

# United Airlines **AFA-CWA** **SUPPLEMENTAL BENEFITS**



Group Accident Insurance  
Group Cancer Insurance  
Group Critical Illness Insurance  
Group Hospital Indemnity Insurance  
Group Short-Term Disability Insurance  
Group Whole Life Insurance





## Supplemental Insurance Benefits **Open Enrollment**

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- **Supplemental** — these plans supplement existing benefits.
- **Voluntary** — members can choose to participate.
- **Limited Underwriting** — no medical or physical exams required.
- **Family Coverage** — available with all the plans (except disability).
- **Benefits** — paid directly to the member (unless otherwise assigned).
- **Payroll Deduction** — premiums are deducted from your paycheck on a monthly basis.
- **Portable\*** — members can continue coverage if they retire from or leave their employer (except disability).

**Questions — Call National Group Protection (NGP)  
1-800-344-9016**

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# Group Accident Insurance

## Plan Highlights

- 24-Hour on and off job coverage
- **Guaranteed-Issue**—no health questions asked
- Benefits and rates not based on income or age
- Benefits do not reduce as you get older
- Pays regardless of Workers' Compensation, medical coverage or any other insurance
- Plan is **portable\***

	MEMBER	SPOUSE	CHILD
<p><b>Initial Treatment</b> (for each accident)</p> <p>This benefit is payable if an insured receives initial treatment for a covered accidental injury, and is under the care of a doctor at one of the following facilities:</p> <p><b>Doctor's Office ▪ Urgent Care Facility ▪ Hospital Emergency Room</b></p>	\$200	\$200	\$200
<p><b>Pain Management</b> (once per accident, within six months of accident)</p> <p>Will pay this benefit when an insured, due to an accident, is prescribed and receives a nerve ablation and/or block or an epidural injection administered into the spine. This benefit is not payable for an epidural administered during a surgical procedure.</p>	\$100	\$100	\$100
<p><b>Major Diagnostic Testing</b></p> <p>We will pay this benefit if an insured requires one of the following exams due to a covered accident:</p> <p><b>CT scan ▪ CAT scan ▪ MRI ▪ Electroencephalography (EEG)</b></p>	\$100	\$100	\$100
<p><b>Appliances</b></p> <p>We will pay this benefit when an insured is advised by a physician to use a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.</p>	\$100	\$100	\$100
<p><b>Accident Follow Up Treatment</b></p> <p>We will pay this benefit for up to six treatments per covered accident. The insured must have received initial treatment within 72 hours of the accident and the follow up treatment must begin within 30 days of the covered accident or discharge from the hospital.</p>	\$35	\$35	\$35
<p><b>Physical Therapy</b></p> <p>We will pay this benefit for up to six treatments (one per day) per covered accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment benefit is paid.</p>	\$60	\$60	\$60

\*Certain stipulations apply. Please review certificate for more information.

# Group Accident Insurance



## Major Injuries

(diagnosed and treated by a physician within 90 days)	MEMBER		SPOUSE   CHILD	
	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
<b>Fractures</b>				
Hip/Thigh	\$4,500	\$6,750	\$4,000	\$6,000
Vertebrae/Sternum	\$4,050	\$6,075	\$3,600	\$5,400
Pelvis	\$3,600	\$5,400	\$3,200	\$4,800
Skull	\$3,375	\$5,062	\$3,000	\$4,500
Leg	\$2,700	\$4,050	\$2,400	\$3,600
Forearm/Hand/Wrist	\$2,250	\$3,375	\$2,000	\$3,000
Foot/Ankle/Knee Cap	\$2,250	\$3,375	\$2,000	\$3,000
Lower jaw (Mandible)/Shoulder blade/Collar bone	\$1,800	\$2,700	\$1,600	\$2,400
Skull (simple)/Upper arm/Upper jaw	\$1,575	\$2,362.5	\$1,400	\$2,100
Facial bones (except teeth)	\$1,350	\$2,025	\$1,200	\$1,800
Vertebral Processes/Sacral/Sacrum	\$900	\$1,350	\$800	\$1,200
Coccyx/Rib/Finger/Toe	\$360	\$540	\$320	\$480
<b>Dislocations</b>				
Hip	\$3,600	\$5,400	\$2,700	\$4,050
Knee (not knee cap)	\$2,600	\$3,900	\$1,950	\$2,925
Shoulder	\$2,000	\$3,000	\$1,500	\$2,250
Foot/Ankle	\$1,600	\$2,400	\$1,200	\$1,800
Hand	\$1,400	\$2,100	\$1,050	\$1,575
Lower jaw	\$1,200	\$1,800	\$900	\$1,350
Wrist	\$1,000	\$1,500	\$750	\$1,125
Elbow	\$800	\$1,200	\$600	\$900
Finger/Toe	\$320	\$480	\$240	\$360

