

## **BUSINESS TRAVEL ACCIDENT INSURANCE**

and optional Accidental Death and  
Dismemberment (AD&D) Insurance  
for School Board Members and  
Their Families



**PSBA**   
INSURANCE TRUST  
[www.psbains.com](http://www.psbains.com)



1028936-00001-00

# HELP PROTECT YOUR FAMILY AND YOUR FUTURE.

## **BUSINESS TRAVEL ACCIDENT AND OPTIONAL AD&D COVERAGE**

The Pennsylvania School Boards Association (PSBA) is pleased to provide School Board directors with Business Travel Accident Insurance coverage for incidents that occur while they are on school property or traveling to or from home or work. In addition, the PSBA Insurance Trust is offering School Board directors the opportunity to obtain optional AD&D Insurance that provides 24-hour coverage to members, no matter where they are, on or off the job, at home or at a business location, or on vacation. Coverage for air travel is included, if you are flying as a passenger only. PSBA is also offering the optional AD&D Insurance coverage to the dependents of School Board directors.

By choosing to take the steps necessary to help protect yourself, your family, and your financial well-being, you are making wise decisions that will help to achieve the financial future that you have planned for yourself and your loved ones.

## **WHO NEEDS BUSINESS TRAVEL ACCIDENT OR OPTIONAL AD&D INSURANCE?**

You do! AD&D Insurance can help you pay expenses if you or your spouse is seriously injured or killed in a covered accident. This coverage can help ensure that tragedy doesn't have to take a financial toll on your family as well as an emotional one. Additionally, by purchasing this insurance product through the PSBA Insurance Trust, you benefit from affordable group rates.

## **WHO IS ELIGIBLE FOR COVERAGE?**

You are! You are eligible for Business Travel Accident or optional AD&D coverage if you are an elected or appointed individual Board Member/Trustee of an educational entity that is an active member of the Pennsylvania School Boards Association. Eligibility for coverage also includes the Officers of the Board of Trustees who are not members of the entity.

Your Family can get optional AD&D coverage! You may elect to cover your lawful spouse under age 70, and your unmarried dependent children under age 19 (or under age 25 if they are full-time students). Children must reside with you and be dependent upon you for support and maintenance.

No one may acquire coverage more than once under this plan. If covered as a member, you cannot also be covered as a spouse or dependent child.



## SELECTING YOUR OPTIONAL AD&D COVERAGE

You may select coverage in the amount of \$150,000 for yourself at a cost of \$35.50 annually. You may also select \$50,000 of coverage for your spouse at a cost of \$13.50 annually, and \$10,000 of coverage for all of your eligible children at a cost of \$3.00 annually.

## HOW TO ENROLL

Members can sign up during the enrollment period December 1 through January 15. Enrollment forms will be mailed during this time or can be found at [www.psbains.com](http://www.psbains.com). Coverage becomes effective the first of the month after your election form and payment are received in the school district business office.

Your coverage will continue as long as you remain an eligible member; pay your premium when due; and do not serve more than 30 days' full-time active duty in any Armed Forces; and we agree with the Policyholder to continue this group policy. For your spouse and dependent children, coverage ends when your coverage terminates, when their premiums are not paid, or when he or she is no longer eligible, whichever occurs first.

## SCHEDULE OF BENEFITS

IF, WITHIN 365 DAYS OF A COVERED ACCIDENT, BODILY INJURIES RESULT IN <sup>1</sup> :	WE WILL PAY THIS % OF THE BENEFIT AMOUNT:	
	You or Your Spouse	Your Children
Total paralysis of both upper and lower limbs Loss of any two: hand, foot or eyesight Loss of speech and hearing in both ears	100%	200%
Loss of one eye, hand or foot Loss of speech or loss of hearing in both ears	50%	100%
Total paralysis of both legs Total paralysis of arm and leg on one side of the body	75%	100%
Loss of thumb and index finger of the same hand	25%	50%

If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies. Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears that cannot be corrected by any means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Paralysis means loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible.

## ADDITIONAL BENEFITS

### For Wearing a Seatbelt (Airbag)

This benefit is payable if an insured person dies as a result of injuries sustained in a covered accident while driving or riding in a private passenger automobile\* and wearing a properly fastened, original, factory-installed seatbelt. That person's death benefit will be increased by \$10,000.

If the seatbelt benefit is payable, and the covered person was positioned in a seat protected by a properly functioning, original, factory-installed airbag that inflates on impact, we will increase the death benefit by an additional \$5,000.

Verification of the actual use of the seatbelt, and that the airbag inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be certified, in writing, by the investigating officer(s).

