



▶ **BECAUSE
KEEPING PROMISES
REQUIRES PLANNING**

Voluntary Group Accidental Death &
Dismemberment Insurance

Issued by **The Prudential Insurance Company
of America (Prudential)**





Voluntary Group AD&D coverage
for you and your family.



American Foreign Service Protective Association

VOLUNTARY GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PLAN

As an active Principal Member in good standing of the **Protective Association**, you and your family are eligible to enroll for the Voluntary Group Accidental Death & Dismemberment (AD&D) Insurance plan issued by **The Prudential Insurance Company of America (Prudential)**. This brochure explains eligibility, available coverages, and how to enroll.

ELIGIBILITY

Who is eligible?

All active Principal Members who are in good standing with the **Protective Association** are eligible for coverage, as well as their qualified dependents.

Who are my qualified dependents?

Qualified dependents include:

1. Spouse.
2. Unmarried children from live birth to age 26.
3. Legally adopted children. A child placed with you for adoption prior to legal adoption is considered your qualified dependent from the date of placement for adoption, and is treated as though the child were a newborn child to you.
4. Stepchildren and foster children who are dependent on you for support.
5. Grandchildren who are wholly dependent on you and are claimed on your federal tax return as dependents.

Dependents can enroll for coverage without Principal Member election at age 19.

Note: We encourage qualified dependents to have coverage in their own name. No eligible person may be covered by more than one policy. If he/she has coverage in his/her own name, he/she cannot be covered as a dependent under another member's policy.

AVAILABLE COVERAGES

What coverages are available to me and my family?

Voluntary Group Accidental Death & Dismemberment Insurance—for you and your family.

To help you better plan for the financial challenges that may result from accidental injuries or death, and to add another layer of protection for you and your loved ones, American Foreign Service Protective Association offers you the option to purchase Voluntary Group Accidental Death & Dismemberment (AD&D) Insurance for you and your family.

Get up to \$600,000 in Voluntary Group AD&D Insurance for yourself. The amount of insurance you select is called the “Principal Sum.” You may select coverage from \$10,000 to \$600,000, in increments of \$10,000.

If you select family coverage and have a spouse but no children, your spouse’s benefit will be 50% of the Principal Sum.

If you select family coverage and have children and a spouse, the benefit for each child (no matter how many) will be 10% of the Principal Sum and your spouse’s benefit will be 40% of the Principal Sum.

If you select family coverage and have children but no spouse, the benefit for each child will be 15% of the Principal Sum.

What are the Voluntary Group AD&D benefit amounts paid for specific losses?

When you or any dependent suffers any of the following specific losses within 365 days of an accident, you will receive a benefit amount payable as follows:

Voluntary Group AD&D benefit amounts paid for specific losses

Specific Losses	Principal Sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye or One Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Quadriplegia	75%
Paraplegia	50%
Hemiplegia	50%
Speech	50%
Hearing in Both Ears	50%
One Hand or One Foot or Sight of One Eye	25%
Thumb and Index Finger on the Same Hand	25%

What are the Voluntary Group AD&D benefit reductions?

When you reach age 70, Voluntary AD&D benefits shall be payable in accordance with the schedule below. Benefit reductions are based upon the Principal Sum currently in force. This benefit reduction does not change or reduce your premium amount.

- ▶ For ages 70 through 74, the benefit amount reduces to 65% of the existing Principal Sum.
- ▶ For ages 75 through 79, the benefit amount reduces to 45% of the existing Principal Sum.
- ▶ For ages 80 through 84, the benefit amount reduces to 30% of the existing Principal Sum.
- ▶ For ages 85 and over, the benefit amount reduces to 15% of the existing Principal Sum.

Benefit reduction takes effect immediately upon attainment of that age.

What additional features are included in the Voluntary Group AD&D plan?

Exposure and Disappearance Benefit:

Loss resulting from exposure to the elements shall be covered to the full extent of the benefits afforded you.

If your body has not been found within one year of the disappearance, stranding, sinking, or wrecking of any vehicle in which you were an occupant, then it is presumed, subject to all other provisions and conditions of the policy, that you have suffered loss of life.