If more than one fracture/dislocation requiring open or closed reduction occurs in any one accident, we will pay the scheduled benefit for each fracture/dislocation, not to exceed 150% of the scheduled benefit amount for the fracture/dislocation with the highest dollar value. Benefits for chip fractures are payable at 10% of the scheduled amount shown for the affected bone. Benefits for partial dislocations are payable at 25% of the scheduled amount shown for the affected joint. If the insured fractures a bone and dislocates a joint in the same accident, we will pay for both. However, we will pay no more than 150% of the scheduled benefit amount for the bone fractured or joint dislocated with the highest dollar value. Benefits are payable for only the first dislocation of a joint. We will not pay benefits for a recurring dislocation of the same joint. Joints dislocated prior to the effective date of coverage will not be covered should they become dislocated while coverage is in force.

## Hospital Benefits

<b>Hospital Admission</b>	<b>\$1,000</b>	<b>Rehabilitation Unit (per day)</b>	<b>\$200</b>
We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident (within 6 months of the date of the accident). We will pay this benefit once per calendar year per insured per covered insured. This benefit is not payable for confinement to an observation unit, or for emergency room or outpatient treatment.		Up to 31 days per covered accident; Maximum 62 days per calendar year	
<b>Hospital Confinement (per day)</b>	<b>\$200</b>	<b>Blood and Plasma (maximum 3 per accident)</b>	<b>\$600</b>
We will pay this benefit due to a covered accident when the insured's injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident. Payable once per hospital confinement even if the confinement is caused by more than one injury.		If an insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.	
<b>Hospital Intensive Care (per day)</b>	<b>\$400</b>	<b>Transportation Benefits (within 90 days after the accident)</b>	
Up to 30 days per covered accident; pays in addition to Hospital Confinement Benefit.		Air Ambulance	<b>\$600</b>
		Ambulance	<b>\$200</b>
		Train or Plane Transportation (50 miles or greater)	<b>\$300</b>
		Bus Transportation (50 miles or greater)	<b>\$150</b>
		<b>Family Lodging (per night)</b>	<b>\$200</b>
		We will pay this benefit for an adult of the immediate family to accompany the insured if treatment of injuries due to a covered accident requires hospital confinement in a hospital more than 100 miles from the residence of the insured. We will pay the amount shown for one room for up to 30 days and only during the time the insured is confined to the hospital. The treatment must be prescribed by your local physician.	



# Group Accident Insurance

## Additional Benefits

<b>Burns</b> (treatment within 72 hours) Second Degree Burns <b>\$100 up to \$1,000</b> Third Degree Burns <b>\$1,000 up to \$20,000</b>		<b>Tendons/Ligaments*</b> <b>\$1,000</b> (treatment within 60 days; surgical repair within 90 days) *If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.
<b>Lacerations</b> (treatment and repair within 72 hours) Not requiring stitches and treated by a physician. <b>\$25</b> <b>Requiring stitches</b> Under 2" long <b>\$50</b> 2" - 6" long <b>\$200</b> Over 6" long <b>\$400</b> <i>Multiple Lacerations: We will pay for the largest single laceration requiring stitches.</i>		<b>Torn Rotator Cuff</b> Without surgical repair <b>\$300</b> With surgical repair <b>\$1,000</b>
<b>Eye Injury</b> <b>\$250</b> (treatment and surgical repair within 90 days)		<b>Ruptured Disc</b> <b>\$1,000</b> (treatment within 60 days, surgical repair within 1 year)
<b>Ear Injury</b> (treatment within 60 days) <b>\$250</b> Trauma resulting in 60% of hearing loss in one ear requiring treatment by a physician. Injury during 1st certificate year <b>\$50</b> Injury after 1st certificate year <b>\$200</b>		<b>Torn Knee Cartilage</b> <b>\$1,000</b> (treatment within 60 days; surgical repair within 1 year)
<b>Emergency Dental Work</b> (to sound, natural teeth) Repair with a crown <b>\$150</b> Resulting in extraction <b>\$50</b>		<b>Internal Injuries</b> <b>\$1,000</b> Resulting in open abdominal or thoracic surgery.
<b>Concussion</b> <b>\$200</b> A head injury resulting in electroencephalogram abnormality.		<b>Exploratory Surgery</b> <b>\$300</b> Without repair (i.e. arthroscopy)
<b>Coma</b> <b>\$10,000</b> Lasting 30 days or more.		<b>Traumatic Brain Injury</b> <b>\$600</b> (diagnosed within six months) We will pay this benefit if an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, it must be treated by a neurologist, and prescribed a course of physical, speech, and/or occupational therapy under the direction of a neurology.

