

Voluntary Accident Insurance

A limited benefit policy
Group product base



The *home* was the most frequently reported place of injury with 32% of injuries occurring *inside the home*, and another 18% *outside the home*.

- *National Health Interview Survey, 2011, Summary Health Statistics for the U.S. Population*

Underwritten by:



Accident coverage can protect your whole family

A voluntary accident plan offers coverage for accidental injuries and accidental death in addition to your primary medical insurance. It's also available to your spouse and dependent children - a plan that can protect your whole family.

Why do I need accident coverage?

Here are a few facts to consider from the National Center for Health Statistics*:

- Sports activities and leisure activities together accounted for nearly 40 percent of medically-attended episodes of injury, and the most common place of injury was in or around the home.
- Falls are the leading external cause of non-fatal injury.
- Injuries due to motor vehicle traffic accidents, overexertion and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries.

What does accident coverage do?

Accident insurance provides you with valuable accidental death and dismemberment coverage as well as any optional benefits offered by your employer. Depending on the plan, features may include:

- Accident Only Medical Expense: pays actual charges, up to the maximum amount selected, for physician treatment in an office, clinic or emergency room for an accidental injury
- Hospital Admission: pays a defined benefit once annually for hospital admission due to an injury sustained in a covered accident
- Others may include benefits for hospital ICU, and specific sums for bone fracture & dislocation

Protect your financial security

Payroll deduction makes it easy for you to pay for accident coverage. You'll feel good knowing benefits are paid up to the plan amount selected, in addition to any other coverage you may have.

Product is issued by Shenandoah Life Insurance Company, a member of Prosperity Life Group. Prosperity Life Group is a marketing name for the member companies of Prosperity Life Insurance Group LLC. The issuing company is solely responsible for its own financial and contractual obligations. AM Best rating is as of date of publication. For latest rating, see www.ambest.com.

*Center for Disease Control and Prevention, National Center for Health Statistics, Summary Health Statistics for the U.S. Population: National Health Interview Survey, 2011.

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LOUISIANA

JACKSON PARISH SCHOOL BOARD

This policy offers the flexibility to vary your coverage by selecting one of two benefit levels. Benefits are paid in addition to any other coverage in place, except as specified below. Payroll deduction for your premiums makes it easy, too. Benefits described are subject to certain eligibility requirements, conditions, limitations and exclusions; see page 5 for further details.

Coverage type Accident Insurance provides 24-hour coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the employee, spouse, and dependent children.