Loss Due to Coma Benefit:

The Plan pays 1% of your coverage amount for each month you or the covered dependent remains in a coma that results from a covered accident. The coma must be total, continuous, and permanent; begin within 365 days of the accident; and last continuously for 31 days. The benefit is payable for up to 100 months while you or the covered dependent remains in a coma.

Home Alteration and Vehicle Modification Benefit:

If you suffer a loss that requires home alteration or vehicle modification, an additional one-time Home Alteration and Vehicle Modification Benefit will be payable. The one-time benefit is the lesser of the actual cost charged for the alteration or modification, 10% of the Principal Sum, or \$10,000.



Additional features are included with Voluntary Group AD&D coverage.

**Seat Belt and Air Bag Benefit:**

If you die in an automobile accident and are wearing a seat belt in the manner prescribed by the vehicle's manufacturer, the Plan will pay an additional 10% of the Principal Sum to a maximum of \$10,000. In addition, if you die in an automobile equipped with an air bag for the location in the car in which you were seated and you were wearing your seat belt, the Plan will pay an additional 5% of the Principal Sum to a maximum of \$5,000.

Both the seat belt and air bag must meet the published federal safety standards, have been installed by the automobile manufacturer, and have not been altered after such installation. Actual use of the seat belt and air bag at the time of injury must be verified in an official report of the accident, or be certified in writing by the investigating official.

Day Care Expense Benefit:

The Plan provides a benefit for day care expenses of a covered dependent child under the age of 13 if you or your covered spouse dies in a covered accident. The annual benefit is the lesser of the actual cost charged by the day care center per year, 5% of your coverage amount, or \$5,000 a year up to four consecutive years, or until the child reaches age 13. The benefit applies only if the child is under the age of 13 and is enrolled in a licensed or certified day care center on the date of your or your covered spouse's death, or within 90 days of that date. The benefit is paid to you or your spouse or the legal guardian.

Child Tuition Reimbursement Benefit:

The Plan pays tuition reimbursement for a dependent child in the event of the death of you or a covered spouse in a covered accident. An annual payment for up to four years is allowed for a covered dependent child who is less than age 23 and a full-time student in an institution of higher learning. The annual benefit is the lesser of the actual tuition (excluding room and board), 5% of your coverage amount, or \$5,000 a year. The benefit only applies if the child was enrolled in an institution of higher learning or is in high school and becomes enrolled within 365 days of your or your covered spouse's death. The benefit is paid to you or your spouse or the legal guardian if the child is underage by state law.

Spouse Tuition Reimbursement Benefit:

In the event you die in a covered accident, the Plan provides a tuition reimbursement benefit for a professional or trade program to prepare a covered spouse to enter the work force. The benefit is the lesser of the actual tuition, 5% of your coverage amount, or \$5,000. Enrollment in the professional or trade program must occur within 12 months of your death.

Can my Voluntary Group AD&D coverage be cancelled?

While the Master Group Policy remains in force, and as long as you pay your premiums, your coverage cannot be cancelled at any age.

Are there Voluntary Group AD&D exclusions?

A loss is not covered if it results from:

1. Suicide or any attempted suicide, while sane or insane.
2. Intentionally self-inflicted injuries or any attempt to inflict such injuries.
3. Sickness, whether the loss results directly or indirectly from the sickness.
4. Medical or surgical treatment of sickness, whether the loss results directly or indirectly from the treatment.
5. Any infection except:
 - a. Pyogenic infection resulting from an accidental cut or wound; or
 - b. Bacterial infections resulting from accidental ingestions of a contaminated substance.
6. War, or any act of war—war means declared or undeclared war and includes resistance to armed aggression. This does not include acts of terrorism, which are covered.
7. Travel or flight in any vehicle used for aerial navigation (including getting into, out of, onto, or off of any such vehicle), if:
 - a. The person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. The person is performing as a pilot or a crew member on any aircraft; or
 - c. The person is riding as a passenger in an aircraft that is owned, leased, or operated by the employer.
8. Commission of or attempt to commit an assault.
9. Being legally intoxicated or under the influence of any narcotic unless administered or consumed on the advice of a doctor.



