


Plan exclusions

There are certain situations we do not cover in our policy. These include:

- Accident, Accidental Bodily Injury or Loss occurring while the insured is in, entering or exiting any aircraft that is owned, leased or operated by the policyholder or on behalf of the policyholder.
- Accident, Accidental Bodily Injury or Loss occurring while the insured is in, entering or exiting any aircraft while acting or training as a pilot or crew member.
- Accident, Accidental Bodily Injury or Loss caused by or resulting from the insured's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunctions or medical or surgical treatment thereof.
- Accident, Accidental Bodily Injury or Loss resulting from suicide, attempted suicide or intentionally self-inflicted injury.
- Accident, Accidental Bodily Injury or Loss caused by or resulting from a declared or undeclared war.
- Accident, Accidental Bodily Injury or Loss occurring while an insured person is participating in military action in the armed forces of any country or established international authority. However, this exclusion does not apply to the first 60 consecutive days of active military service.
- Accident, Accidental Bodily Injury or Loss caused by any occurrence while an insured person is incarcerated after conviction.
- Accident, Accidental Bodily Injury or Loss occurring while an insured person is traveling or flying on any rocket propelled or rocket launched aircraft.

This literature is descriptive only. Actual coverage is subject to the language of the policy as issued.



Chubb refers to the insurers of the Chubb Group of Insurance Companies: Federal Insurance Company.

Chubb Group of Insurance Companies
Warren, NJ 07059
www.chubb.com
Form 44-10-0618 (Ed. 1/02)

features (Continued)

Spouse or Domestic Partner Employment Training Expense - If an accidental bodily injury causes you to suffer a covered loss of life, this benefit will reimburse actual incurred costs for your spouse's or domestic partner's tuition, fees, room and board, required books and course supplies at an institution of higher learning in order to obtain or refresh skills for employment, up to a maximum benefit of 10% of the principal sum to \$50,000 if expenses are incurred within [2] years of your loss of life.

Child Abduction - We will reimburse for Expenses related to a Child Abduction: 1) up to \$10,000 after the satisfaction of deductible of \$250, if an Insured Person requires Medical Services for an Accidental Bodily Injury as a result of a Child Abduction; 2) up to \$10,000 if an Insured Person incurs Psychological Therapy Expenses as a result of a Child Abduction; 3) up to \$10,000 if an Insured Person suffers Lost Salary as a result of a Child Abduction; 4) up to \$5,000 if an Insured Person incurs Other Child Abduction Expenses as a result of a Child Abduction.

Home Invasion - We will reimburse: 1) up to \$10,000 after the satisfaction of a \$250 deductible if an Insured Person requires Medical Services for an Accidental Bodily Injury as a result of a Home Invasion; 2) up to \$10,000 if an Insured Person incurs Psychological Therapy Expenses as a result of a Home Invasion; 3) up to \$10,000 if an Insured Person suffers Lost Salary as a result of a Home Invasion; 4) up to \$1,000 if an Insured Person incurs Residential Security Expenses as a result of a Home Invasion; 5) up to \$1,000 if an Insured Person incurs Temporary Relocation Expenses as a result of a Home Invasion.

Psychological Therapy - If you or your insured dependent suffers a covered loss resulting in a physician determining that psychological therapy is required, we will reimburse expenses incurred within two (2) years from the date of loss, up to 5% of the principal sum subject to a maximum of \$25,000.

Rehabilitation Expense - If an accidental bodily injury causes you or your insured dependent to suffer a covered loss which prevents you or your dependent from performing duties of your occupation and which results in a physician determining that rehabilitation is required, then this benefit will reimburse expenses incurred within 2 years from the date of loss, up to 5% of the principal sum, subject to a maximum of \$25,000.

Schedule of benefits

Accidental Loss of Life & Dismemberment Coverage

	Benefit Amount
Loss of Life	100%
Loss of Speech & Loss of Hearing	100%
Loss of Speech & Loss of One of: Hand, Foot or Sight of an Eye	100%
Loss of Hearing & Loss of One of: Hand, Foot or Sight of an Eye	100%
Loss of Both Hands, Loss of Both Feet, Loss of Sight of Both Eyes or a Combination of Any Two of a Loss of a Hand, a Loss of a Foot or Loss of Sight of an Eye	100%
Quadriplegia	100%
Paraplegia75%
Hemiplegia	50%
Loss of One Hand, Loss of One Foot or Loss of Sight of an Eye	50%
Loss of Speech or Loss of Hearing	50%
Uniplegia	25%
Loss of Thumb & Index Finger of the Same Hand	25%

Multiple losses
maximum
payment clause

For some coverages, if an insured has multiple losses as the result of one accident, the insurer may pay only the single largest benefit amount applicable.