Base Policy Benefits	Level 1																												
<ul style="list-style-type: none"> ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT 	\$10,000 Principal Sum*																												
<p>*Employee coverage amount is 100% of the Principal Sum; Spouse coverage amount is 50% of the Principal Sum; Dependent Child coverage amount is 25% of the Principal Sum. On the date a Covered Person attains age 65, and continuing thereafter, this amount will be reduced by one-half.</p> <p>Accidental Death - We will pay the selected benefit amount if a Covered Person dies from an Injury resulting directly and independently of all other causes from a Covered Accident. The death must occur within 365 days of the Covered Accident. If loss is sustained by a Covered Person while riding as a fare-paying passenger on scheduled Common Carrier, the amount payable will be doubled.</p> <p>Accidental Dismemberment - If a Covered Person's Injury results in any one of the losses specified below within 365 days of the Covered Accident, We will pay the percentage shown in the chart below for that loss multiplied by the Principal Sum coverage amount applicable to the Covered Person. The total amount payable under this benefit resulting from any one Covered Accident shall not exceed the Accidental Death Benefit coverage amount payable to the Covered Person. The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means the total and irrevocable loss of sight.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Accidental Dismemberment</th> <th style="text-align: right;">Coverage Amount</th> </tr> <tr> <th style="text-align: left;"><i>Dismemberment Benefit – For Loss Of</i></th> <th style="text-align: right;"><i>Percent of Principal Sum</i></th> </tr> </thead> <tbody> <tr><td>Both Hands</td><td style="text-align: right;">100%</td></tr> <tr><td>Both Feet</td><td style="text-align: right;">100%</td></tr> <tr><td>The Entire Sight of Both Eyes</td><td style="text-align: right;">100%</td></tr> <tr><td>One Hand and One Foot</td><td style="text-align: right;">100%</td></tr> <tr><td>One Hand or One Foot and Entire Sight of One Eye</td><td style="text-align: right;">100%</td></tr> <tr><td>One Hand or One Foot</td><td style="text-align: right;">50%</td></tr> <tr><td>Entire Sight of One Eye</td><td style="text-align: right;">50%</td></tr> <tr><td>Speech and Hearing in Both Ears</td><td style="text-align: right;">50%</td></tr> <tr><td>Speech or Hearing in Both Ears</td><td style="text-align: right;">25%</td></tr> <tr><td>Hearing in One Ear</td><td style="text-align: right;">25%</td></tr> <tr><td>Thumb and Index Finger of Same Hand</td><td style="text-align: right;">25%</td></tr> <tr><td>All the Toes of the Same Foot</td><td style="text-align: right;">25%</td></tr> </tbody> </table>		Accidental Dismemberment	Coverage Amount	<i>Dismemberment Benefit – For Loss Of</i>	<i>Percent of Principal Sum</i>	Both Hands	100%	Both Feet	100%	The Entire Sight of Both Eyes	100%	One Hand and One Foot	100%	One Hand or One Foot and Entire Sight of One Eye	100%	One Hand or One Foot	50%	Entire Sight of One Eye	50%	Speech and Hearing in Both Ears	50%	Speech or Hearing in Both Ears	25%	Hearing in One Ear	25%	Thumb and Index Finger of Same Hand	25%	All the Toes of the Same Foot	25%
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Optional Riders	Level 1																										
<p>• ACCIDENT ONLY EXPENSE BENEFIT RIDER</p> <p>If a Covered Person sustains an Injury in a Covered Accident that requires treatment by a Physician, We will reimburse the Covered Person for Actual Charges for treatment, not to exceed the selected Maximum Accident Expense Benefit amount after the applicable deductible, if any. Treatment must be rendered in a Covered Facility. Care for an Injury received in a Covered Accident must be received within 90 days of the Covered Accident. We will only pay one Maximum Accident Expense Benefit amount after the applicable deductible, if any, per Calendar Year per Covered Person regardless of the number of incidents of care received or the number of different Injuries received in the Calendar Year.</p>	<p>\$1,000</p> <p>Maximum per Calendar Year With \$0 deductible per Calendar Year</p>																										
<p>• SPORTS PACKAGE BENEFIT RIDER</p> <p>We will pay 25% of the Combined Benefit if a Covered Person sustains Injuries as a result of a Covered Accident while participating in an Organized Sporting Activity. This benefit is limited to \$1,000 per Covered Person in any 12 month period, regardless of the number of Covered Accidents. Combined Benefit means the total cumulative benefit paid for the accident only expense benefit rider.</p>	<p>Combined Benefit up to a maximum of \$1,000 per Covered Person in any 12 month Period</p>																										
<p>• ANNUAL HEALTH SCREENING TESTS BENEFIT RIDER</p> <p>We will pay an amount not to exceed the selected benefit amount per Calendar Year per Covered Person for any of the following covered tests or procedures.</p> <table border="0" data-bbox="175 1192 1117 1549"> <tr> <td>Blood test for triglycerides</td> <td>Hemoccult stool analysis</td> </tr> <tr> <td>Bone marrow testing</td> <td>Mammography</td> </tr> <tr> <td>Breast ultrasound</td> <td>Pap smear</td> </tr> <tr> <td>CA 15-3 (blood test for breast cancer)</td> <td>PSA (blood test for prostate cancer)</td> </tr> <tr> <td>CA125 (blood test for ovarian cancer)</td> <td>Serum cholesterol test to determine level of HDL and LDL</td> </tr> <tr> <td>Carotid doppler</td> <td>Serum protein electrophoresis (blood test for myeloma)</td> </tr> <tr> <td>CEA (blood test for colon cancer)</td> <td>Stress test on a bicycle or treadmill</td> </tr> <tr> <td>Chest x-ray</td> <td>Skin cancer biopsy</td> </tr> <tr> <td>Colonoscopy</td> <td>Thermography</td> </tr> <tr> <td>Echocardiogram (ECHO)</td> <td>ThinPrep pap test</td> </tr> <tr> <td>Electrocardiogram (EKG, ECG)</td> <td>Virtual colonoscopy</td> </tr> <tr> <td>Fasting blood glucose test</td> <td></td> </tr> <tr> <td>Flexible sigmoidoscopy</td> <td></td> </tr> </table> <p>The Annual Health Screening Tests Benefit amount shall only be payable with respect to covered tests and procedures that occur after the Covered Person's Rider Effective Date.</p>	Blood test for triglycerides	Hemoccult stool analysis	Bone marrow testing	Mammography	Breast ultrasound	Pap smear	CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)	CA125 (blood test for ovarian cancer)	Serum cholesterol test to determine level of HDL and LDL	Carotid doppler	Serum protein electrophoresis (blood test for myeloma)	CEA (blood test for colon cancer)	Stress test on a bicycle or treadmill	Chest x-ray	Skin cancer biopsy	Colonoscopy	Thermography	Echocardiogram (ECHO)	ThinPrep pap test	Electrocardiogram (EKG, ECG)	Virtual colonoscopy	Fasting blood glucose test		Flexible sigmoidoscopy		<p>\$25</p> <p>per Calendar Year per Covered Person</p>
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Accident Plan Proposed Rates:

Displaying Monthly payroll deduction premium amounts (*Plan premiums will not increase during the 1-year Rate Guarantee Period stated on the Certificate Schedule; after that premiums may be changed upon 45 days written notice*).

