

Accidental Death and Dismemberment Insurance

Program Highlights

- Accident Insurance Protection – for loss of life coverage for you, your spouse, and children.
- Permanent and Total Disability Protection – payment in the event you are wholly and continuously disabled for the remainder of your life.
- Dismemberment Protection – payment for loss of sight and limb for you, your spouse, and children.
- Should accidental contact be made with a source of the HIV virus, your coverage will be broadened to equal 20% of your principal sum. You must test negatively for HIV within 48 hours for coverage to become effective.
- Paralysis that is the result of an accident is included for benefits under this plan.
- Day Care or Tuition Assistance for college is included for children in the event you suffer an unexpected loss of life.
- Financial assistance to help retrain your spouse for a new career.
- Conversion is available up to \$250,000 should you leave the University of Wisconsin Hospital and Clinics.

Eligibility

- All active employees under age 70 can enroll in this insurance.
- Spouse and dependent unmarried children can be covered to age 19 or 25 if a full-time student.
- Employees who retire may continue coverage for themselves and their eligible family members.

Benefit Illustration

	Employee	Spouse	Children
Employee and Spouse	100%	60%	---
Employee with Spouse and Children	100%	50%	15%
Employee with Children Only	100%	----	20%

You will be the beneficiary for your spouse and children. You may name any beneficiary you wish for your insured amount.

Example:

If you select \$100,000 of coverage and are married with two young children the following illustrates how you and your family will be insured:

You: \$100,000
 Your Spouse \$50,000
 Each Child \$15,000

Monthly Premium Chart		
Your Benefit Amount	Employee Only Cost	Family Plan Cost
\$25,000	\$0.75	\$1.13
\$50,000	\$1.50	\$2.25
\$75,000	\$2.25	\$3.38
\$100,000	\$3.00	\$4.50
\$125,000	\$3.75	\$5.63
\$150,000	\$4.50	\$6.75
\$175,000	\$5.25	\$7.88
\$200,000	\$6.00	\$9.00
\$225,000	\$6.75	\$10.13
\$250,000	\$7.50	\$11.25
**NOTE: Benefits in excess of \$250,000 are not allowed unless it equals 10 times your salary.		
\$275,000	\$8.25	\$12.38
\$300,000	\$9.00	\$13.50
\$325,000	\$9.75	\$14.63
\$350,000	\$10.50	\$15.75
\$375,000	\$11.25	\$16.88
\$400,000	\$12.00	\$18.00
\$425,000	\$12.75	\$19.13
\$450,000	\$13.50	\$20.25
\$475,000	\$14.25	\$21.38
\$500,000	\$15.00	\$22.50