



## 24-HOUR ACCIDENT INSURANCE PROTECTION

Insurance underwritten by:  
**National Union Fire Insurance Company of Pittsburgh, Pa.**  
with its principal place of business in New York, NY (“the Company”)



This brochure is valid in all states EXCEPT: New Hampshire and New York.  
Group Size Limitations: Colorado (minimum of 10 lives),  
Florida (minimum of 51 lives) and New Mexico (minimum of 10 lives).



# Why 24-Hour Accident Insurance Protection?

It's important for employees to be covered for the unexpected. Our 24-Hour Accident Insurance Protection provides worldwide coverage in the event of a covered accident on or off the job. Our insurance coverage provides an easy way for employers to add value to their benefits packages, to help retain and attract talented employees.

### Plan Highlights

- Helps employers meet “Duty of Care” obligations; demonstrates and reinforces their commitment to the safety and well-being of employees.
- Valuable addition to an employer’s benefit package
- 24/7 coverage worldwide – 24 hours a day, on or off the job, virtually anywhere in the world.

### Eligibility

Class	Description of Class	Principal Sum
I	All active employees of the insured employer (“the Policyholder”).	\$100,000

*The following industries are not eligible for this plan: Logging, Sawmills and Forestry and Logging Camps & Contractors; Deep Sea Fishing; Hunting and Trapping; Mining, Oil & Gas Extractions; Offshore Drilling/ Drilling Services; Public Administration - Police, Corrections and Fire Protection; Armed Security; Professional Entertainers; and Professional Athletes. Alternative plan designs may be available. Please contact your AIG representative for more information.*

### Plan Effective and Termination Dates

*Effective and Termination Dates may vary depending on the state of issue.*

**Effective Date** An Insured Person’s coverage under the Policy begins on the latest of: 1) the Policy Effective Date; 2) the date the person becomes a member of an eligible class of persons as described in the “Eligibility” section; or 3) a coverage effective date agreed to by the Policyholder and the Company.

**Termination Date** An Insured Person’s coverage under the Policy ends on the earliest of: 1) the date the Policy is terminated; 2) the premium due date if premiums are not paid when due; or 3) the date the Insured Person ceases to be a member of any eligible class of persons as described in the “Eligibility” section.

### Plan Summary

*Benefit descriptions may vary depending on the state of issue. State specific variations will be contained in the issued Policy.*

**Accidental Death, Dismemberment and Paralysis** When Injury to an Insured Person results directly in any of the following covered Losses within 365 days (no limit of days in PA for Accidental Death) from the date of the accident that caused the Injury, We will pay, in one sum, the indicated percentage of the Principal Sum:

Loss of	% of Principal Sum
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing in both ears	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing in both ears	50%
Hearing in one ear	25%
Thumb and index finger of same hand	25%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	75%
Uniplegia	25%

If more than one loss is sustained by an Insured Person as a result of the same accident, only one amount (the largest) will be paid.

**Reduction Schedule** The Principal Sum for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss, according to the following schedule:

Age on Date of Accident	Percentage of Amount Otherwise Payable
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

**Exposure and Disappearance** If, by reason of an accident occurring while coverage is in force, an Insured Person is unavoidably exposed to the elements and, as a result of such exposure, suffers a loss for which a benefit is otherwise payable, the loss will be covered under the terms of the Policy. If an Insured Person's body has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the Insured Person was an occupant while covered under the Policy, then it will be deemed, subject to all other terms and provisions of the Policy, that the Insured Person has suffered accidental death within the meaning of the Policy.

**Coma** Pays a monthly benefit of one percent of the Principal Sum if an Insured Person suffers a covered Coma, within 90 days (180 days in UT; 365 days in WA) of an accident and the Insured Person remains Comatose for at least 30 consecutive days (30 day requirement not applicable in CT). No benefits are payable for the first 30 days (not applicable in CT). This benefit is payable monthly for 11 months if the Insured Person remains Comatose due to that Injury. If the Insured Person remains Comatose through the 11th month, any residual portion of that Insured Person's Principal Sum will become payable on the first day of the 12th month during which the Insured Person remains Comatose. If the Insured Person ceases to be Comatose due to the Injury any time during the first 11 months, the monthly benefit will end. No benefit is payable after the date the total amount of monthly Coma benefits paid equals 100% of the Principal Sum. This benefit is not available in GA.

