



# Frontier Communications Parent, Inc. AT&T Bargaining Unit

Group Basic with Buy-Up Accidental Death & Dismemberment Insurance • GTU 5466333

The following is a brief description of the Group Basic Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this Plan, please see the policy.

## Eligibility

Class I: All CWA 1298 CT as eligible per the CBA from AT&T as of 10/25/2014.

## Service Waiting Period

Effective first of the month in which the employee attains six (6) months of employment if **actively** at work.

## Your Effective Date of Insurance:

- A. For eligible individuals hired prior to October 25, 2014:  
October 25, 2014, provided completion of the required Service **Waiting Period** indicated above, and the completed enrollment material is received by the **Policyholder** on or prior thereto.
- B. For eligible individuals hired on or after October 25, 2014:  
On the first day of the month in which you complete the required **Service Waiting Period** indicated above, provided the completed enrollment material is received by the **Policyholder** on or prior thereto.

## Eligibility of Your Dependents

If you enroll you may elect to cover your eligible dependents. An eligible dependent includes your legally married spouse/domestic partner and your dependent child(ren), and your legally married spouse's dependent child(ren), and your domestic partner's dependent child(ren). A legally married spouse/domestic partner will be eligible as a dependent if he or she is also an insured under the policy, except that benefits provided under such combined coverage of the employee as an employee and as a dependent shall not be in excess of one hundred percent of the charge for the covered expense or service.

**Spouse** means your legally married spouse under age 70.

**Domestic Partner** means a person who qualifies as a domestic partner under the policyholder's written procedures as on file and approved by us. This includes:

**Legally Recognized Partner (LPR)** means either Registered **Domestic Partner** OR individual who employee has a same sex relationship in accordance with the state that recognizes the relationship for benefits; and

**Registered Domestic Partner-** If registered with a governmental body pursuant to state or local law this can be a same or opposite sex partner. If not registered can only be a same sex partner.

**Dependent Child(ren)**, Connecticut law requires that accident and sickness insurers extend coverage to children until the age of twenty-six (26)\* or until such time as the child becomes covered under a group health plan through the dependent's own employment, regardless of financial dependency, student status, or employment. Dependent Child(ren) means your natural or adopted child(ren) and stepchild(ren) and those natural or adopted child(ren) and stepchild(ren) of your Spouse/Domestic Partner. The child will no longer be a Dependent Child on the Policy anniversary date on or after whichever of the following occurs: 1) the date the child becomes covered under a group health plan through the child's own employment; or 2) the date the child attains the age of 26 (twenty-six)\*.

*\*the limiting age shall not operate to terminate the coverage of the child if at such date the child is and continues thereafter to be both (1) incapable of self-sustaining employment by reason of mental or physical handicap, as certified by the child's physician, physician assistant or advanced practice registered nurse on a form provided by the insurer, hospital service corporation, medical service corporation or health care center, and (2) chiefly dependent upon such employee or member for support and maintenance.*

## Benefit Amount

Basic AD&D Benefit Amount – Employee Only (Employer Paid):

Class I: One (1) times your **Benefit Bearing Wage\***, rounded to the next higher \$1,000.

Supplemental Buy-Up Option (Employee Paid):

**Employee Only:** You may purchase a benefit amount from one (1) to six (6) times your **Benefit Bearing Wage\***, rounded to the next higher \$1,000.

**Spouse/Domestic Partner:** You may purchase either a flat amount of \$10,000 for your covered spouse/domestic partner; or a benefit amount from a minimum of \$25,000 to a maximum of \$150,000 in increments of \$25,000.

**Dependent Child(ren):** The benefit amount for covered dependents will be a choice of the following amounts: \$1,500; \$3,000; \$5,000; \$10,000; or \$15,000.

- \* **Benefit Bearing Wage** includes your annualized base pay rate as determined by the employee's employer, plus eligible benefit-affecting incentive compensation when it is a permanent part of the employee's compensation. Pay does not include tour differentials and any other differentials regarded as temporary or extra payments.

## Description of Coverage

24 Hour Accident Protection, Business & Pleasure, Excluding Corporate Owned or Leased Aircraft, Passenger Only, H-1

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

### Exposure and Disappearance Coverage

If a covered person is exposed to weather because of an accident and this results in a covered loss, we will pay the applicable benefit amount, subject to all policy terms.

If the conveyance in which a covered person is riding disappears, is wrecked, or sinks, and you are is not found within 365 days of the event, we will presume that the person lost his or her life as a result of injury. If travel in such conveyance was covered under the terms of the policy, we will pay the applicable benefit amount, subject to all policy terms. We have the right to recover the benefit if we find that the covered person survived the event.