## Wellness Benefit

A benefit will be paid to each insured following one of the listed routine exams or preventative testing.

### The following exams and tests are covered

- Annual physical exam
- Mammograms
- Pap smears
- Eye examinations
- Immunizations
- Flexible sigmoidoscopy
- PSA tests
- Ultrasounds
- Blood screenings

**\$60**

**Benefit**

per calendar year

# Group Accident Insurance



	MEMBER	SPOUSE	CHILD
<p><b>Accidental Death</b></p> <p>If an insured is injured in a covered accident and the injury causes the insured to die within 90 days after the accident, we will pay this benefit.</p>	<b>\$50,000</b>	<b>\$10,000</b>	<b>\$5,000</b>
<p><b>Accidental Death - Common Carrier*</b></p> <p>If an insured is injured in a covered accident and the injury causes the insured to die within 90 days after the accident, we will pay this benefit if the injury is the result of traveling as a fare-paying passenger on a common carrier. If this benefit is paid, we will not pay the other death benefit in this plan.</p>	<b>\$100,000</b>	<b>\$50,000</b>	<b>\$15,000</b>
<p><b>Dismemberment (loss within 90 days)</b></p> <p>Partial amputation of fingers or toes (including at least one joint)                      Loss of one or more fingers or toes                      Single loss                      Double loss</p>	<p><b>\$100</b>  <b>\$1,250</b>  <b>\$6,250</b>  <b>\$25,000</b></p>	<p><b>\$100</b>  <b>\$500</b>  <b>\$2,500</b>  <b>\$10,000</b></p>	<p><b>\$100</b>  <b>\$250</b>  <b>\$1,250</b>  <b>\$5,000</b></p>
<p><b>Paralysis</b></p> <p>Lasting 90 days or more and diagnosed by a physician within 90 days.                      Quadriplegia                      Paraplegia</p>	<p><b>\$15,000</b>  <b>\$30,000</b></p>	<p><b>\$15,000</b>  <b>\$30,000</b></p>	<p><b>\$15,000</b>  <b>\$30,000</b></p>
<p><b>Prosthesis (maximum 2 per accident)</b></p> <p>If an insured requires the use of a prosthetic device due to a covered accident, we will pay this benefit. Hearing aids, wigs, or dental aids including (but not limited to) false teeth are not covered.</p>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>
<p><b>Residence/Vehicle Modification</b></p> <p>We will pay this benefit for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:  <b>Sight of one eye ▪ Use of one hand/arm ▪ Use of one foot/leg</b></p>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>

## Group Accident Monthly Rate

<input type="checkbox"/> <b>Member</b>	\$15.03
<input type="checkbox"/> <b>Member and Spouse</b>	\$23.18
<input type="checkbox"/> <b>Member and Children</b>	\$30.39
<input type="checkbox"/> <b>Family</b>	\$37.87

\*This benefit is not payable for deaths that occur while on-the-job, flying on passes, or traveling to or from a job assignment.



# Group Hospital Indemnity Insurance

Group Hospital Indemnity Insurance offers coverage for hospital stays due to unexpected illnesses and injuries.

## Plan Features

- Provides benefits **ONLY** if admitted to the hospital as a resident bed patient for a sickness or accidental injury.
- **Guaranteed-Issue** — no health questions asked. Pre-existing conditions are covered.
- Benefits and rates are not based on income or age.
- Benefits are paid regardless of any other insurance coverage.
- Plan is portable\* — take the coverage with you if you retire or leave your employer.

## Hospitalization Benefits

### Hospital Admission

**\$1,000**

We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of a covered accidental injury (within 6 months of the date of the accident) or a covered sickness. We will pay this benefit once per covered sickness or accident per calendar year for each insured. This benefit is not payable for confinement to an observation unit, or for emergency room or outpatient treatment.

### Hospital Confinement (per day)

**\$150**

We will provide this benefit due to a covered accident or sickness on the first day of hospital confinement for up to 180 days. For accidental injuries, Hospital Confinement must begin within 6 months from date of accident. Payable once per hospital confinement even if the confinement is caused by more than one injury or sickness. If we pay benefits for confinement and the insured becomes confined again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.