**Bereavement and Trauma Counseling** If the Insured Person suffers a covered Accidental Death, Accidental Dismemberment or Paralysis, or covered Coma, We will pay benefits for Covered Bereavement and Trauma Counseling Expense(s) for the Insured Person and all of his or her Immediate Family Member(s) for up to 10 sessions combined, with a maximum of \$150 per session. The expenses must be incurred within one year of the date of the accident. In addition to the General Exclusions, Covered Bereavement and Trauma Counseling Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

**Rehabilitation** Reimburses Covered Rehabilitative Expense(s), up to a maximum of \$10,000, incurred within two years of and as a result of an Injury causing a covered Accidental Dismemberment or Paralysis. In addition to the General Exclusions, Covered Rehabilitative Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

**Home Alteration and Vehicle Modification** Pays Covered Home Alteration and Vehicle Modification Expenses incurred within one year of the date of the accident, up to a maximum of \$10,000, if the Insured Person suffers a covered Accidental Dismemberment or Paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy and the Insured Person did not, prior to the accident, require the use of a wheelchair and, as a direct result of the covered loss, now requires a wheelchair to be ambulatory. In addition to

the General Exclusions, Covered Home Alteration and Modification Expenses do not include any expenses for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

**Seat Belt and Air Bag** Pays a benefit of \$10,000 if the Insured Person is protected by a properly fastened, original, factory-installed seat belt when he/she suffers a covered Accidental Death under the Policy while operating or riding as a passenger in an Automobile. If the Insured Person is also protected by a properly functioning, original, factory-installed air bag that inflates on impact, an additional benefit of \$10,000 is payable.

## Definitions

*Definitions may vary depending on the state of issue.*

**Injury** means bodily injury: 1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage is in force; 2) which occurs under the circumstances described in a Hazard applicable to that person; and 3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss.

**Insured** means a person: 1) who is a member of an eligible class of persons as described in the Eligibility section; 2) for whom premium has been paid; and 3) while covered under the Policy.

**Insured Person** means an Insured.

### Loss as used in the Accidental Death, Dismemberment and Paralysis Benefit

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable Loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable Loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable Loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

- "Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs.
- "Paraplegia" means the complete and irreversible paralysis of both lower limbs.
- "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs on the same side of the body.
- "Uniplegia" means the complete and irreversible paralysis of one limb.
- "Limb" means entire arm or entire leg.

**We, Our** means the Company.





## General Exclusions

*Exclusions may vary depending on the state of issue.*

No coverage shall be provided under the Policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or auto-eroticism;
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member;
3. declared or undeclared war, or any act of declared or undeclared war.
4. sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.);
7. the Insured Person being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance;
8. the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician;
9. the Insured Person's commission of or attempt to commit a crime;
10. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or

indirectly from the treatment;

11. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

Exclusion 2 above is waived with respect to an Insured Person when Injury is sustained: 1) while riding as a Passenger in or on (including getting in or out of, or on or off of) any Civilian Aircraft or any Military Air Transport Aircraft; or 2) by being struck or run down by any aircraft. In addition to all other exclusions, the circumstances described in this waiver are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by the Policy, and any aircraft while it is being used for Specialized Aviation Activity(ies).

## Limitations

*Limitations may vary depending on the state of issue.*

**Limitation on Multiple Benefits** If an Insured Person suffers one or more losses from the same accident for which amounts are payable under the Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, or the Coma Benefit the maximum amount payable for all of the Benefits combined will not exceed the amount payable for a covered loss under one such benefit, the largest.

**Aggregate Limit \$1,000,000 Per Accident** The maximum amount payable under the Policy may be reduced if more than one Insured Person suffers a loss as a result of the same accident, and if amounts are payable for those losses under the Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, and/or Coma Benefit. The maximum amount payable for all Insured Persons combined will not exceed the amount of the Aggregate Limit. If the maximum amount otherwise payable for Insured Persons is reduced to comply with the Aggregate Limit maximum stated above, the reduction will be taken by applying the same percentage of reduction to each Insured Person's maximum amount otherwise payable.

# 24-HOUR ACCIDENT INSURANCE PROTECTION

Please email your completed questionnaire to [submissions@glatfelterbrokerage.com](mailto:submissions@glatfelterbrokerage.com).

## PRODUCER INFORMATION

Producer of Record: \_\_\_\_\_

Producer Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website Address: \_\_\_\_\_

Are you the incumbent?  Yes  No

(Only appropriately licensed producers can sell, solicit, and negotiate insurance products with prospective customers.)  
Standard commission for this program is 15 percent.

