

Offered by Life Insurance Company of North America

## Employee-Paid ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

### Summary of Benefits

Prepared for: The Western Union Company

#### Eligibility:

All active, full-time and part-time Employees of the Employer regularly working a minimum of 15 hours per week who are non-United States citizens living and working in the United States on an approved temporary work visa.

**Employee:** You will be eligible for coverage the date of hire.

**Spouse\*:** Is eligible as long as you apply for and are approved for coverage yourself.

**Child(ren):** Birth to 26, as long as you apply for and are approved for coverage yourself.

\*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

#### Available Coverage:

	Benefit Amount	Maximum
Employee	1, 2, 3, 4 or 5 Times Salary	Lesser of 5 Times Salary or \$1,000,000
Spouse	40% of employee amount or 50% if no dependent children	40% of employee amount or 50% if no dependent children to a maximum of \$500,000
Children	10% of employee amount or 15% if no spouse	10% of employee amount or 15% if no spouse to a maximum of \$25,000

#### Benefit Details:

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount:
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or one lower limb; 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%

**For Comas** – You will receive 1% of the full benefit amount each month, for up to a maximum of 11 months, if you or an insured family member 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.

#### Additional Features:

**For Wearing a Seatbelt & Protection by an Airbag** – You will receive an additional 1% benefit but not more than \$10,000 if the covered person dies in a covered automobile accident and law enforcement-certified to be wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 1% but not more than \$5,000 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 Furthering Education and Spouse Training

The education benefit provides training or education as follows:

**For your children** – 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.

## Additional Features – continued

**For your spouse** – If you die in a covered accident and your insured spouse enrolls in an accredited school to gain skills needed for employment within one year of your death, we will pay 6% of the actual cost of this education or training program for not more than 5 years after enrollment begins, up to a maximum of \$6,000.

If you have no spouse or child who qualifies within one year of your death, we will pay an additional \$2,000 to your beneficiary.

**For Child Care Expenses** – If you die as a result of a covered accident, we will pay a benefit for a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterwards. This benefit is 6% of your benefit amount per year, but not more than \$6,000 per year for 4 years or until the child turns 13, whichever occurs first, for each covered child.

**Conversion** – If group accident coverage ends (except due to nonpayment of premium), your employment is terminated, membership in an eligible class is terminated, or insurance coverage is reduced based on attained age, you can convert to an individual non-term policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Dependents may convert their coverage as well if applicable. Premiums may change at this time, and terms of coverage will be subject to change. You can also convert to an individual policy of up to \$10,000 if you have been insured for at least 5 years and the policy is terminated or amended, provided coverage is not replaced and you are not covered under a different conversion policy issued by Life Insurance Company of North America. Refer to your certificate for details.

## Your Monthly Cost of Coverage:

Employee Only Cost Per \$1,000 = \$0.022

Employee and Family Cost Per \$1,000 = \$0.034

*Actual per pay period premiums may differ slightly due to rounding. Benefits will reduce on age (see Benefits Reduction Schedule for details).*

*Rates may be subject to change in the future.*

## How to Calculate Your Monthly Cost of Coverage:

**Step 1:** Find the above Monthly rate.

**Step 2:** Multiply this rate by your desired coverage amount, in units. Reference the information above to find the appropriate unit amounts for employee and/or dependents.

**Step 3:** The result is the Monthly cost.

## Important Definitions and Policy Provisions:

**When your coverage begins** – Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable, 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.

**When your coverage ends** – Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

## Benefit Reductions, Exclusions and Limitations

**Benefit Reduction Schedule:** If you are still employed, your benefits will reduce to 65% at age 65 and 50% at age 70. Your premiums will also reduce to match your benefits. Spouse reductions are based on employee age.

**Exclusions** – 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, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food • voluntarily using any drug, narcotic, poison, gas or fumes except one prescribed by a licensed physician and taken as prescribed • 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 • a Covered Accident that occurs 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 • flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface being flown by the covered person or in which the covered person is a member of the crew.

**Limitations** – For multiple covered losses, benefits are paid for the single largest benefit available. For loss of life, the benefit amount shown will be reduced by the amount of any dismemberment benefits that were previously paid or payable.

**THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.**

Terms and conditions of coverage for Accidental Death and Dismemberment insurance are set forth in Group Policy No. OK 965833. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 51 Madison Avenue New York, NY 10010.

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