## Hospital Intensive Care Benefits

### Hospital Intensive Care\*\* (per day)

**\$150**

Up to 180 days per covered accident or sickness; **pays in addition to Hospital Confinement Benefit.**

### Hospital Intensive Care Step-Down Unit\*\* (per day)

**\$75**

Up to 10 days per covered accident or sickness; **pays in addition to Hospital Confinement Benefit.**

\*Certain stipulations apply. Please review certificate for more information.

\*\*For accidental injuries, Hospital Intensive Care or Hospital Intensive Care Step-Down must begin within 6 months from date of accident. Payable once per hospital intensive care or hospital intensive care step-down confinement even if the confinement is caused by more than one injury or sickness. If we pay benefits for confinement and the insured becomes confined again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.



# Group Hospital Indemnity Insurance



## Additional Benefits

### Health Screening Benefit

We will pay once per calendar year for each insured for health screening tests performed as the result of preventative care, including tests and diagnostic procedures ordered in connection with routine examinations.

**\$60**

### Waiver of Premium

If the member becomes totally disabled due to a covered sickness or accidental injury, after 90 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 24 months, subject to the terms of the policy.

## Hospital Indemnity Monthly Rates

<input type="checkbox"/> <b>Member</b>	\$22.08
<input type="checkbox"/> <b>Member and Children</b>	\$35.44
<input type="checkbox"/> <b>Member and Spouse</b>	\$44.20
<input type="checkbox"/> <b>Family</b>	\$57.56



# Group Critical Illness Insurance

## A critical illness plan helps prepare you for the added costs of battling a critical illness

The good news is that many people with critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

## Your recovery doesn't have to be spoiled by medical bills

With the critical illness plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness or condition.

## Plan Features

- Guaranteed-Issue**  
 Members and spouses are eligible for up to \$30,000 coverage with no health questions asked.
- Re-Occurrence Benefit**  
 Pays for subsequent diagnosis of the same illness. Once benefits have been paid, no additional benefits are payable for that same Specified Critical Illness unless the dates of diagnosis are separated by at least 6 months. (12 months treatment-free for Cancer).
- Additional Occurrence Benefit**  
 Pays the full benefit amount for any additional illness. (Must be separated by 30 days).
- Portable**  
 Keep the coverage if you leave or retire from your employer (certain stipulations apply).
- Spouse may participate. Member and spouses rate are based on member's age.
- Children are covered at 50% of the member benefit at no extra cost.

## Covered Critical Illnesses

Cancer (Internal or Invasive)	100%
Heart Attack (Myocardial Infarction)	100%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Major Organ Transplant	100%
Kidney Failure (End Stage)	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Benign Brain Tumor	100%
Burns	100%
Coma	100%
Loss of Hearing, Speech, Blindness	100%
Occupational HIV	100%
Paralysis	100%
Advanced Alzheimer's Disease	50%
Advanced Parkinson's Disease	50%
Coronary Artery Disease (Bypass Surgery)	25%
Non-Invasive Cancer	25%
Skin Cancer*	\$500
TIA Benefit (Transient Ischemic Attack)*	\$600

\* Skin Cancer benefit and TIA benefit are payable once per calendar year.

NOTE: All covered conditions are subject to the definitions found in your certificate. This plan contains a 30-day waiting period following the effective date of coverage.

# Group Critical Illness Insurance



## Health Screening Benefit

A benefit will be paid to each insured member or spouse following one of the listed screening procedures.

**The following screening tests are covered but not limited to:**

- Mammograms
- Pap smears
- Colonoscopy
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill

See your certificate for a complete list of tests.

**\$60**  
**Benefit**  
per calendar year

## Critical Illness Monthly Rates (per applicant)

		Non-Tobacco				
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
<b>18-29</b>	\$2.62	\$4.08	\$5.55	\$7.02	\$8.48	\$9.95
<b>30-39</b>	\$4.76	\$8.37	\$11.98	\$15.58	\$19.19	\$22.80
<b>40-49</b>	\$8.43	\$15.70	\$22.98	\$30.25	\$37.53	\$44.80
<b>50-59</b>	\$14.74	\$28.33	\$41.92	\$55.52	\$69.11	\$82.70
<b>60-64</b>	\$20.55	\$39.94	\$59.34	\$78.73	\$98.13	\$117.53
<b>65+</b>	\$28.23	\$55.30	\$82.38	\$109.45	\$136.53	\$163.60

		Tobacco				
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
<b>18-29</b>	\$3.09	\$5.03	\$6.97	\$8.92	\$10.86	\$12.80
<b>30-39</b>	\$6.33	\$11.50	\$16.68	\$21.85	\$27.03	\$32.20
<b>40-49</b>	\$12.50	\$23.86	\$35.21	\$46.57	\$57.92	\$69.27
<b>50-59</b>	\$23.15	\$45.15	\$67.15	\$89.15	\$111.15	\$133.15
<b>60-64</b>	\$31.85	\$62.56	\$93.26	\$123.97	\$154.67	\$185.37
<b>65+</b>	\$43.15	\$85.16	\$127.16	\$169.17	\$211.17	\$253.17

Rates **do not** increase as you age.



