

**Voluntary Accidental Death and Dismemberment  
(Voluntary AD&D)**

**SECTION  
FIVE  
AT-A-GLANCE**

General Information.....pg. 48  
Eligibility .....pg. 48  
Summary of Benefits .....pg. 49  
Employee Only Voluntary AD&D .....pg. 50  
Step-by-Step Instructions for Filing an  
Employee’s Voluntary AD&D Claim.....pg. 51  
Employee and Family Voluntary AD&D .....pg. 54  
Step-by-Step Instructions for Filing a  
Dependent’s Voluntary AD&D Claim .....pg. 55

## Section 5

### Voluntary Accidental Death and Dismemberment (Voluntary AD&D)

#### General Information

Voluntary Accidental Death and Dismemberment (Voluntary AD&D) provides accidental death, dismemberment, and loss of sight coverage in addition to the Basic, Optional and Dependents' AD&D coverage described earlier in this book. Two options are available for you to enroll in: Employee Only Voluntary AD&D and Employee and Family Voluntary AD&D.

#### Eligibility

You may enroll in Voluntary AD&D and Evidence of Insurability is not required for you or your eligible Dependents. You may enroll in the Employee Only coverage if you desire coverage only for yourself. You may enroll in the Employee and Family coverage to have coverage for yourself and **all** your eligible Dependents. **All** your eligible Dependents (spouse and children) will be covered.

The following persons are not eligible to receive coverage as your Dependent:

- Any person insured as an Employee under Employee Only Voluntary AD&D or any person insured as a Dependent spouse under the Employee and Family Voluntary AD&D; or
- Any person who is within the 31 day conversion period for Basic or Optional Group Term Life.

## Summary of Benefits

Coverage For	Description of Insured Class	Amount of Principal Sum		
		<u>Benefit</u>		Increments
		Minimum	Maximum	
<b>Employee Only</b>	Active Employees:			
	Under age 70*	\$10,000	\$200,000	\$5,000
	70-74*	6,500	130,000	3,250
	75-79*	4,000	80,000	2,000
	80-84*	2,500	50,000	1,250
	85-89*	1,500	30,000	750
	90 and over*	1,000	20,000	500
	* Employee's attained age as of September 1 of each year.			

- or -

Coverage For	Description of Insured Class	Amount of Principal Sum		
		<u>Benefit</u>		Increments
		Minimum	Maximum	
<b>Employee And Family</b>	Active Employees and all eligible Dependents:			
	Under age 70*	<b>Employees:</b> \$10,000	\$200,000	\$5,000
	70-74*	6,500	130,000	3,250
	75-79*	4,000	80,000	2,000
	80-84*	2,500	50,000	1,250
	85-89*	1,500	30,000	750
	90 and over*	1,000	20,000	500
		<b>Dependents:</b>		
		Spouse: 50% of the Employee's amount;		
		Each child, for either:		
	A. 5% of the Employee's amount if there is a spouse who is eligible for insurance;			
	or			
	B. 10% of the Employee's amount if there is no spouse who is eligible for insurance.			
	* Employee's attained age as of September 1 of each year.			

Voluntary AD&D ends for you and your Dependents upon your retirement, regardless of age. There are limitations and exclusions that may limit the amount that is payable to you or your beneficiary. See Section 6 for details.

## Employee Only Voluntary AD&D

The amount of insurance you select when you enroll will be paid if you have an Accidental Bodily Injury that directly results in your death or in a bodily loss within 180 consecutive days of the accident date.

In the event of your Accidental Death, your Voluntary AD&D amount will be paid to your designated beneficiary.

Your Voluntary AD&D amount will be paid to you if you have a bodily loss as a direct result of your Accidental Bodily Injury and if your bodily loss is one or more of these types:

- loss of your hand by *actual severance* through or above the wrist;
- loss of your foot by *actual severance* through or above the ankle joint; or
- loss of sight in one of your eyes resulting in total and permanent loss of vision that cannot be recovered by surgery or other means.

If one of the above bodily losses occurs, half of your Voluntary AD&D amount will be paid to you. If you have two or more bodily losses at the same time, the full amount of your Voluntary AD&D insurance will be paid to you. Benefits will not be paid if you independently lose one or more fingers, one or more toes, or incur a partial loss of sight.

The total Voluntary AD&D amount that will be paid for all losses resulting from the same accident will be the Voluntary AD&D amount you have selected on your enrollment form.

## **Step-by-Step Instructions for Filing an Employee's Voluntary AD&D Claim**

If you die as a result of an Accidental Bodily Injury,

### **Your designated beneficiary or other person designated by you or lawfully authorized to represent your estate:**

- contacts ERS at (512) 867-7711 or (877) 275-4377 for instructions and forms required for filing a claim for benefits; the forms are sent to the designated beneficiary.
- completes, signs, and dates the claim forms;
- within 24 months of your death, submits the completed claim form, together with a certified copy of your death certificate to FDL; and
- provides additional information as needed for FDL to process the claim.

### **Benefits coordinator of your State Agency:**

- completes an Agency Certification and Coordinator's Statement, signs, and dates; and
- forwards the documents to FDL.

### **FDL:**

- receives the claim form, any attachments, and death certificate from your designated beneficiary or other person designated by you or lawfully authorized to represent your estate;
- receives an Agency Certification and Coordinator's Statement;
- reviews the claim, and requests additional information if needed; and
- pays the death benefit to your designated beneficiary if the claim is approved; or
- notifies your beneficiary and your benefits coordinator if the claim is denied for any reason.

