

**Voluntary Group Accident Insurance**

**Proposal**

**Prepared for**

**Gifford**

Presented by Richards Incorporated

August 21, 2020

“A+” rated, providing flexible, affordable benefits solutions for over a century.

[www.reliancestandard.com](http://www.reliancestandard.com)



**Contents**

About This Proposal 3

Plan Description & Cost Summary 4

Plan Details 7

Limitations 9

Situs State: Vermont

Proposal Date: August 21, 2020

Proposal Effective Date: January 1, 2021

Proposal Expiration Date: November 19, 2020

**Sales Representative Broker**

Tyler Boule Richards Incorporated

Reliance Standard Life Insurance Company

10 Post Office Square

South Tower

Suite 1330

Boston, MA 02109

Toll Free: (800) 527-1753

Direct: (617) 210-4879

Fax: (617) 482-2363

Email: Tyler.Boule@RSLI.COM

**About this Proposal**

This proposal outlines some of the features and benefits that we offer in our policy, but it is not a policy. The actual group insurance policy will contain additional provisions not fully described in this document. If there are any discrepancies between the proposal and the group insurance policy, the policy will govern. The provisions are explained in basic terms and may be subject to some state restrictions.

It is important to remember that the Group Accident Policy provides limited benefits payable on an indemnity basis under certain conditions if the Insured sustains an Injury from a Covered Accident. It is NOT medical insurance and should not be purchased as a substitute for medical insurance.

We based the premium rate and plan design quotations on the underwriting data you gave us. Final premium rates, rate guarantee and plan provisions may change if:

* The terms of the proposal change;
* There is a change in the factors bearing on the risk to be assumed;
* Any information provided to us in connection with the underwriting of the proposal was incorrect; or
* There is a change in the law or regulation affecting the insurance coverage.

For further details of any of the coverages, including exclusions, any reductions or limitations, and the terms under which the policy may be continued in force or discontinued, contact your sales office.

This proposal is valid only if presented by a licensed insurance agent or broker who is appointed with RSL. It is valid until the date shown, unless we replace or withdraw it.

**Eligibility**

|  |  |
| --- | --- |
| Employees: | Each Active Full-Time Employee working 20 hours or more per week or Part-Time Employee working at least 17.5 hours per week, except any person working on a temporary or seasonal basis. Employee must be under age 70 to enroll. |
| Spouse: | An eligible employee’s legal spouse. Spouse must be under age 70 to enroll.    Coverage for domestic partners may be available upon request, unless prohibited by state law. Domestic and civil union partner coverage is automatically included on the plan where required by state law. |
| Dependent Children: | An eligible employee’s child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and  an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of mental or physical disability and who is chiefly dependent on the eligible employee for support and maintenance. |
| Employee must be insured under the policy for dependent spouse and/or children to be insured. A person may not have coverage as both an employee and a dependent. | |

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

**Benefit Schedule**

|  |  |
| --- | --- |
| All Employees | Eligible to elect Plan A, or Plan B, or Plan C |
|  |  |
| Coverage: | On and Off the Job (24 hour) |

