



Exclusive Offer for ISDS Members... Accidental Death & Dismemberment Insurance Plan



The Illinois State Dental Society Accidental Death and Dismemberment Insurance Plan is offered to help give you more protection from the unforeseen events of the future.

The ISDS Accidental Death and Dismemberment Insurance Plan, underwritten by Hartford Life and Accident Insurance Company, Simsbury, CT 06089, can help protect you and your family, and your employees and their families, against any unforeseen expenses an accident can bring. Choose up to \$300,000 of coverage at rates only the ISDS can offer you as a member of the Illinois State Dental Society. With the Accidental Death and Dismemberment Insurance Plan, you are insured against covered accidental loss of life, limb or eyesight while traveling for business or pleasure, while commuting, or even while at home. You're covered 24 hours a day, 365 days a year, and on or off the job.

Here are some of the outstanding plan features:

- Guarantee issue (no medical underwriting)
- No Age Limit.
- Choose from coverage up to \$300,000, in increments of \$5,000.
- Coverage offered for your spouse and children.
- Permanent Total Disability Benefit, Day Care Benefit, Extended Dependents' Coverage Benefit included.

The ISDS Accidental Death and Dismemberment Insurance Plan is designed to help give you and your family the best defense against possible financial difficulties resulting from a tragic accident. The plan pays a benefit in the event of ...

ACCIDENTAL DEATH

100% of your selected benefit is payable if you suddenly become the victim of a fatal covered accident or if death occurs within one year of the covered accident.

DISMEMBERMENT

You are insured for the covered accidental loss of your hands; feet; thumb and index finger on the same hand; and the entire and irrecoverable loss of sight, speech and/ or hearing, as shown in the summary of benefits.

In addition to the Accidental Death & Dismemberment benefits, these are also included at no additional cost:

Permanent Total Disability Benefit

In the event of Total Disability, one percent of the principal sum will be paid monthly during the payment period. Total Disability is defined as the inability to perform the material and substantial duties of any occupation for which you are suited by education, training and experience.

Day Care Benefit

The staggering cost of day care is a major concern for parents today. If the unexpected should occur would the family left behind be able to afford the cost of day care? That isn't a worry with the Day Care Benefit. An annual benefit will be paid to the individual with legal physical custody of the eligible dependents who are under age 7 and are enrolled in day care.

Extended Dependents' Coverage Benefit

The coverage for eligible dependents will continue in the event of the your death. The premium will be waived and coverage will continue until the first to occur: your spouse remarries, the date your eligible dependent doesn't qualify as an eligible dependent, or the end of a 12 month period which begins on the date of your death or this policy's termination date.

Plan Options

Spouse coverage may be selected separately at the time of application, in lieu of the Family Plan described below. If spouse and member are applying separately, the spouse may be covered for a principal sum which does not exceed the member's principal sum. In this event, coverage and rates for the spouse are the same as those for the member. If the member and spouse are covered separately, their children could only be covered under one policy. Or, you can choose the Family Plan. With this option you, as the Insured Person, select a Principal Sum benefit. Your covered family members are insured for a benefit equal to a percentage of your Principal Sum. The percentages vary depending on which family members are covered. These are shown in the table below.

FAMILY PLAN

<i>Insured Person with Covered Dependents:*</i>	Percent Applicable to:	
	Spouse	Each Child
For all losses:		
Spouse Only	50%	0%
For Loss of Life:		
Spouse and Child(ren)	40%	10%
Child(ren) Only	0%	15%
For other than Loss of Life:		
Spouse and Child(ren)	40%	50%
Child(ren) Only	0%	75%

**As determined on the date of accident.*

WHO'S ELIGIBLE

Members of the Illinois State Dental Society are eligible to enroll in the insurance program. Employees of members are also eligible if they are actively at work in an occupation directly related to the occupation of the member. Members and eligible employees must be at least 18 years old, live in the U.S., not be actively in full-time service of armed forces, and be Actively at Work* †

Spouses of members and spouses of eligible employees are also eligible along with their children. Eligible children are under the age of 19, 25 if a full-time student.

