



The Standard[®]
Positively different.



California Association of
Professional Scientists

Group Voluntary Accidental Death and Dismemberment Insurance

California Association of Professional Scientists



STANDARD INSURANCE COMPANY

This program is sponsored by the
California Association of Professional Scientists

Every six minutes, 24 hours a day, someone in the United States dies in an accident averaging 93,200 lives each year.*

Accidents are the leading cause of death among persons aged 1-38, and the fourth leading cause of death for people of all ages.*

Few people are prepared for the sudden financial loss brought about by an accidental death. And even fewer can be prepared financially for the high cost of living when an accident results in the loss of sight or a limb.

The value of insurance is well-established, but most people do not have enough of it to adequately protect their families. Cost is usually the reason. But, with Standard's Voluntary Accidental Death and Dismemberment Insurance, you now have the opportunity to add building blocks of financial security to your present insurance program at an affordable price.

Standard's Voluntary Accidental Death and Dismemberment Insurance offers these important advantages:

- You select the amount that's right for you: \$25,000, \$50,000, \$100,000, or \$150,000.
- You can take advantage of the purchasing power of group rates. Individual policies are likely to be more expensive.
- You are not required to provide Evidence of Insurability.
- You pay premiums through convenient payroll deduction.

* Source: National Safety Council

Becoming Insured

You are eligible for Voluntary Accidental Death and Dismemberment Insurance if you are (a) a member in good standing of CAPS, (b) considered in employment status with the State of California, (c) regularly scheduled to work at least 20 hours each week, and (d) under age 65.

Your Voluntary Accidental Death and Dismemberment Insurance will become effective on the first day of the month following the month in which the required premium contribution is deducted from your pay, provided that you are eligible and have applied for the insurance.

When you enroll, you may include coverage for your eligible dependents. Eligible dependents include your spouse, and your unmarried dependent children under age 19 (or under age 23 if attending an accredited school or college on a full-time basis and dependent upon you for their support and maintenance). Coverage beyond these ages may be extended to a qualified handicapped child.

Description of Coverage

Your Voluntary Accidental Death and Dismemberment Insurance protects you 24 hours a day, 365 days a year, against covered accidents in the course of business or pleasure. There are no geographical limits.

Amounts of Insurance

Voluntary Accidental Death and Dismemberment Insurance allows you flexibility in meeting your life insurance needs. You may apply for \$25,000, \$50,000, \$100,000, or \$150,000.

When you enroll, you may select one of the following options:

Option A – provides coverage for yourself.

Option B – provides coverage for yourself and your dependents.

If you elected Option B, the amount of insurance for each dependent is determined as follows:

- A. Insured Spouse Only - The spouse's insurance amount is 50% of the insured member's amount.
- B. Insured Children Only - The insurance amount for each child is 10% of the insured member's amount.
- C. Insured Spouse and Children - The spouse's insurance amount is 40% of the insured member's amount and each child's insurance amount is 10% of the insured member's amount.

Costs

Option A	5¢ per \$1,000 per month Employee only.
Option B	7¢ per \$1,000 per month Employee and all dependents.

Cost Summary Example

Option A	Employee Only \$100,000 Vol. AD&D 5¢ x 100 = \$5.00 per month
Option B	Employee and Spouse Employee – \$100,000 Spouse – \$50,000 7¢ x 100 = \$7.00 per month
Option B	Employee, Spouse, and Children Employee – \$100,000 Spouse – \$40,000 Each Child – \$10,000 7¢ x 100 = \$7.00 per month

Benefits

If you suffer a loss as a direct result of an accident, and satisfy certain requirements, an accidental death or dismemberment benefit will be paid. These requirements include:

- The Standard must receive satisfactory written proof of loss.
- The accident must occur while insured under the Group Policy.
- The loss must occur within 365 days after the date of the accident.
- The loss must be caused solely and directly by Accidental Bodily Injuries, and the loss must occur independently of all other causes.

The entire amount is paid for these losses:

- Life
- Loss of both hands or both feet
- Loss of sight in both eyes
- Loss of one hand and one foot
- Loss of one hand or foot and sight in one eye

One-half the entire amount is paid for:

- Loss of sight in one eye
- Loss of one hand or one foot

Loss of life includes the disappearance for at least one year of an insured person after the sinking or wrecking of the conveyance in which the insured person was riding.

Education Benefit

If your death is caused by an accident and occurs within 365 days of the accident, your dependents may be eligible for an Education Benefit in addition to Life Benefits. Under Option B, 2% of the amount of your insurance will be paid to each covered dependent enrolled as a full-time student in an institute of higher learning beyond the 12th grade or a student in the 12th grade who, within one year

of the accident, enrolls as a full-time student in an institute of higher learning beyond the 12th grade. The education benefit will be paid annually for a maximum of four consecutive annual payments, as long as your covered dependent remains enrolled as a full-time student.

Exclusions

No payment will be made for losses caused by: war; suicide; committing an assault or felony or active participation in a violent disorder or riot; the voluntary use of drugs, unless used in accordance with the direction of a physician; sickness, illness, disease, pregnancy, childbirth or related medical condition existing at the time of the accident; heart attack or stroke; medical or surgical treatment for any of the aforementioned items; aircraft travel as a pilot or crew member.

When Insurance Ends

Insurance ends for you and your dependents if you enter the military or stop paying premiums. It also terminates if you cease to be eligible, or if the Group Policy terminates.

If a dependent enters the military or reaches the limiting age, insurance for that dependent will cease.

About This brochure

This brochure is written in nontechnical language, and is not intended as a complete description of the coverage. The controlling provisions are in the Group Policy, and this brochure does not modify that document or the insurance in any way. You may request a Voluntary Accidental Death and Dismemberment Certificate from the Employee Benefits Office. That Certificate will provide a more detailed description of the coverage.

About Standard Insurance Company

Founded in 1906 in Portland, Oregon, Standard Insurance Company now serves more than four and a half million people nationwide with life, disability and dental insurance and retirement plans. The company, which has over \$90 billion of life insurance in force, is a member of the StanCorp Financial Group, which trades on the NYSE under the SFG symbol.

To apply for Standard's Group Voluntary Accidental Death and Dismemberment Insurance simply complete and return the attached enrollment form!

Standard Insurance Company
Portland, Oregon

**CAPS Voluntary Accidental Death and
Dismemberment Enrollment**

Please print all answers.

Place completed enrollment form in an envelope and mail to: California Association of Professional Scientists, 1 Sutter Street, Suite 800 San Francisco, CA 94104-4917

Member: Male Female Occupation: _____

Full Name: _____ Birthdate: ____/____/____

Social Security Number: _____ Amount Selected: \$ _____

Dependent Coverage Elected: Yes No

BENEFICIARY DESIGNATION

Beneficiary (example: *Mary A. Doe, not Mrs. John J. Doe*)

Relationship

Full Name: _____

Complete Home Address: _____

I hereby apply for insurance under the provisions of the Group Plan for which I am eligible and authorize deductions from my wages to cover my contribution, if required, toward the cost of this insurance. *(The beneficiary designation is not valid unless it is signed and dated.)*

Date: ____/____/____ Signature: **X** _____



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