Level One

EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
\$11.22	\$19.25	\$26.75	\$35.34

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CONDITIONS, LIMITATIONS AND EXCLUSIONS AFFECTING THE BENEFITS DESCRIBED ABOVE

ELIGIBILITY: Eligible employees are over 18 years of age and are active full-time employees working a minimum of 20 hours per week. Employee must be insured for spouse and dependent children to be covered. A person may not have coverage as both an employee and covered spouse or dependent child. Spouse means a person who is legally recognized as the covered employee's wife or husband, domestic partner or civil union partner. Dependent Child means the covered employee's natural children, step-children, legally adopted children, foster children, children placed into the employee's custody for adoption or children for whom the employee is ordered by a court to provide coverage and who are chiefly dependent on the employee or the employee's spouse for support, unmarried; and under 26 years of age. State variations apply.

LIMITATIONS AND EXCLUSIONS

Base Policy General Exclusions and Limitations:

No benefits are payable when a Covered Person's loss is caused or contributed to by:

- Suicide, while sane or insane, or attempted suicide;
- Intentionally self-inflicted injury;
- Any act of war, whether or not declared, while a Covered Person is serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an Employer;
- Participation in a riot or insurrection;
- Injury sustained while on full-time active duty (other than two (2) months or less training) in any military, naval or air force. When the Named Insured gives Us written notice, any unearned premium will be refunded pro-rata for any period not covered by the Certificate due to this exclusion;
- Injury occurring prior to the Covered Person's Certificate Effective Date;
- Injury while engaged in an illegal activity;
- Aviation, except flight in a regularly scheduled passenger aircraft;
- Being intoxicated, as established by the laws of the Covered Person's state of residence;
- The voluntary taking of narcotics unless taken as prescribed or administered by a Physician;
- Participation in a felony;
- All Sicknesses including, but not limited to: pregnancy, illness, mental illness or emotional disorders, bodily infirmity, rest cure, convalescent care or rehabilitation. Complications of pregnancy that are the result of accidental Injury are covered;
- Injury while sky diving, hang gliding, parachuting, bungee jumping, rock climbing, ballooning or scuba diving;
- Participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received; or
- Any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).
- No benefits will be paid for loss that takes place outside the United States.

OTHER INFORMATION

Renewability: The coverage is guaranteed renewable during the Employee's lifetime, except for fraud or material misrepresentation, so long as premiums are paid on time.

Termination: Subject to the Portability Privilege, coverage for the employee (named insured) will terminate on the earliest of the following: (1) the date premium is not paid when due, subject to the grace period provision; (2) the premium due date following the date we receive the named insured's request to terminate the coverage; (3) the date the Employer Policy terminates; (4) the date the named

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insured is no longer a member of the Eligible Class; or (5) the date the employee dies. Spouse and dependent child coverage, if applicable, will terminate on the earliest of: (1) the date premium is not paid for the spouse or dependent child coverage, as applicable, when due subject to the grace period provision; (2) the premium due date following the date the covered person ceases to qualify as a spouse or dependent child, as applicable; (3) the premium due date following the date we receive the named insured's request to terminate the coverage; (4) the date coverage for the named insured terminates; (5) for a dependent child, the date the coverage for the dependent child is converted.

Premiums: The first premium is due on the Certificate Effective Date. Premiums after the first are renewal premiums. The Certificate will lapse if a renewal premium is not paid by the end of the Grace Period. Premiums are to be paid on behalf of the employee by the group policyholder through a mode of premium payment approved by us, unless the Portability Privilege or Conversion is exercised or otherwise agreed by the policyholder, the employee and us. Premiums may be changed upon 45 days written notice. Premiums will not increase on the group plan during the Rate Guarantee Period stated on the Certificate Schedule.

Portability and Conversion: Portability coverage is available, subject to the timely payment of premiums, if the policy terminates or if the employee ceases to be a member of the eligible class. Written request and payment of the first premiums for the portability coverage must be received no later than 30 days after such termination or change in eligibility status. Premium rates will be based on rates in effect at the time of the qualifying event.

If a spouse's coverage ends due to the death of the employee or a divorce or termination of domestic partnership or civil union, the spouse may elect to convert coverage for him/herself alone or for him/herself and any dependent children. If a dependent child's coverage ends due to attainment of the limiting age, the dependent child may elect to convert coverage. Written request and payment of the first premiums for conversion must be received no later than 30 days after the qualifying event. Premium rates will be based on rates in effect at the time of conversion and may change.

Free-Look Period: The employee has 30 days to review the Certificate and return it for a full refund of any premium paid.

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