| **TYPE OF BENEFIT** | **PLAN “A”** | **PLAN “B”** | **PLAN “C”** |
| --- | --- | --- | --- |
|  |  |  |  |
| Ambulance Transportation | $100 Ground, $500 Air | $150 Ground, $750 Air | $200 Ground, $1,000 Air |
| Blood/Plasma/Platelets | $200 | $300 | $400 |
| Burns | To $800 for 2nd degree burns; To $6,400 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns | To $1,600 for 2nd degree burns; To $12,800 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns | To $3,200 for 2nd degree burns; To $25,600 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns |
| Chiropractic Services | $25 per session, 6 sessions maximum | $50 per session, 6 sessions maximum | $75 per session, 6 sessions maximum |
| Coma | $5,000 | $7,500 | $10,000 |
| Concussion | $100 | $150 | $200 |
| Dental Injury | $150 for Crown;  $50 for Extraction | $300 for Crown;  $100 for Extraction | $450 for Crown;  $150 for Extraction |
| Diagnostic Examination | $100 per CT/MRI scan | $200 per CT/MRI scan | $400 per CT/MRI scan |
| Dislocations | To $1,600 for Non-surgical;  To $3,200 for Surgical;  Partial - 25% of full dislocation  Multiple - 100% of highest dislocation benefit | To $2,400 for Non-surgical;  To $4,800 for Surgical;  Partial - 25% of full dislocation  Multiple - 100% of highest dislocation benefit | To $3,200 for Non-surgical  To $ 6,400 for Surgical;  Partial - 25% of full dislocation  Multiple - 100% of highest dislocation benefit |
| Emergency Treatment | $150 | $225 | $300 |
| Epidural Anesthesia Injections | $100 per injection, 2 maximum | $200 per injection, 2 maximum | $300 per injection, 2 maximum |
| Eye Injury | $100 for removal of foreign object, $ 200 for surgical repair | $150 for removal of foreign object, $ 300 for surgical repair | $200 for removal of foreign object, $ 400 for surgical repair |
| Fractures | To $2,500 for Non-surgical;  To $5,000 for Surgical repair;  Chip fracture: 25% of non-surgical benefit;  Multiple fractures: 100% of highest sustained fracture | To $3,750 for Non-surgical;  To $7,500 for Surgical repair;  Chip fracture: 25% of non-surgical benefit;  Multiple fractures: 100% of highest sustained fracture | To $5,000 for Non-surgical;  To $ 10,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit;  Multiple fractures: 100% of highest sustained fracture |
| Hospitalization |  |  |  |
| Initial Hospital Admission | $500 | $1,000 | $1,500 |
| Initial ICU Hospital Admission | $1,000 | $1,500 | $2,250 |
| Hospital Confinement | $200 per day, 365 days maximum | $300 per day, 365 days maximum | $400 per day, 365 days maximum |
| ICU Confinement | $400 per day, 30 days maximum | $600 per day, 30 days maximum | $800 per day, 30 days maximum |
| Lacerations | To $400 | To $800 | To $1,200 |
| Lodging | $100 per day up to 30 days if more than 100 miles from residence | $150 per day up to 30 days if more than 100 miles from residence | $200 per day up to 30 days if more than 100 miles from residence |
| Medical Appliances | $100 | $150 | $200 |
| Organized Youth Sports Benefit | 5% | 5% | 5% |
| Paralysis Benefits | $10,000 quadriplegia;  $5,000 paraplegia/hemiplegia | $15,000 quadriplegia;  $7,500 paraplegia/hemiplegia | $20,000 quadriplegia;  $10,000 paraplegia/hemiplegia |
| Physical Therapy | $25 per session, 6 sessions maximum | $35 per session, 6 sessions maximum | $50 per session, 6 sessions maximum |
| Physician Office Visit | $50 Initial, $50 Follow-up | $75 Initial, $75 Follow-up | $100 Initial, $100 Follow-up |
| Prosthesis | $1,000 for two or more,  $500 for one | $1,500 for two or more,  $750 for one | $2,000 for two or more,  $1,000 for one |
| Rehabilitation Facility Confinement | $50 per day,  30 days maximum | $100 per day,  30 days maximum | $150 per day,  30 days maximum |
| Surgery Benefits | $100 for Exploratory  $300 for Knee Cartilage  $1,000 for Abdominal or Thoracic  $500 for Ruptured Disc  To $600 Tendon, Ligament, or Rotator cuff | $150 for Exploratory  $450 for Knee Cartilage  $1,500 for Abdominal or Thoracic  $750 for Ruptured Disc  To $900 Tendon, Ligament, or Rotator cuff | $300 for Exploratory  $900 for Knee Cartilage  $3,000 for Abdominal or Thoracic  $1,500 for Ruptured Disc  To $1,800 Tendon, Ligament, or Rotator cuff |
| Transportation | $300, if more than 100 miles from residence | $450, if more than 100 miles from residence | $600, if more than 100 miles from residence |
| X-rays | $25 | $50 | $75 |
| **Wellness (Health Screening) Benefit** | $50 | $75 | $100 |
| **Family Medical Leave** | Included | Included | Included |

**Monthly Cost Summary**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PLAN “A”** | **PLAN “B”** | **PLAN “C”** |
| Employee Only | $8.67 | $12.78 | $18.17 |
| Employee and Spouse | $14.20 | $21.13 | $30.14 |
| Employee and Child(ren) | $15.88 | $23.78 | $33.18 |
| Family | $21.73 | $32.53 | $45.73 |

Note: Premium/benefit is payable in US currency.

**Participation Requirement and Rate Guarantee**

**Participation Requirement**

You must have the minimum participation of 5 insured employee lives.

**Rate Guarantee**

We guarantee the final premium rates for 24 months from the policy effective date.