\*Automobile means a self-propelled, private passenger motor vehicle, with four or more wheels, which is of a type both designed and required to be licensed for use on the highways of any state or county. Automobile includes, but is not limited to, a sedan station wagon, or jeep-type vehicle of the pickup panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

### **For Comas**

If Injury renders an Insured Person comatose within 30 days of the date of the accident that caused the Injury, and if the coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Principal sum. No benefit is provided for the first 30 days of coma. The benefit is payable monthly as long as the Insured Person remains comatose due to that injury, but ceases on the earliest of: 1) the date the Insured Person ceases to be comatose due to that Injury; 2) the date the Insured Person dies; or 3) the date the total amount of monthly coma benefits paid for all injuries caused by the same accident equals 100% of the Principal sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is comatose for less than a full month. Only one benefit is provided for any one month of coma, regardless of the number of Injuries causing the coma.

### **ENHANCED BENEFITS<sup>1</sup>**

**Monthly Rehabilitation Expense** – If a doctor determines that rehabilitation is medically necessary to aid an insured person in returning to the activities of living that are normal for a person of his/her same age and gender, following an accidental bodily injury, an amount will be paid that is equal to the lesser of 1% of the covered amount or \$100 per month for up to 12 months.

**Felonious Assault** – If an insured person suffers a covered loss due to a physical attack by another person, because of his/her employment, while he/she is working for PSBA, and the attack results in bodily harm, an additional benefit equal to the lesser of 10% of their covered amount and \$10,000 will be paid.

**Return of Remains** – If an insured person suffers a loss of life and such loss occurs outside a 100-mile radius of their home, the plan will pay the lesser of the amount of Return of Remains expenses and \$1,000. This benefit includes expenses for embalming; cremation; a coffin and transportation of the remains.

**Emergency Disaster Response Team Member** – If an insured person suffers a covered loss due to an accident that occurs while he/she is a participating member of PSBA's emergency response team that is responding to a bona fide emergency, while they are working for PSBA, an additional amount equal to the lesser of 10% of their benefit amount and \$10,000 will be paid.

**Accident Medical Expense** – While on business travel, if the insured suffers a covered accidental bodily injury that results in a loss that causes the person to seek medical treatment within 24 hours of the date of the accident, an additional benefit amount will be payable, provided that the first medical expenses are incurred within 30 days of the covered accident. The benefit will be equal to the lesser of 10% of the amount of the Principal sum and \$15,000.

**Lump Sum Permanent and Total Disability Benefit** – While on business travel, if, due to a covered accident, an insured Board Member is permanently and totally disabled within 365 days, and the disability is total, continuous, and permanent at the end of twelve months, the policy will pay 100% of the Board Member's principal sum, less any other dismemberment benefits paid out as a result of the same covered accident.

**24-Hour All Risk Business Hazard** – On or off premises: Benefits described in the contract will be paid for any accident which happens to an insured person while on business travel. Business travel begins with the start of the trip and ends when the insured arrives at the insured's home or place of work, whichever happens first, or the insured makes a personal deviation. Business travel does not include commuting between the insured's home and place of work.

### **Benefit Reductions**

When you reach age 70, your benefits will automatically be reduced to 65% of the benefit amount selected. Every five years, the benefit amount will be reduced: to 45% at age 75; to 30% at age 80, and finally, to 15% at age 85. If you select the Family Plan, Accidental Death & Dismemberment benefits for your insured dependents will be based upon the amount of coverage you select for yourself. Benefits based upon your selected benefit amount will be affected by the reduction schedule. Coverage for your spouse ends when he or she reaches age 70.

### **Changing from the Group Plan to Individual Coverage**

If, before you reach age 70, this group coverage ends for any reason except non-payment of premium, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation.

## EXCLUSIONS

No coverage shall be provided under this 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: suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury; 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, unless specifically provided by this Policy; declared or undeclared war, or any act of declared or undeclared war unless specifically provided by this Policy; sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any either of these; 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; 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); the Insured Person being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance; the Insured Person being under the influence of drugs unless taken under the advice of and as specified by a Physician; the Insured's Person's commission of or attempt to commit a crime; the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment; stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm; taking part in any insurrection.

If your spouse is not actively at work or if your spouse or children are unable to engage in all the usual duties of a person of like age and gender, the effective date of their insurance coverage will be deferred until they return to work or resume their usual duties.

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1. For a complete schedule of benefits, please refer to the booklet certificate. This brochure provides only a brief description of the coverage available. The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in each Policy. If there are any conflicts between this document and each Policy, the Policy shall govern. Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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