Your
beneficiary

Your beneficiary for the loss of life benefit shall be the beneficiary you name on the enrollment form.



*Voluntary Accident
Insurance Plan*



**California Association
Of Realtors**

*additional
protection
significant
benefits*

*24
hours
a
day*
HOME
@WORK
TRAVEL
PLAY



It doesn't always happen to "someone else"

No one wants to think about the possibility of having a life-threatening accident, but the fact is, thousands of people are seriously injured or killed every year* — in their homes, while traveling, at work and at play. Although most of us believe such tragedies could never happen to us, we can't deny there are many "what ifs" to contemplate.

Accidents can cause serious financial problems for survivors who still have mortgages, loans and education expenses to pay. That's why your association has made voluntary accident insurance available to you at an affordable rate.

Highlights of the plan

- This insurance plan provides protection 24 hours a day—worldwide—on and off the job and while traveling for business or pleasure.
- This insurance applies to accidental loss of life, dismemberment or bodily injury (except as limited by the exclusions included in this booklet).
- No medical/physical examination is required.
- Because it's a group plan, the rate for coverage is substantially lower than the cost of similar insurance you might purchase individually.
- Most coverage will pay in addition to any other insurance you may have.

*National Safety Council, *Injury Facts* 2000 Edition

Plan benefits amounts, options and costs

Eligible members may select benefit amounts of \$250,000, \$500,000, \$750,000 or \$1,000,000. Amounts in excess of \$500,000 cannot exceed 10 X the member's annual salary. Salary means a Primary Insured Person's 1099 or W-2 earnings from the prior calendar year at the time of Accident, including, commissions, overtime, and incentive payments.

Plan 1: Member or W-2 Employee of Member Only – Covers you for the benefit amount selected.

Plan 2: Member (or W-2 Employee of Member) and Family – Covers you for the benefit amount selected; your spouse (or domestic partner) for 50% of your benefit amount and each of your dependent children for 20% of your benefit amount. If there are no dependent children, the spouse's (or domestic partner's) benefit amount is equal to 60% of your benefit amount. If there is no spouse (or domestic partner), the dependent child's benefit amount is equal to 25% of your benefit amount.

Annual Costs

Plan 1	\$.30	per	\$1,000
Plan 2	\$.60	per	\$1,000

Sample Benefit & Annual Cost Table

Benefit Amount	Plan 1	Plan 2
\$250,000	\$75.00	\$150.00
\$500,000	\$150.00	\$300.00
\$750,000	\$225.00	\$450.00
\$1,000,000	\$300.00	\$600.00

Additional features available for you

(Continued on back panel)

Child Care Expense - If you or your insured spouse (or domestic partner) suffers accidental loss of life and incurs child care expenses within one year of the accidental loss of life, this benefit will pay for actual child care expenses incurred up to an annual maximum of 10% of the principal sum to a maximum of \$50,000 for each dependent child]. We will continue to reimburse expenses annually subject to a \$10,000 annual maximum for each dependent child and a total payment of \$50,000 for all children (up to the age of 13) and all years combined.

Education Expense - If you or your insured spouse (or domestic partner) suffers accidental loss of life, this benefit will reimburse actual incurred costs for your eligible Dependent child(ren)'s tuition, fees, room and board, required books and course supplies billed by an institution of higher learning. This benefit pays for each eligible dependent child who is enrolled at, or subsequently enrolls as a full-time student at an institution of higher learning within 2 years of the loss of life. This benefit will reimburse up to 5% of the principal sum to a maximum of \$25,000 annually for each eligible child for four (4) consecutive years up to an overall maximum of \$100,000 for all children and all years combined.

Coma - If an accidental bodily injury causes you or your insured dependent to lapse into a coma within 30 days of the accident, remain in a coma for 30 consecutive days, and be confined to a hospital within the first 30 days, the coverage pays monthly benefit amounts equal to 1% of the principal sum. Coma payments will be made until you are no longer in a coma or 100% of the principal sum has been paid.

Natural Disaster - If you or your insured dependent suffers a covered loss of life due to a natural disaster then this benefit pays an additional sum in the amount of \$5000.

In-Hospital - If an accidental injury causes a covered loss which results in you or your insured dependent being hospitalized for more than 3 days, this benefit pays a daily amount equal to \$500 for each day of hospitalization beyond 3 days, up to a maximum of 30 days.

Enrollment form

See separate Voluntary Accident Enrollment Form and Enrollment Instructions.