* "Actively-at-Work" means that the Insured Person is working on a regular full-time basis in his or her occupation at his or her regular place of business or at some other place to which his or her employment requires travel.

Semi-Annual Premiums

Benefit	\$300,000	\$200,000	\$100,000
Member Only	\$198	\$132	\$66
Spouse Only	\$198	\$132	\$66
Family Plan (\$25,000 Benefit per Child)	\$412.50	\$280.50	\$148.50

The \$.66/\$1,000 benefit/year applies to all eligibles (Member, Spouse, or Children) maximum benefit for children is \$25,000 (\$16.50/year/child).

Rates and/or Benefits may be changed on a class basis.

This group policy pays benefits for these losses which result from an Injury sustained in a covered accident within 365 days of the accident.

WHEN DOES COVERAGE BEGIN?

Your coverage becomes effective the first day of the month after your enrollment form and first premium payment is received. As long as the group master policy remains in force, your coverage is renewable as long as you continue to make your premium payments.

WHEN DOES COVERAGE END?

Your coverage terminates on the earlier of: a) the date the policy is terminated; or b) the date the organization ceases to be a Participating Organization under the policy; c) the Premium Due Date on or next following the date you fail to pay any required premium contribution. Coverage of each Eligible Dependent terminates on the Premium Due Date on or next following the earlier of: a) the date you cease to be an insured person; or b) the date he or she ceases to qualify as an eligible dependent.

30-DAY FREE EXAMINE OF THE CERTIFICATE OF INSURANCE

You, the insured have a 30 day right to examine the Certificate of Insurance. The certificate may be returned within 30 days of the effective date and all premiums, will be refunded.

Accidental Death & Dismemberment Summary of Benefits

Loss of:	\$300,000 Benefit	\$200,000 Benefit	\$100,000 Benefit
Life	\$300,000	\$200,000	\$100,000
Both Hands or Both Feet or Sight of Both Eyes	\$300,000	\$200,000	\$100,000
One Hand and One Foot	\$300,000	\$200,000	\$100,000
Speech and Hearing in Both Ears	\$300,000	\$200,000	\$100,000
Speech and One Hand or Foot or Sight of One Eye	\$300,000	\$200,000	\$100,000
Hearing and One Hand or Foot or Sight of One Eye	\$300,000	\$200,000	\$100,000
Either Hand and Sight of One Eye	\$300,000	\$200,000	\$100,000
Either Foot and Sight of One Eye	\$300,000	\$200,000	\$100,000
Either Hand or Foot	\$150,000	\$100,000	\$50,000
Sight in One Eye	\$150,000	\$100,000	\$50,000
Speech	\$150,000	\$100,000	\$50,000
Hearing in Both Ears	\$150,000	\$100,000	\$50,000
Thumb and Index Finger of Either Hand	\$75,000	\$50,000	\$25,000

Loss of hand or foot means complete severance through or above the wrist or ankle joint. Loss of arms and legs means complete severance through or above elbow or knee joint. Loss of sight, speech or hearing means entire irrecoverable loss thereof. With regard to thumb and index finger, loss means actual severance through or above metacarpophalangeal joints. For more than one loss from the same accident, this Plan will pay one benefit for the greater loss.

Injury means a bodily injury resulting from an accident, and independent of all other causes. Loss resulting from sickness or disease, or medical or surgical treatment of a sickness or disease, is not covered. The accident must occur while you are covered under the policy.

EXCLUSIONS - The policy does not cover any loss caused by or resulting from: intentionally self-inflicted injury, suicide or attempted suicide, whether sane or insane; war or act of war, whether declared or undeclared; injury sustained while full-time in the armed forces of any country or international authority; injury sustained while riding on any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft; injury sustained while riding on any aircraft as a pilot, crew member or student pilot, as a flight instructor or examiner, or if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization whose eligible persons are covered under this policy; injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician; injury sustained while committing or attempting to commit a felony; injury sustained while operating a motor vehicle while legally intoxicated from the use of alcohol.

The Hartford

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This brochure explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states. Policy Form # 7582 A2 (9958) (HLA) Brochure Form No. SRH-3373-SV

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