

HOOD COUNTY EMPLOYEES

\$25,000 GROUP TERM LIFE

Paid by county

INSURANCE REDUCES AT AGE 65 TO 65% OF THE AMOUNT WHICH WOULD APPLY PRIOR TO AGE 65.
INSURANCE REDUCES AT AGE 70 TO 50% OF THE AMOUNT WHICH WOULD APPLY PRIOR TO AGE 65.

Includes:

\$25,000 ACCIDENTAL DEATH & DISMEMBERMENT

SEAT BELT BENEFIT PAYS AN ADDITIONAL \$25,000 DEATH BENEFIT IF DEATH RESULTS FROM AN AUTOMOBILE ACCIDENT AND A SEAT BELT IS BEING WORN AT THE TIME OF THE ACCIDENT. THE SEAT BELT BENEFIT EQUALS \$25,000 OR THE AMOUNT OF THE ACCIDENTAL DEATH BENEFIT PAID, WHICHEVER IS LESS. SEAT BELT MEANS A PROPERLY INSTALLED SEAT BELT, LAP AND SHOULDER RESTRAINT, OR OTHER RESTRAINT APPROVED BY THE NATIONAL HIGHWAY AND SAFETY ADMINISTRATION AND CERTIFIED IN THE OFFICIAL ACCIDENT REPORT OR BY THE INVESTIGATING OFFICER. IF THE OFFICIAL REPORT CERTIFYING THE SEAT BELT WAS PROPERLY FASTENED IS NOT AVAILABLE AT THE TIME THE CLAIM IS SUBMITTED, THE BENEFIT AMOUNT IS \$1,000.00

ACCIDENTAL DISMEMBERMENT

THE FULL AMOUNT IS PAID IF ACCIDENTAL BODILY INJURY RESULTS IN THE LOSS OF ANY OF THE FOLLOWING:

- * BOTH HANDS
- * BOTH FEET
- * BOTH EYES
- * ANY TWO OF THEM

ONE-HALF THE AMOUNT IS PAID IF ACCIDENTAL BODILY INJURY RESULTS IN THE LOSS OF ANY OF THE FOLLOWING:

- * ONE HAND
- * ONE FOOT
- * ONE EYE

“LOSS” MEANS PERMANENT SEVERANCE OF THE HAND OR FOOT FROM THE BODY AT OR ABOVE THE WRIST OR ANKLE JOINT, OR ENTIRE AND IRRECOVERABLE LOSS OF SIGHT.

REPATRIATION BENEFIT If an insured employee dies as a result of a covered accident at least 75 miles from his principal residence, up to \$5,000.00 will be paid for the preparation and transportation of the insured employee's body.

Accidental Death and Dismemberment Exclusions

The death or dismemberment must occur as the direct result of accidental bodily injuries occurring while covered under the group policy, and independent of all other causes. The death or dismemberment must occur within 365 days after the date of the accident. No benefit will be paid if either the accidental bodily injury or the loss is caused or contributed to by any of the following:

- a. Insurrection, war or act of war.
- b. Suicide or any other intentionally self-inflicted injury, while sane or insane.
- c. Committing or attempting to commit an assault or felony or active participation in a violent disorder.
- d. The voluntary use or consumption of any drug, poison, or chemical compound (including, but not limited to prescribed medications), unless used or consume in accordance with the directions of a physician.
- e. Any sickness or pregnancy existing at the time of the accident.
- f. Heart attack or stroke
- g. Medical or surgical treatment for any of the above.

The total payment for all losses due to any one accident will not be more than the full amount shown above.

This is a general overview of some of the key features for your group term life insurance plan. A complete description of the coverage including all exclusions, limitations, and reductions, is contained in the Certificate of Insurance you will receive when you become insured.

Fort Dearborn Life Insurance Company

1020 31st Street

Downers Grove, IL 60515-5591

SERVICE AGENT

Crider Insurance Services, Inc.

6300 Ridglea Place Fort Worth, TX 76116 800.466.2324 email: criderins@aol.com