



Look at the Features of your  
CIGNA Voluntary Plan

Voluntary Accidental Death & Dismemberment Insurance

**Plan Holder: AAA Carolinas**

- ◆ **PRINCIPAL SUM:**

|                            |  |  |
|----------------------------|--|--|
| <b>INSURED PERSONS:</b>    | \$10,000 to \$500,000 in increments of \$10,000, subject to ten times Earnings for amounts over \$150,000. |  |
| <b>INSURED DEPENDENTS:</b> | Spouse with no Dependent Child(ren) covered: 50% of the Insured Person's Principal Sum                     |  |
|                            | Spouse with Dependent Child(ren) covered: 40% of the Insured Person's Principal Sum                        |  |
|                            | Each Dependent Child: 10% of the Insured Person's Principal Sum  |  |
|                            | Each Dependent Child (if no Spouse): 15% of the Insured Person's Principal Sum                             |  |
  
- ◆ **BENEFIT SCHEDULE:**

|   |                       |
|---|-----------------------|
| Loss of Life .....                              | The Principal Sum     |
| Loss of Two or More Members                     | The Principal Sum     |
| Loss of Speech and Hearing                      | The Principal Sum     |
| Loss of One Member                              | 1/2 The Principal Sum |
| Loss of Speech or Hearing                       | 1/2 The Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | 1/4 The Principal Sum |
  
- ◆ **AGE REDUCTION:**

The Principal Sum will be reduced by 50% of the pre-age 65 amount at age 75; and an additional 25% of the pre-age 65 amount at age 80. Terminates at Retirement.
  
- ◆ **ADDITIONAL BENEFITS:**

|                              |          |
|------------------------------|----------|
| Seat Belt Benefit            | 10%      |
| Air Bag Benefit              | 5%       |
| Seat Belt/Air Bag Max:       | \$25,000 |
| World Net Travel Assistance: | Yes      |
| Conversion:                  | Yes      |
  
- ◆ **RATES:**

\$.035 per \$1,000 for individual coverage OR \$.045 per \$1,000 for family coverage

Example: \$30,000 for individual       $30,000 \div \$1,000 = 30$  units       $30 \text{ units} \times .035 = \$1.05$  (monthly cost)



Please note that this is only a brief summary of your plan. It is not a certificate of insurance or evidence of coverage. In the event a discrepancy exists, the policy will govern. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance.