New and Improved!

Announcing Voluntary Accidental Death and Dismemberment Insurance For SEANC Members and Their Families

$25,000 to $500,000 Accidental Death & Dismemberment Insurance*

Underwritten by Life Insurance Company of North America

If you enroll for dependent coverage:

- Member with no eligible dependent children, your spouse will be insured for 50% of your Principal Sum up to a maximum of $250,000.
- Member with eligible dependent children, your spouse will be insured for 40% of your Principal Sum and each child for 10% up to a maximum of $25,000.
- Member with no spouse, each eligible dependent child will be insured for 15% of your Principal Sum, up to a maximum of $25,000.
- *Members whose membership is effective on October 1, 2011 or after, with coverage amounts over $150,000, are limite to enroll in no more than five times annual earnings or pension benefit.

Active and Retired Members

Program Includes:

Keeping coverage with no age reduction

No health evidence required

Travel Assistance Services

Affordable Group Rates

Payroll Deduction

Dependent coverage available

To enroll complete the form below and mail to:

1621 Midtown Place
Raleigh, NC 27609

For question/answers call:
Tel 1-800-222-2758 /
(919) 833-6436
Fax: (919) 792-3321

Coverage/Cost

Member Amount	Member only Cost/Monthly	Member & Family Cost/Monthly
$25,000	$0.88	$1.30
$50,000	$1.75	$2.60
$100,000	$3.50	$5.20
$150,000	$5.25	$7.80
$200,000	$7.00	$10.40
$250,000	$8.75	$13.00
$300,000	$10.50	$15.60
$350,000	$12.25	$18.20
$400,000	$14.00	$20.80
$450,000	$15.75	$23.40
$500,000	$17.50	$26.00

Underwritten by Life Insurance Company of North America — Voluntary Accident Enrollment Form

Policyholder: State Employees Association of NC		Policy No.: AK-050464	
Proposed Insured's Employee Name	Social Security #	Date of Birth / /	
Proposed Insured's Spouse's Name	Date of Birth / /	**For additional children, complete on back of form.	
**Proposed Insured's Child's Name	Date of Birth / /		
Street	City	State	ZIP
Proposed Insured's Principal Sum	Monthly Premium	Beneficiary	Relationship
			Certified Effective Date to be completed @ processing
☐ Member Only ☐ Member & Family Plan (Including Insured)	Please Note: An Eligible Person may not have coverage both as an Insured Person and as an Insured Dependent. Only one Insured spouse may cover the eligible children as Insured Dependents. If insurance is in force for an Insured Dependent, any newly eligible Dependents will be automatically covered.		State Department/Agency State Department/Agency Telephone number

☐ I request to purchase this accident insurance coverage. I authorize the Policyholder to deduct from my salary and or pension benefit wages, if applicable, the necessary premium for this insurance coverage.

☐ I have been offered and have declined to purchase this accident insurance coverage.

With my signature: (1) I verify that the information provided on this enrollment form is accurate and complete, and (2) I make the necessary authorization for voluntary payroll or pension benefit deduction in the amount of premium indicated above.

Date Signed	Signature of Proposed Insured

Effective 09/11

State Employees Association of North Carolina
Voluntary Accidental Death & Dismemberment Insurance Features

- **Special Education Benefit** – If Dependent Coverage is elected and in effect on the date of a covered accident, which results in your death for which benefits are payable, each qualifying dependent child will receive an additional benefit for educational expenses. The qualifying dependent must be enrolled in an accredited school of higher learning beyond the 12th grade, or be at the 12th grade level and then enroll as a full-time student in an accredited school of higher learning within 365 days on the date of the covered person's accident to be eligible for this benefit. Annual payments for up to 4 consecutive years while the dependent is enrolled will equal 5% of your Principal Sum up to a maximum benefit of $5,000.

- **Spouse or Domestic Partner Retraining Benefit** – If Spouse Coverage is elected and in effect on the date of a covered accident, which results in your death for which benefits are payable, the spouse or domestic partner will receive an additional benefit to obtain occupational or educational training needed for employment. The spouse or domestic partner must enroll within three years after the covered Member's death in any accredited school for the purpose of retraining or refreshing skills needed for employment and incurs expenses payable directly to, or approved and certified by, such school. Benefit is up to a maximum of $3,000.

- **Conversion Privilege** – if your coverage terminates for reasons other than termination of the policy, non-payment of premium, or over the age of 70, you may convert to an individual policy without proof of good health. Converted coverage amount not less than $25,000, but not more than the covered amount up to $250,000.

- **CIGNA Secure Travel ®** - A travel assistance program for more than 100 miles from home includes pre-trip planning assistance, transportation cost for emergency medical evacuation, and repatriation of remains with no maximum limits.

- **Dismemberment Coverage** – Benefits are also provided if, as a result of, and within one year of, a covered accident, you or your insured dependents have suffered the Loss of Use or a Total Loss of limbs, hand, foot, or both. Payment is based on the following schedule:

  Total Paralysis of Upper and Lower Limbs.....100% of the principal sum
  Total Paralysis of both Lower Limbs..... 66.7% of the principal sum
  Loss of Two or More Hand or Feet..... 100% of the principal sum
  Loss of one Hand or Foot..... 50% of the principal sum

- **Coma Benefit** – Monthly benefit of 1% of the principal sum up to 11 months, payable at the end of each month during which the covered person remains comatose. Lump sum benefit, 100% of the principal sum payable at the beginning of the 12th month.

- **Exposure and Disappearance Coverage** – Benefits will be payable if a covered person suffers a covered loss which results directly and independently of all other causes from unavoidable exposure to elements following a covered accident. If a covered person is not found within one year from the date of the wrecking, sinking, or disappearance of the conveyance in which the covered person was riding in the course of a trip which would otherwise be covered under the policy, it will be presumed that the covered person's death resulted directly and independently of all other causes from a covered accident.

- **Common Accident Benefit** – We will increase the Loss of Life benefit payable for the covered Spouse to 100% of the Member's Principal Sum if both the Member and the Covered Spouse die directly and independently of all other causes from a Common Accident and are survived by one or more Dependent Children.

- **Increased Dependent Child Dismemberment Benefit** – We will pay an additional benefit of 100% multiplied by the percentage of the Member's Principal Sum applicable to the covered loss, if a covered Dependent Child sustains a Covered Loss resulting , directly, and independently of all other causes, from a covered accident for which Accidental Dismemberment benefits are payable under this policy.

- **Dependent Definitions** - Dependent Child(ren) children up to 19 years old; or, 19 or more primarily supported by Member and incapable of sustaining employment due to mental or physical handicap; or, up to age 25 if enrolled in school as a full-time student and primarily supported by the Member. Spouse means the Member's lawful spouse.

- **Effective date of coverage** is the date the member becomes eligible, and we receive a completed enrollment form, and we receive the required first premium, during his lifetime.

- Eligibility includes all active and retired dues paying member of SEANC and rates are subject to change.

- **Common Exclusions** - In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section: 1)Intentionally self afflicted injury, suicide or any attempt threat while sane or insane; 2) Commission or attempt to commit a felony or an assault; 3) Commission of or active participation in a riot or insurrection; 4) Bungee jumping; parachuting; skydiving; parasailing; hang-gliding; 5) Declared or undeclared war or act of war; 6) Flight in an aircraft except as a passenger on a regularly scheduled commercial airline; 7) Sickness, disease, bodily or mental infirmity, medical or surgical treatment , diagnostic procedure, administration of anesthesia, medical mishap or negligence including malpractice; 8) Activities of active duty service in the military, navy, air force; 9) Operating any type of vehicle while under the influence of alcohol or any drug, narcotic, or other intoxicant, or operating a motor vehicle and does not possess a valid motor vehicle operator's license; 10) Voluntary ingestion of any narcotic, drug, poison, gas or fumes and/or the Covered Person's intoxication as determined according to the laws of the jurisdiction; 11) Travel in or on any off-road motorized vehicle or participation in any motorized race or contest of speed.

This is an overall summary of the exclusions under the policy; please refer to your certificate for further details.

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. Terms and conditions of coverage are set forth in Group Policy No.AK-050464 on Policy Form GA-00-1000.00, issued in North Carolina. No person can be insured under this policy more than once. 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.

Underwritten by Life Insurance Company of North America, Policy # AK-050464.

**Proposed Insured's Child's Name	Date of Birth	/	/
**Proposed Insured's Child's Name	Date of Birth	/	/
**Proposed Insured's Child's Name	Date of Birth	/	/