## Benefits Provided

If a covered person has a covered accident within 365 days of the date of the covered accident that results in any of the following losses, we may pay certain benefit amounts shown to his or her designated beneficiary. If the covered accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

Loss of:	Benefit Amount
(1) Life .....	100% of benefit amount
(2) Both hands or both feet.....	100% of benefit amount
(3) One hand and one foot.....	100% of benefit amount
(4) One hand or one foot plus the sight of one eye.....	100% of benefit amount
(5) Sight of both eyes.....	100% of benefit amount
(6) Speech and Hearing.....	100% of benefit amount
(7) Speech or Hearing .....	50% of benefit amount
(8) One hand, one foot, or sight of one eye .....	50% of benefit amount
(9) Thumb and index finger of the same hand .....	25% of benefit amount

Plegia	Benefit Amount
(1) Quadriplegia (total paralysis of all four Limbs) .....	100% of benefit amount
(2) Paraplegia (total paralysis of both lower Limbs).....	50% of benefit amount
(3) Hemiplegia (total paralysis of upper and lower Limbs .....	50% of benefit amount
on one side of the body)	

## Additional Benefits through the Plan

### Seat Belt Benefit

If you suffer a loss of life in a covered automobile accident while wearing a factory installed or manufactured authorized seat belt, an additional benefit equal of \$10,000 may be paid.

### Air Bag Benefit

An additional benefit of \$10,000 may be paid if the covered person was driving or riding in a private passenger automobile with a manufacturer equipped air bag.

### Travel Assistance Plan

A comprehensive travel assistance program offering you benefits and services when traveling 100 miles or more from your residence. Coverage includes the following benefits:

	Maximum Benefit Amount		Maximum Benefit Amount
Medical Evacuation:	Unlimited	Visit to Hospital:	Unlimited
Medical Repatriation:	Unlimited	Return of Child (per child):	Unlimited
Non-Medical Repatriation:	Unlimited	(per attendant):	Unlimited
Return of Remains:	Unlimited	Return of Companion:	Unlimited

You can access Zurich Travel Assist® services by calling, toll-free, 1-800-263-0261 and referencing policy number GTU 5466333 or logging on to their web site at [www.zurichna.com/travelassist](http://www.zurichna.com/travelassist).

## To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss. Refer to Plan Number GTU 5466333.

## Beneficiary Designation

Benefits for your loss of life will be payable to the beneficiary or beneficiaries designated in writing by you and on file with the policyholder; otherwise the beneficiary or beneficiaries designated under the Group Life insurance policy issued to the policyholder,

otherwise, we will pay the benefit to your survivors in the following order: 1) your spouse/domestic partner; 2) your children; 3) your parents; 4) your estate.

#### Loss of Life of a Covered Person other than You:

Covered losses for the death of a covered person other than you will be paid to you. If you pre-decease or die at the same time as the covered person other than you, the benefit will be paid to your beneficiary unless your beneficiary designation has not been made or your beneficiary is no longer living at the time of death. In such case, the benefits will be paid to your estate.

All other indemnities shall be payable to you.

#### Leave of Absence Provision

If you have received approval for a benefits eligible leave of absence, layoff or sabbatical from the policyholder in accordance with the policyholder's written policy, your insurance under the policy will continue, provided the required premiums are paid. This extension of coverage is subject to all of the termination provisions of the policy with the exception of you ceasing to be eligible for insurance.

#### General Exclusions

A loss shall not be a covered loss if it is caused by, contributed to, or resulted from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service. Reserve or National Guard active duty training is not excluded, unless it extends beyond thirty-one (31) consecutive days;
4. participation in the commission or attempted commission of any felony, an assault, insurrection or riot;
5. being intoxicated while operating a motor vehicle.
  - a. You will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be intoxicated, if operating a motor vehicle.
  - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of your intoxication.
6. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy;
7. the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his or her physician for the insured;
8. any aircraft owned or controlled by, or under lease to an insured or a member of an insured's family or household;
9. any aircraft operated by the policyholder or one of the policyholder's employees including members of an employee's family or household;
10. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, aerial photography, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, hang gliding, endurance tests, exploration, fire fighting, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, hunting, parachuting or skydiving, pipe line inspection, power line inspection, racing, skywriting, or test or experimental purpose;
11. any conveyance used for tests or experimental purposes, or in a race or speed test.

## General Limitations

**Limitation on Multiple Covered Losses.** If a covered person suffers more than one loss as a result of the same accident, we will pay only one benefit, the largest benefit.

**Limitation on Multiple Benefits.** If a covered person can recover benefits under more than one of the following benefits: Accidental Death Benefit, Accidental Dismemberment and Plegia Benefit, as a result of the same accident, the most we will pay for these benefits in total is the Covered Person's benefit amount.

**Limitation on Multiple Hazards.** If a covered person suffers a covered loss that is covered under more than one Hazard, we will pay only one benefit, the largest benefit.