# Group Cancer Insurance

## Plan Features

- First Occurrence Benefit**  
 This benefit will be paid directly to you when an insured is diagnosed with internal (not skin) cancer. Benefits are based on the insured's age today and will not decrease as you get older.
- Re-Occurrence Benefit**  
 Pays the First Occurrence benefit if an insured is diagnosed for a second time with internal cancer, provided the insured has been treatment-free for 12 months for the internal cancer for which was paid the First Occurrence Benefit.
- Portable**  
 Keep the coverage if you leave or retire from your employer (certain stipulations apply).
- Benefits are paid regardless of any other insurance coverage.

	1 Unit	2 Units
<b>Skin Cancer Diagnosis</b> You, your covered spouse, or dependent children will receive the Skin Cancer Diagnosis benefit when diagnosed with skin cancer (malignant melanoma). This benefit is payable only once for all skin samples examined as the result of one operative session. This benefit is paid in addition to all other applicable benefits. No Lifetime Limit.	<b>\$500</b>	<b>\$1,000</b>
<b>Second Surgical Opinion</b> We will pay the amount shown for a second surgical opinion by a licensed physician, not a relative, concerning surgery for each positively diagnosed cancer. This benefit is payable once for each malignant condition, and is not payable for skin cancer. No Lifetime Limit.	<b>\$100</b> per Malignant Condition	<b>\$200</b> per Malignant Condition
<b>Home Health Care</b> We will pay the amount shown if an insured receives home health care services (as defined by the plan), as required by a doctor for the treatment of cancer. We will pay this benefit a maximum of 30 days per calendar year or twice the number of days confined to a hospital for treatment of internal cancer, whichever is greater. No Lifetime Limit.	<b>\$25</b> per day	<b>\$50</b> per day
<b>Hospice Care</b> We will pay the amount shown for care provided by a hospice. The insured must be diagnosed with cancer, and (1) therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and (2) medical prognosis indicates a life expectancy of six months or less as a direct result of cancer.	<b>\$50</b> per day	<b>\$100</b> per day
<b>Hospital Confinement (71st day and thereafter)</b> Following 70 continuous days of hospital confinement due to cancer, we will pay the amount shown for the 71st day and thereafter for hospital confinement due to cancer. No Lifetime Limit.	<b>\$175</b> per day	<b>\$350</b> per day

# Group Cancer Insurance



## Cancer Screening Benefit

A benefit will be paid to each insured member and spouse following two of the listed screening procedures.

**The following screening tests are covered but not limited to:**

- Mammograms
- PSA (blood test for prostate cancer)
- Pap smears
- CEA (blood test for colon cancer)
- Colonoscopy

See your certificate for a complete list of tests.

**\$35\***

**Benefit**

Maximum of 2 screenings  
per insured  
per calendar year

## Group Cancer Benefit

Age	Member Benefit		Spouse Benefit	
	1 Unit	2 Units	1 Unit	2 Units
<b>18-29</b>	\$37,500	\$75,000	\$20,000	\$40,000
<b>30-34</b>	\$24,250	\$48,500	\$13,000	\$26,000
<b>35-39</b>	\$18,000	\$36,000	\$9,500	\$19,000
<b>40-44</b>	\$14,000	\$28,000	\$7,500	\$15,000
<b>45-49</b>	\$10,000	\$20,000	\$5,500	\$11,000
<b>50-54</b>	\$8,000	\$16,000	\$4,500	\$9,000
<b>55-64</b>	\$6,500	\$13,000	\$3,500	\$7,000
<b>65+</b>	\$4,000	\$8,000	\$2,500	\$5,000
<b>Covered Dependent Children Benefit</b>			\$5,000	\$10,000

Benefits are based on the insured's age at the time of enrollment, and will not decrease as you age.

## Group Cancer Monthly Rate

	1 Unit	2 Units
<input type="checkbox"/> <b>Member</b>	\$12.00	\$24.00
<input type="checkbox"/> <b>Member and Children</b>	\$12.74	\$25.48
<input type="checkbox"/> <b>Member and Spouse</b>	\$18.00	\$36.00
<input type="checkbox"/> <b>Family</b>	\$18.79	\$37.52

\*Insureds enrolled with 2 units of coverage will receive a \$70 benefit per screening and \$140 for the abnormal benefit.