If you lose a hand, foot, or sight in one eye as a result of an Accidental Bodily Injury,

**You must:**

- within 120 days of the accident, obtain a claim form through the ERS website.<sup>7</sup> If you do not have access to the website, you may call ERS at (512) 867-7711 or (877) 275-4377 for assistance.
- complete identifying information in the *To be Completed by Employee or Employee's Legal Representative* section of the claim form, and send the claim form to your benefits coordinator.

**Benefits coordinator of your State Agency:**

- completes the Employer's section, signs, and dates; and
- returns the claim form to you for further handling.

**You:**

- obtain the completed form from your benefits coordinator. Have your doctor, who must be an Approved Practitioner, complete, sign, and date the Attending Practitioner's Statement as due proof of your loss;
- your doctor returns the claim form to you for further handling;
- complete all outstanding information on the form, sign, and date and forward to FDL at the address shown on the form; and
- attach any available newspaper clippings and/or official reports giving details of the accident.
- FDL must receive the form within 18 months of the Accidental Bodily Injury.

---

<sup>7</sup> At [www.ers.state.tx.us](http://www.ers.state.tx.us), click on **Insurance**; click on **Life & Disability (Optional Coverage)**; click of the Fort Dearborn Life logo; click on **Resource Center** and then on **Forms**.

**FDL:**

- receives the claim form and due proof of your loss;
- reviews the claim, and requests additional information if needed;
- pays the benefit amount to you if the claim is approved; or
- notifies you and your benefits coordinator if the claim is denied for any reason.

## Employee and Family Voluntary AD&D

The amount of insurance for you and your eligible Dependents is the amount you select when you enroll as described in the Summary of Benefits earlier in this section.

If your death or bodily loss is a direct result of your Accidental Bodily Injury, your Voluntary AD&D amount will be paid to you or your designated beneficiary as stated above in the Employee Only Voluntary AD&D section.

In the event of your covered Dependent's Accidental Death, that Dependent's Voluntary AD&D amount will be paid to you.

Your Dependent's Voluntary AD&D amount will be paid to you if your covered Dependent has a bodily loss as a direct result of an Accidental Bodily Injury and if your Dependent's bodily loss is one or more of these types:

- loss of a hand by *actual severance* through or above the wrist;
- loss of a foot by *actual severance* through or above the ankle joint; and
- loss of sight in one eye resulting in total and permanent loss of vision that cannot be recovered by surgery or other means.

If one of the above bodily losses occurs, half of that Dependent's Voluntary AD&D amount will be paid to you. If your covered Dependent has two or more bodily losses at the same time, the full Dependent's Voluntary AD&D amount will be paid to you. Benefits will not be paid if your covered Dependent independently loses one or more fingers, one or more toes, or incurs a partial loss of sight.

The total Voluntary AD&D amount that will be paid for all losses resulting from the same accident will be that Dependent's Voluntary AD&D amount described above.

There are limitations and exclusions that may limit the amount that is payable to you. See Section 6 for details.

## **Step-by-Step Instructions for Filing a Dependent Voluntary AD&D Claim**

If your covered Dependent dies as a result of an Accidental Bodily Injury,

### **You must:**

- contact ERS at (512) 867-7711 or (877) 275-4377 for instructions and forms required for filing a claim for benefits; the forms are sent to the designated beneficiary.
- complete, sign, and date the claim form;
- within 24 months of your Dependent's death, submit the completed claim form, together with a certified copy of your Dependent's death certificate, to FDL; and
- provide additional information as needed for FDL to process the claim.

### **Benefits coordinator of your State Agency:**

- completes an Agency Certification and Coordinator's Statement, and signs, and dates; and
- forwards the documents to FDL.

### **FDL:**

- receives the claim form, any attachments, and your Dependent's death certificate from you;
- receives an Agency Certification and Coordinator's Statement;
- reviews the claim and requests additional information if needed; and
- pays the death benefit to you if the claim is approved; or
- notifies you and your benefits coordinator if the claim is denied for any reason.

If your covered Dependent loses a hand, foot, or sight in one eye as a result of an Accidental Bodily Injury,

**You must:**

- within 120 days of the accident, obtain a claim form through the ERS website.<sup>8</sup> If you do not have access to the website, you may call ERS at (512) 867-7711 or (877) 275-4377 for assistance.
- complete identifying information in the *To be Completed by Employee or Employee's Legal Representative* section of the claim form, and send the claim form to your benefits coordinator.

**Benefits coordinator of your State Agency:**

- completes the Employer's section, signs, and dates; and
- returns the claim form to you for further handling.

**You:**

- obtain the completed form from your benefits coordinator. Have your Dependent's doctor, who must be an Approved Practitioner, complete, sign, and date the Attending Practitioner's Statement as due proof of your Dependent's loss;
- your Dependent's doctor returns the claim form to you for further handling;
- complete all outstanding information on the form, sign, and date and forward to FDL at the address shown on the form; and
- attach any available newspaper clippings and/or official reports giving details of the accident.
- FDL must receive the form within 18 months of the Accidental Bodily Injury.

---

<sup>8</sup> At [www.ers.state.tx.us](http://www.ers.state.tx.us), click on **Insurance**; click on **Life & Disability (Optional Coverage)**; click of the Fort Dearborn Life logo; click on **Resource Center** and then on **Forms** .

**FDL:**

- receives the claim form and due proof of your loss;
- reviews the claim, and requests additional information if needed;
- pays the benefit amount to you if the claim is approved; or
- notifies you and your benefits coordinator if the claim is denied for any reason.