## Important

This is a brief description of the coverage provided through the Group Basic Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

## Cost and Method of Payment

- The Employee's Basic Coverage is paid for by the Employer.

### Employee Paid Supplemental Buy-up Options:

- Effective January 1, 2024 to January 1, 2027** The monthly cost for **Employee Only** coverage is \$0.0168 for each \$1,000 of benefit amount.
- Effective January 1, 2027 to January 1, 2029** The monthly cost for **Employee Only** coverage is \$0.0175 for each \$1,000 of benefit amount.

Premium payments will be deducted automatically from your pay. For example, if you had selected one of the benefit amounts below, **Effective January 1, 2024 to January 1, 2027**, your monthly cost would be:

Benefit Amount	Monthly Cost Employee Only	Benefit Amount	Monthly Cost Employee Only
\$ 10,000	\$0.168	\$ 80,000	\$1.344
20,000	\$0.336	90,000	\$1.512
30,000	\$0.504	100,000	\$1.68
40,000	\$0.672	200,000	\$3.36
50,000	\$0.840	300,000	\$5.04
60,000	\$1.008	400,000	\$6.72
70,000	\$1.176	500,000	\$8.40

**Effective January 1, 2027 to January 1, 2029**, your monthly cost would be:

Benefit Amount	Monthly Cost Employee Only	Benefit Amount	Monthly Cost Employee Only
\$ 10,000	\$0.175	\$ 80,000	\$1.400
20,000	\$0.350	90,000	\$1.575
30,000	\$0.525	100,000	\$1.750
40,000	\$0.700	200,000	\$3.500
50,000	\$0.875	300,000	\$5.250
60,000	\$1.050	400,000	\$7.000
70,000	\$1.225	500,000	\$8.750

- **Effective January 1, 2024 to January 1, 2027** The monthly cost for **Covered Spouse/Domestic Partner** is \$0.0228 for each \$1,000 of benefit amount.
- **Effective January 1, 2027 to January 1, 2029** The monthly cost for **Covered Spouse/Domestic Partner** is \$0.0238 for each \$1,000 of benefit amount.

You may purchase a flat amount of \$10,000 for your covered spouse/domestic partner. **Effective January 1, 2024 to January 1, 2027** The monthly cost will be \$0.228

Or, you may choose one of the following amounts for your covered spouse/domestic partner:

<b>Benefit Amount</b>	<b>Monthly Cost Spouse/Domestic Partner</b>
\$ 25,000	\$0.570
50,000	\$1.140
75,000	\$1.710
100,000	\$2.280
125,000	\$2.850
150,000	\$3.420

**Effective January 1, 2027 to January 1, 2029** The monthly cost will be \$0.238

<b>Benefit Amount</b>	<b>Monthly Cost Spouse/Domestic Partner</b>
\$ 25,000	\$0.595
50,000	\$1.190
75,000	\$1.785
100,000	\$2.380
125,000	\$2.975
150,000	\$3.570

Premium payments will be deducted automatically from your pay.

- **Effective January 1, 2024 to January 1, 2027** The monthly cost for **Dependent Child(ren)** is \$0.0204 for each \$1,000 of benefit amount.

You may choose one of the following amounts for your dependent child(ren):

<b>Benefit Amount</b>	<b>Monthly Cost Dependent Child(ren)</b>
\$1,500	\$0.031
3,000	\$0.061
5,000	\$0.102
10,000	\$0.204
15,000	\$0.306

- **Effective January 1, 2027 to January 1, 2029** The monthly cost for **Dependent Child(ren)** is \$0.0213 for each \$1,000 of benefit amount.

You may choose one of the following amounts for your dependent child(ren):

<b>Benefit Amount</b>	<b>Monthly Cost Dependent Child(ren)</b>
\$1,500	\$0.032
3,000	\$0.064
5,000	\$0.107
10,000	\$0.213
15,000	\$0.320

Premium payments will be deducted automatically from your pay.

### Sanctions Exclusion Endorsement

Notwithstanding any other terms under the policy, we shall not provide coverage nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under the policy to the extent that such coverage, payment, service, benefit, or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

The term policy may be comprised of common policy terms and conditions, the declarations, notices, schedule, coverage parts, insuring agreement, application, enrollment form, and endorsements or riders, if any, for each coverage provided. Policy may also be referred to as contract or agreement.

We may be referred to as insurer, underwriter, we, us, and our, or as otherwise defined in the policy, and shall mean the company providing the coverage.

Insured may be referred to as policyholder, named insured, covered person, additional insured or claimant, or as otherwise defined in the policy, and shall mean the party, person or entity having defined rights under the policy.

These definitions may be found in various parts of the policy and any applicable riders or endorsements.

### **ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED**

Zurich

1299 Zurich Way, Schaumburg, Illinois 60196-1056  
800-382-2150 [www.zurichna.com](http://www.zurichna.com)

The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

