured spouse's continuous enrollment in an institution of higher learning or professional or trade training program, to a maximum of four (4) consecutive years. The total amount of the benefit for all institutions and programs combined each year is equal to the least of: 1) the total actual tuition (exclusive of room and board) charged by those institutions or programs for enrollment during that year for the insured spouse; 2) 3% of the insured's Principal Sum on the date of the accident causing death; or 3) \$3,000.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

An insured spouse who ceases to be enrolled as described above becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment that begins before the date of the insured's death.

For Insured Dependent Children under Age 25

The Company will pay a benefit to or on behalf of any insured dependent child under age 25 who was insured under the policy on the date of the accident causing death and who, on the date of the insured's death: 1) is a full-time student in any institution of higher learning above grade 12; or 2) is in grade 12 and subsequently enrolls as a full-time student in an institution of higher learning within 365 days after the date of the insured's death.

The benefit will be paid for each year of the insured dependent child's continuous enrollment as a full-time student in an institution of higher learning, to a maximum of four (4) consecutive years. The total amount of the benefit each year is equal to the least of: 1) the actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that insured dependent child; 2) 5% of the insured's Principal Sum on the date of the accident causing death; or 3) \$5,000.

The applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term.

An insured dependent child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the insured's death.

"Institution of Higher Learning" means any accredited institution that provides education or training beyond grade 12, including, but not limited to, any state university, private college or trade school.

Limitation on Multiple Benefits

If an insured person suffers one or more losses from the same accident for which amounts are payable under more than one of the following benefits provided by the policy, the maximum amount payable under all of the benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit, Accidental Dismemberment Benefit, Paralysis Benefit.

How to Enroll

- 1 Select the Principal Sum amount which best fits your needs.
- 2 Complete the Enrollment Form. Be sure to indicate the plan and amount of insurance desired, and fill in the monthly cost. Premium is payable for nine months. Coverage runs for a full policy year.
- 3 Retain a copy as evidence of enrollment.

Everyone must complete an Enrollment Form. If you decide not to participate, please check the appropriate box on the form, sign the form and return it to your Human Resources Department.

ENROLLMENT FORM
Personal Accident Insurance

WEST VIRGINIA UNIVERSITY

Application is hereby made to National Union Fire Insurance Company of Pittsburgh, Pa. for accident insurance under the terms of Master Policy No. PAI 9042648

Please print or type all information requested.

Employee's Full Name _____ Date of Birth _____

Home Address _____

City, State ZIP _____

Type of Plan (check one)

Employee Only

Family

(If your family status changes at any time in the future, you may change your coverage by completing a new enrollment form.)

Amount of Insurance (Principal Sum) Desired _____ Monthly Cost _____

Employee's Beneficiary _____ Relationship _____

Unless you name a specific beneficiary under the policy, your beneficiary for accidental death will be that person or those persons designated by you for West Virginia University's group life insurance policy as shown on West Virginia University records kept on that policy. You will be the beneficiary of your dependents for their accidental death, unless designated and filed. Other payments made for all other losses will be made to, or on behalf of, the dependent suffering the loss.

CHECK ONE

I authorize West Virginia University to deduct from my salary, for a period of nine months, the premium for the insurance for which I have applied. Amounts over \$250,000 cannot exceed 10 times employee's annual salary. I understand if I apply for more than I am allowed, any excess premium will be refunded.

I have been given the opportunity to apply for this insurance, but I choose not to participate.

Employee's Signature _____ Date _____

THIS INSURANCE IS IN FORCE ONLY IF THIS ENROLLMENT FORM IS COMPLETED, YOU HAVE AUTHORIZED PAYROLL DEDUCTIONS OF PREMIUM, AND YOUR PREMIUM IS ACTUALLY RECEIVED BY THE INSURER.

Exclusions

This policy does not cover any loss caused by, or resulting from, the following:

- Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or auto-eroticism.
- Sickness, disease, mental incapacity or bodily infirmity.
- 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:
 - Riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - Performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - Riding as a passenger in an aircraft owned, leased or operated by the policyholder or the insured person's employer.
- Declared or undeclared war, or any act of declared or undeclared war.
- Infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an Injury independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes.
- Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the insured person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
- The Insured Person being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
- The Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician.
- The Insured's Person's commission of or attempt to commit a crime.
- The medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity.
- Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

www.aig.com/us/benefits

Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, 15th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

This is only a brief description of the coverage(s) available under policy series 11656DGB. The Policy contains reductions, limitations, exclusions, and termination provision. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

Policy series C11656DBG-WV.

Any rates shown are based on the information provided at the time of quoting and are subject to adjustment in the event such information changes.

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