# Group Short-Term Disability Insurance

As an AFA-CWA member, you are eligible to enroll in a voluntary group short-term disability income plan. This plan is designed for AFA-CWA members and is intended to replace a portion of your income if you are disabled and cannot work due to an injury or sickness.

- **Guaranteed-Issue\***  
No health questions asked. You cannot be turned down for coverage, and physicals or medical exams are not required.
- **Coverage Amount**  
Choose the amount of group short-term disability coverage you want, up to \$4,000 per month – not to exceed 50% of your base hourly rate of pay (100 hours/month). Benefits for on-job injuries are limited to \$500 per month.\*\*
- **Elimination Period**  
This is the time you must be out of work before benefits are payable.
- **Benefit Period**  
Benefits are payable for a maximum of 4, 5, 6, or 8 months — depending on the plan you select. This is the maximum amount of time that you will receive short-term disability benefits.
- **Level Premiums**  
Rates are based on your current age and do not automatically increase as you get older.
- **No Benefit Offsets**  
The benefit you select will not be reduced by other sources of income.
- **Pre-existing Condition Limitation - 3/12**  
Pre-existing means a sickness or physical condition for which a member received treatment (including taking prescription drugs) or medical advice in the 3 months before coverage is effective, and for which a claim is filed in the first 12 months of coverage. Claims filed for pre-existing conditions are payable at 50% of the monthly benefit for up to 6 weeks.
- You are not required to exhaust sick time to receive benefits.
- Benefits received are tax-free.

\*Members must be actively at work in order to enroll.

\*\*Coverage up to 30% of your base hourly rate available for members at domiciles in CA, NY, NJ, RI and HI due to state disability plans.

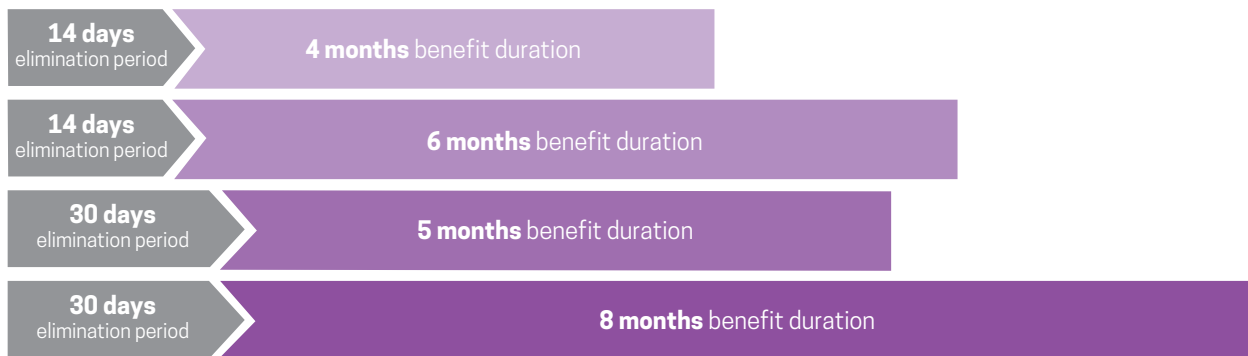
# Group Short-Term Disability Insurance



## Benefits

- **This plan provides coverage for off-the-job disabilities and a limited \$500 monthly benefit for on-job disabilities.**
- The elimination period is 14 or 30 calendar days (depending on the plan you select). This is the amount of time you must be out of work before benefits are payable.
- Benefits are payable for a maximum of 4, 5, 6, or 8 months (depending on the plan you select).

## Plan Options



## Group Short-Term Disability Coverage

	On-Job Monthly Benefit	Off-Job Monthly Benefit	Elimination Period	Benefit Period	Monthly Premium
<input type="checkbox"/> Plan 1	\$500	\$ _____	14 days	4 months	\$ _____
<input type="checkbox"/> Plan 2	\$500	\$ _____	14 days	6 months	\$ _____
<input type="checkbox"/> Plan 3	\$500	\$ _____	30 days	5 months	\$ _____
<input type="checkbox"/> Plan 4	\$500	\$ _____	30 days	8 months	\$ _____



# Group Whole Life Insurance

The Group Whole Life Insurance plan offers permanent life insurance protection with **guaranteed** premiums, cash values and coverage amounts.\*

## Underwriting

- **Guaranteed-Issue** — members age 18 through 75 years are eligible for \$10,000 in coverage with no health questions asked. Spouses age 18 through 75 years are eligible for \$5,000 in coverage with no health questions asked.
- Premiums as low as \$3.00 per week for members.

