

Voluntary Personal Accident Insurance Overview

Prepared for the employees of
Ukpeagvik Inupiat Corporation



More than 46,000 Americans die in car accidents alone – and more than 37,000 die from accidents in the home.

Council for Disability Awareness Survey,

Half of U.S. households now believe they are underinsured.

Household Trends in U.S. Life Insurance Ownership. LIMRA, 2010

Voluntary Personal Accident Insurance Coverage – *paid by you*

Employee –

All other active, full-time US employees of the Employer regularly working a minimum of 32 hours per week excluding Full-Time Board Directors.

- Benefit Amount – Units of \$10,000 to \$500,000
- Maximum – \$500,000
- Coverage begins on the first of the month coinciding with or next following date of hire
- Benefit Reduction Schedule – Providing you are still employed, your coverage will decrease to 65% at age 70, 50% at age 75

Your Spouse* — Up to age 80 is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount – Units of \$5,000 to \$500,000 – not to exceed Employee Voluntary AD&D
- Maximum – \$500,000 - not to exceed Employee Voluntary AD&D
- Coverage amount cannot exceed 100% of the employee's coverage amount
- Coverage begins on the first of the month coinciding with or next following date of hire

Your Unmarried, Dependent Children — Under age 19 (or under age 26 if they are full-time students), as long as you apply for and are approved for coverage for yourself.

- Benefit Amount – Flat \$10,000
- Maximum – \$10,000

No one may be covered more than once under this plan.



How Much Your Coverage will Cost per Month

The cost of this insurance is paid by you. Indicate your choice, or your decision not to elect coverage, on your enrollment form. The monthly cost per \$1,000 of coverage is \$0.027 for Employee, \$0.027 for Spouse and \$0.027 for Children. Costs are subject to change.

A Valuable Combination of Benefits

A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of life	100%
Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower or upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech or loss of hearing in both ears	50%
Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%
Coma	1%

Only one benefit (the largest) will be paid for losses from the same accident.

Additional Benefits of Personal Accident Insurance

For Wearing a Seatbelt & Protection by an Airbag

Additional 10% benefit but not more than \$25,000 if the covered person dies in an automobile accident while wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 5% but not more than \$10,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Exposure & Disappearance

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable exposure to the elements as a result of a covered accident.

If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

For Comas

1% of full benefit amount, for up to 11 months, if you, your spouse, or your children are in a coma for 30 days or more as a result of a covered accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.



For Furthering Education

If you die in a covered accident, we will pay an extra benefit for each insured child under age 26 who enrolls in a school of higher learning within one year of your death.

We will increase your benefit by 6% or \$6,000, whichever is less, for each qualifying child, each year for 4 consecutive years as long as your child continues his/her education.

If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.

What is Not Covered

Self-inflicted injuries or suicide while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; any active participation in a riot, insurrection or terrorist act; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection; voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates; air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew.

When Your Coverage Begins and Ends

Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed

enrollment form, or the date you authorize any necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician. Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premiums are paid.

Programs Included at No Additional Cost

Cigna Healthy Rewards® Program

Program provides you and your covered family member's discounts on health programs and services like weight loss management, fitness, smoking cessation and more. Enjoy instant savings of up to 60% when you take advantage of this opportunity. Visit www.Cigna.com/rewards (Password: savings) or call: 800.258.3312.

Cigna's Online Will and Health-related Legal Document and Funeral Preparation Program

Offers you and your covered spouse access to a website that helps you build state-specific customized wills and other legal documents as well as create an end-of-life plan that spells out the handling of your estate and funeral arrangements. Visit www.Cignawillcenter.com.

Cignassurance® for Beneficiaries

Provides your family with bereavement counseling with certified specialists, financial information from experienced professionals and legal consultation services.

Cigna's Identity Theft Program

Provides access to personal case managers who give step-by-step assistance and guidance if you have had your identity stolen.

Cigna's Secure Travel Program

Provides emergency travel assistance, available 24 hours a day/365 days a year from anywhere in the world, any time you are more than 100 miles from home on personal, non-business travel. Services include: medical assistance (including



medical evacuation when necessary), travel and communication services, assistance with legal issues or lost or stolen items, and pre-

departure planning information regarding immunization, visa and passport requirements, and tourism advisories.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. OK-966286, issued in Delaware to Ukpeagvik Inupiat Corporation. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2011