How much does Voluntary Group AD&D insurance cost?

The annual premium for each \$1,000 of Principal Sum is:

Member Only	_____	\$0.66
Member and Spouse	_____	\$0.88
Member and Child(ren)	_____	\$0.88
Member and Family	_____	\$0.88



Questions?

Contact American Foreign
Service Protective Association:
Call: 202-833-4910
E-mail: life@AFSPA.org
Web site: www.AFSPA.org/life



ENROLLMENT AND QUESTIONS

How do I enroll myself and my family?

1. Complete and sign the attached enrollment form. Use a separate form for each family member requesting coverage in his/her own name (photocopies are acceptable).
2. **DO NOT SEND PAYMENT AT THIS TIME.** You will receive written notification and a premium statement upon issuance of coverage.
3. Return the completed form to:
American Foreign Service Protective Association
Attention: Life Insurance
1620 L Street NW, Suite 800
Washington, DC 20036-5629
Fax: 202-775-9082

Who do I contact if I have any questions?

If you have any questions or require additional information, please contact **American Foreign Service Protective Association** via phone at 202-833-4910, e-mail at life@AFSPA.org, or visit American Foreign Service Protective Association's Life Insurance Home page: www.AFSPA.org/life.

(AD&D) Enrollment Form**Mail or fax your completed form to:**
Mail: Attention: Life Insurance 1620 L Street NW,
 Suite 800 Washington, DC 20036-5629 **Fax:** 202-775-9082

 American Foreign Service Protective Association
 Questions? Phone: 202-833-4910 Email: life@AFSPA.org
 Website: www.AFSPA.org/life
1 Member Information*Please print all answers using black ink.*

Last Name	First	Middle Initial	Social Security Number	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State	Zip Code
				Phone Number
				/ /
Agency Name	E-mail Address		Date of Birth (mm/dd/yyyy)	
	/ /			
	Date of Hire (mm/dd/yyyy)	I request the following Billing Option: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		

2 Coverage Selection:

- If you select family coverage and have a spouse but no children, your spouse's benefit will be 50% of the Principal Sum.
 - If you select family coverage and have children and a spouse, the benefit for each child (no matter how many) will be 10% of the Principal Sum and your spouse's benefit will be 40% of the Principal Sum.
 - If you select family coverage and have children but no spouse, the benefit for each child will be 15% of the Principal Sum.
- Voluntary AD&D**

- ☐ Voluntary AD&D: Member \$ _____
- ☐ Voluntary AD&D: Member and Family \$ _____

*Children are unmarried children from live birth up to age 26.

3 Beneficiary Information (If more space is needed please attach an additional sheet with date and signature.)**A. Primary Beneficiary**

Name (First, MI, Last)	Address (include city, state, zip)	Relationship	Date of Birth	Social Security#	Phone#	% Share

Total (Must equal 100%) 100%**B. Contingent Beneficiary**

Name (First, MI, Last)	Address (include city, state, zip)	Relationship	Date of Birth	Social Security#	Phone#	% Share

Total (Must equal 100%) 100%

NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMAL ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.

For residents of all states except Alabama, Arkansas, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, and Washington: WARNING – Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE and WASHINGTON RESIDENTS – Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

MARYLAND RESIDENTS – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NORTH CAROLINA RESIDENTS – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

PENNSYLVANIA and UTAH RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VERMONT RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS – Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I, the undersigned member, certify that I have read, or have had read to me, the completed request for coverage form and I realize that any false statement or misrepresentation in the request for coverage form may result in loss of coverage under the Group Contract. By my signature below, I hereby request coverage. I acknowledge that I am a member of the above Association and that I must continue such membership to keep this insurance in force.

X_____

Member Signature

_____/_____/_____
Date (mm/dd/yyyy)

[illegible]

This is not the insurance contract. This brochure provides a brief description of the important provisions of the Master Policy issued to the American Foreign Service Protective Association. Policy provisions will prevail if there are any conflicts between them and this description.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Voluntary Group Accidental Death & Dismemberment Insurance coverage is issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500.

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