## Family Coverage

- Available for your spouse as well as dependent children and eligible grandchildren, even if you are eligible but choose not to apply.
- \$10,000 policy available for dependent children and grandchildren.

## Additional Policy Highlights

- **Portable**  
If you retire or leave your employer, you may take this coverage with you. Only you can cancel your coverage.
- **Accidental Death Benefit** (Member and Spouse only)  
If an insured dies in an accident the benefit amount doubles up to a maximum of \$50,000.
- **Waiver of Monthly Deduction Rider** (Member only)  
Waives the monthly deduction for the base plan and optional benefits after the insured has been totally disabled for four months. Waiver of monthly deduction rider continues throughout the duration of the disability.
- **Accelerated Benefit** (Member and Spouse only)  
Offers one-half of the death benefit to be paid prior to death, when you are diagnosed with a terminal illness (life expectancy of less than six months). Review your certificate for exact terms (the amount payable under this benefit may be taxable. Consult your personal tax advisor).
- **Builds Cash Value**  
In addition to having valuable life insurance protection, you can accumulate savings at a guaranteed rate of return (competitive interest rates). You have access to your cash value and have the ability to make loans or withdrawals.

	Age	Tobacco No-Tobacco	Benefit Amount	Accidental Death Benefit	Monthly Premium
<b>Member</b>					
<b>Spouse</b>					
<b>Dependent 1</b>					
<b>Dependent 2</b>					
<b>Dependent 3</b>					
<b>Total Monthly Premium</b>					

\*As long as required premiums are paid.





# Limitations and Exclusions

If this coverage will replace any existing individual policy please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

## **Group Accident** (applicable to form series CA 7700-DC, et al)

We will not pay benefits for loss, injury or death contributed to, caused by, or resulting from: 1. Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. 2. Suicide - committing or attempting to commit suicide, while sane or insane. 3. Sickness - having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness. 4. Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally. 5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test. 6. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken on the advice of a physician. 7. Illegal Acts - participating or attempting to participate in an illegal activity or working at an illegal job. 8. Sports - participating in any organized sport: professional or semi-professional. 9. Driving - driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit. 10. Avocations - mountaineering using ropes and/or other equipment, parachuting or hang-gliding. 11. Cosmetic Surgery - having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.

## **Group Hospital Indemnity**

We will not pay for loss due to: 1. War - voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism. 2. Suicide - committing or attempting to commit suicide, while sane or insane. 3. Self-Inflicted Injuries - injuring or attempting to injure oneself intentionally. 4. Racing - riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity. 5. Illegal Occupation - committing or attempting to commit a felony, or being engaged in an illegal occupation. 6. Sports - participating in any organized sport in a professional or semi-professional capacity. 7. Custodial Care - this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel. 8. Services performed by a Family Member. 9. Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation. 10. Dental Services or Treatment. 11. Cosmetic Surgery, except when due to: a. Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child. b. Congenital defects in newborns.

## **Group Critical Illness** (policy series C21000)

This policy contains a 30-day "waiting period". This means no benefits are payable for any covered person who has been diagnosed before coverage has been in force 30 days from the date of application. If a critical illness is first diagnosed during the waiting period, benefits will only be paid for a subsequent diagnosis of the same critical illness after the waiting period has ended. You may elect to void the certificate and receive a full premium refund if a critical illness is diagnosed during the waiting period.

The applicable benefit amount will be paid if the date of diagnosis is after the waiting period and the date of diagnosis is while the coverage is in force.

## **CANCER DIAGNOSIS LIMITATION**

Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the Insured: is Treatment-Free from Cancer for at least 12 months before the Diagnosis Date; and is in Complete Remission prior to the date of a subsequent Diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the Cancer.

Benefits will not be paid for loss due to:

1. Self-Inflicted Injuries - injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured. 2. Suicide - committing or attempting to commit suicide, while sane or insane. 3. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job. 4. Participation in Aggressive Conflict of any kind, including: War (declared or undeclared) or military conflicts. Insurrection or riot. Civil commotion or civil state of belligerence. 5. Illegal substance abuse, which includes the following: Abuse of legally-obtained prescription medication. Illegal use of non-prescription drugs.

Diagnosis must be made and treatment received in the United States.

## **Group Cancer**

This Certificate pays only for loss resulting from definitive cancer treatment, including only direct extension, metastatic spread or recurrence. Pathologic proof thereof must be submitted. This plan does not provide benefits for any other disease, sickness or incapacity.