|  |  |
| --- | --- |
| Accident Insurance Benefit | We will pay one or more of the benefits listed on the benefit schedule, if the Insured sustains an Injury due to a Covered Accident and meets all of the requirements defined for payment under a specific benefit. Terms used in this section are defined in the policy.  NOTE: Benefits, limitations and exclusions may vary by state. |
| Eligibility | “Actively-at-Work” means a person is actually performing on a full-time basis each and every duty pertaining to his/her job in the place where, and in the manner in which, the job is normally performed. This includes approved time off such as vacation, jury duty and funeral leave, but does not include time off as a result of an injury or sickness. |
|  | Additional Benefits: |
| Wellness (Health Screening) Benefit | Available to the employee, and his/her spouse and children if applicable. The Wellness (Health Screening) Benefit pays the amount shown on the Plan Description for one (1) health screening test performed during a twelve (12) month period for each Insured, up to a maximum of (4) benefits per family. Health screening tests covered under the policy are:   * ALT/AST (liver function test); * Biopsy for cancer; * Blood test for triglycerides; * CA 15-3 (blood test for breast cancer); * CA 125 (blood test for ovarian cancer); * CEA (blood test for colon cancer); * Chest X-ray; * Colonoscopy; * Echocardiogram; * Electrocardiogram; * Fasting blood glucose test; * Flexible sigmoidoscopy; * Genetic Tests * Hemoccult stool analysis; * Hepatitis screening * Human Immunodeficiency Virus (HIV) screening; * Mammography; * Pap test; * PSA (blood test for prostate cancer); * Serum cholesterol test to determine level of HDL and LDL; * Serum Protein Electrophoresis (blood test for myeloma): * Skin cancer screening; * Stress test; and * Ultrasound screening (of the breast, of the abdominal aorta for abdominal aortic aneurysms, of carotid arteries (carotid Doppler), or for cancer detection |
| Continuation of Insurance | An insured employee may continue his/her coverage (and that of any insured dependents, if applicable) in accordance with the following but not longer than:   1. twelve (12) months, if due to sickness or Injury; or 2. one (1) month, if due to temporary lay-off or approved leave of absence.   Your policy must remain in force for an Insured's coverage to continue. Premium must be paid during the continuation period or coverage will terminate. |
| **Family and Medical Leave Act (FMLA)** | The Family and Medical Leave Act of 1993 mandates that employers with more than 50 workers continue group health coverage during an approved period of family or medical leave, just as if the employee was on the job during that time.  FMLA does not require you to continue group accident coverage, but we make continuation available as an option. Coverage may continue for the Insured, and Insured Dependents if applicable, until the later of the end of the leave period required by the Family and Medical Leave Act of 1993, as amended, or any similar state law and in accordance with your policies for such leave provided premium continues to be paid.  If you choose not to continue coverage while the Insured is on FMLA, coverage will be reinstated when the Insured returns from such leave.  A leave of absence taken in accordance with the Family and Medical Leave Act of 1993 will run concurrently with any other applicable continuation of insurance provision in the Policy. |
| **Uniformed Services Employment and Reemployment Rights Act (USERRA)** | We will continue the Insured person’s coverage and that of his/her Insured Dependents, if applicable, in accordance with USERRA and your policies surrounding USERRA provided the premium continues to be paid. If you choose not to continue the Insured person’s coverage and that of his/her Insured Dependents, if applicable, we will reinstate coverage when the Insured returns from such leave.  Please note that while the Insured person is on military services leave, there is no coverage for any loss which occurs while on active duty if such loss is caused by or arises out of such military service, including but not limited to war or act of war, whether declared or undeclared.  A leave of absence taken in accordance with USERRA will run concurrently with any other applicable continuation of insurance provision in the Policy. |

|  |  |
| --- | --- |
| Exclusions | We will not pay benefits for any loss:  (1) caused by committing or attempting to commit suicide or intentionally self-inflicted injuries, unless caused by a mental condition; or  (2) caused by or resulting from war or any act of war, declared or undeclared; or  (3) caused by or resulting from riding in, getting into or out of any aircraft unless:  (a) the Insured is a passenger (not a pilot or crew member) in a tested and approved civilian aircraft being operated as passenger transport in compliance with the then current rules of the authority having jurisdiction over its operation; and  (b) the aircraft is not owned, leased or operated by or on behalf of you, the Insured, or any other employer of the Insured, unless a specific written agreement has been obtained from us; or  (4) sustained during the Insured's commission or attempted commission of an assault or felony; or  (5) to which the Insured's alcoholic intoxication is a contributing factor, unless caused by a mental condition; or  (6) to which the Insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor; or  (7) If Non-Occupational coverage is reflected on the Plan Description, caused by Injury arising out of or in the course of employment for wage or profit. |
| Termination of Individual Insurance | Individual coverage will terminate if:   * premium is not paid as required; * the policy terminates; or * the Insured person enters military service, excluding the Reserves or National Guard unless coverage is continued as provided under Military Services Leave of Absence Extension of coverage provision); or * the Insured person ceases to be eligible. |
| Policy Termination | You may cancel the policy at any time. We may cancel:   * if premium is not paid at the end of the grace period; * if the number of Insured persons (excluding Dependents) is less than ten (10); or * on any policy anniversary after coverage has been in force for twelve (12) months (if Optionally Renewable). |
|  | Additional Information |
| Enrollment Materials/ Certificates/ Plan Administrator's Guide | We provide you with sufficient quantity of enrollment materials (brochures and applications) for your eligible employees.  We will provide you with sufficient quantity of Certificates of Insurance for your insured employees.  You will receive a Plan Administrator's Guide that provides important and valuable information regarding your administration of the Voluntary Accident Insurance plan. |

The foregoing information represents a brief synopsis of benefit features, limitations and exclusions under the Group Accident Insurance policy. For more detailed information, please refer to the policy. Group Accident coverage is provided by policy form, LRS-9547-0318, et al through Reliance Standard Life Insurance Company.