## PROPOSED POLICYHOLDER INFORMATION

Proposed Policyholder Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FEIN Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

## TYPE OF ORGANIZATION

Describe Organization \_\_\_\_\_

The following industries are not eligible for this plan: Logging, Sawmills and Forestry and Logging Camps & Contractors; Deep Sea Fishing; Hunting and Trapping; Mining, Oil & Gas Extractions; Offshore Drilling/Drilling Services; Public Administration - Police, Corrections and Fire Protection; Armed Security; Professional Entertainers; and Professional Athletes. Alternative plan designs may be available. Please contact your AIG representative for more information.

## CHOICE OF COVERAGE

Plan Benefits	Maximum Amount
Accidental Death and Dismemberment (w/ Paralysis)	\$100,000 Principal Sum. Dismemberment and Paralysis amounts are based on a % of Principal Sum. (See brochure for details.)
Policy Aggregate Limit	\$1,000,000 Per Accident (Aggregate Limit applies to the following Principal Sum Benefits: Accidental Death, Accidental Dismemberment, Paralysis, and Coma Benefits.)
Bereavement & Trauma Counseling	\$150 Per Session, maximum 10 Sessions
Coma <sup>1</sup>	1% of the Insured Person's Principal Sum per month to a maximum of 100% of the Principal Sum
Home Alteration & Vehicle Modification	\$10,000 maximum
Rehabilitation	\$10,000 maximum
Seat Belt	\$10,000
Air Bag	\$10,000

<sup>1</sup> Coma Benefit is not available in GA.

### Premium

Number of Employees	Annual Payment
2 - 49 lives	<input type="checkbox"/> \$1,000
50 - 100 lives	<input type="checkbox"/> \$1,679
101 - 250 lives	<input type="checkbox"/> \$3,777
251 - 500 lives	<input type="checkbox"/> \$8,184

## PROPOSED COVERAGE EFFECTIVE DATE

Coverage becomes effective on the proposed date only if the Company has received the completed questionnaire and approved the risk on or before the proposed effective date. If the completed questionnaire is received after the proposed effective date, coverage will not take effect until the Company receives and accepts the questionnaire and approves the risk. Please enter the proposed effective date in the spaces below. The coverage period is one (1) year or three (3) years (if Annual Installment or Pre-Paid option selected) from the organization's Policy effective date.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## APPROVAL

We will review the completed questionnaire promptly and notify you if coverage will be provided, or if there are any problems, miscalculations or omissions that would prevent us from issuing coverage.

## PREVIOUS INSURANCE *(rates may vary from this brochure based on prior claim history)*

If an accident insurance program has been in force for your organization's employees, please give full details for the past three (3) years:

Policy year: \_\_\_\_\_

Total premium: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total paid claims: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number of claims: \_\_\_\_\_

Name(s) of previous carrier(s): \_\_\_\_\_

(Upon review, more detail may be requested.)

Check here if no prior coverage

## SIGNED STATEMENT

All information on the questionnaire is correct to the best of my knowledge. I understand that the Company must accept and approve this questionnaire before coverage is effective. I agree that the Company may audit my records to verify proper payment. By signing below, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as presented in this brochure.

Officer's name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Title (print) \_\_\_\_\_

Date \_\_\_\_\_

Please email your completed questionnaire to [submissions@glatfelterbrokerage.com](mailto:submissions@glatfelterbrokerage.com).

**IMPORTANT:** This program provides accident insurance only. It does not provide comprehensive/major medical coverage and does not satisfy the minimum essential coverage requirements of the Patient Protection and Affordable Care Act.

**Terms capitalized in this document are defined terms in this brochure or in the Policy.**

This is only a brief description of the coverage(s) available under Policy series C11860DBG, C11860DBG-VT (REV 08/10), C11860DBG(Rev 3/13)DBG, C11860(Rev 9/17)DBG-MO, C11860(Rev 5/21)DBG-DC, C30391DBG-SC, C36060DBG-TX and C36183DBG. The Policy will contain reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between the contents of this document and the Policy, the Policy will govern in all cases. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Ave of the Americas FL 37, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states and product features may vary by state.

AIG is the marketing name for the worldwide operations of American International Group, Inc. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries and jurisdictions, and coverage is subject to underwriting requirements and actual policy language.