This Certificate contains a 30-day "waiting period". This means benefits are reduced to 25% for any Insured who has cancer diagnosed before their coverage has been in force 30 days. If an Insured has cancer first diagnosed during the "waiting period", benefits for treatment of that cancer will be equal to 25% of the benefit amount shown in the Benefit Schedule. The First Occurrence Benefit will also be reduced to 25% of the benefit amount for any cancer diagnosed during the 30-day "waiting period".

No benefits will be paid under the Plan for, or in connection with, any treatment for Cancer received outside the United States or its territories.

# Limitations and Exclusions

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## **Group Disability** (Form series GP5100MP-DC, et al)

"Total Disability" or "totally disabled" means that due to injuries or sickness you are not able to perform the substantial and material duties of your occupation.

Benefits will not be paid for disability due to: 1. Any act of war, declared or undeclared, insurrection, rebellion, or act of participation in a riot; 2. An intentionally self-inflicted injury; 3. A commission of, or attempt to commit an assault, battery, or felony, or engagement in any illegal occupation; 4. Travel in, jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft, and except for work time, pleasure travel, and travel to and from a job assignment for your employer.

## PRE-EXISTING CONDITION LIMITATION

"Pre-existing Condition" means a sickness or physical condition which, within the 3 month period prior to the effective date of your certificate resulted in your receiving medical advice or treatment. During the first twelve months after the member's effective date, if a disability occurs due to a Pre-existing condition, we will pay a limited benefit for that disability. The limited benefit amount payable for such disability will be equal to 50% of the total disability amount shown in the Certificate schedule and for a period of no more than six weeks. A claim for benefits for loss starting after 12 months from the Effective Date of your certificate will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy is a pre-existing condition if conception was before the effective date of your certificate.

"Treatment" means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

"Elimination Period" means the number of days of Total Disability that must elapse in a Period of Disability before benefits become payable. Your elimination period is the number of days shown in the Schedule. These need not be consecutive; they can be accumulated during a Period of Disability to satisfy an Elimination Period. Benefits are not payable, nor do they accrue, during Elimination Period.

## **Group Whole Life** (Forms series WL9800-MP, et al)

If the insured takes his own life within two years from the Date of Issue of his certificate, the liability of the Company will be limited to all premiums paid, without interest, less any Certificate Loan and loan interest.

## ACCIDENTAL DEATH BENEFIT (member and spouse)

The Accidental Death Benefit provided by this Rider shall not be payable if the Insured's death results from any of the following causes: 1. war, or an act of war (including any armed aggression resisted by the armed forces of any country or combination of countries), whether such war is declared or undeclared; 2. suicide; 3. any bodily or mental infirmity or disease, except a bacterial infection occurring with or through an accidental injury; 4. committing or attempting to commit an assault or felony; 5. the voluntary use of illegal drugs, the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions and intentional misuse of prescription drugs.

## WAIVER OF MONTHLY DEDUCTION

(included on Member Certificate Only)

No benefit will be provided by this Rider if Total Disability is caused by an intentionally self-inflicted injury, or results from an act of war, declared or undeclared, while the Insured is in the military service of any country.

## ACCELERATED BENEFIT

Company will not pay Living Benefit: 1. If either the Owner or Insured is required by a government agency to use the Accelerated Benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement; 2. If either the Owner or Insured is required by law to use the Accelerated Benefit to meet the claims of creditors, whether in bankruptcy or otherwise; 3. If the Terminal Illness results from intentionally self-inflicted injuries; 4. If the Certificate is in force as either Extended Term Insurance or Reduced Paid-Up Insurance; 5. If the Certificate is legally or equitable assigned, except to the Company as security for the lien; 6. If any part of the Death Benefit under the Certificate is contestable. 7. If the Certificate is not in force or the Death Benefit under the Certificate is not payable for any reason; 8. If the amount of the Accelerated Benefit plus the amount of all Accelerated Benefits on the Insured from all certificates issued by the Company, exceeds \$250,000; or 9. If there has already been an Accelerated Benefit paid on this Certificate.

## PORTABILITY

Subject to premium payment.



Underwritten by:

**Continental American Insurance Company**

**Claims and Customer Service:**

ATTENTION: Claims Administrator

P.O. Box 427

Columbia, South Carolina 29202

(866) 849-0011

Administered and Enrolled by:



National Group Protection

1445 Greenbrier Place

Charlottesville, Virginia 22901

**Additional Questions?**

**Call NGP at**

**(800) 344-9016**