

RESERVE—NATIONAL GUARD COVERAGE

Coverage continues while, as a member of the Reserve Corp. or National Guard, you or an insured dependent, are traveling to or from or attending a service school (as defined in the policy), or are traveling to or from or attending regularly scheduled or routine training for up to 60 days. Participation in authorized inactive duty training, a parade or exhibition is also covered. No benefit is payable for any loss that occurs during active duty.

EXPOSURE AND DISAPPEARANCE

If either you or your covered dependent is exposed to the elements due to a covered accident, any loss will be considered as a result of any injury; or if involved in an accident while riding in a conveyance which sinks or disappears, it will be presumed that loss of life was suffered if the body is not found within one year.

BENEFICIARY

The beneficiary will be the one designated by you on your enrollment form. You will automatically be the beneficiary for your spouse and children, unless you indicate otherwise.

CLAIMS PROCEDURE

Forms may be obtained through the Wisconsin Bankers Association Employee Benefits Corporation. Claims for benefits must be filed with Reliance Standard Life within 90 days after loss occurs.

TERMINATION

Your coverage terminates on June 30th coinciding with or next following the date: 1) the policy terminates; 2) you are no longer eligible; or 3) you fail to make the necessary premium payment, whichever occurs first.

Your dependents are automatically terminated when you are no longer covered under the program or they no longer qualify as a dependent.

CONVERSION

If your eligibility ends for any reason other than termination of the policy, you may convert to coverage under an individual policy. Application and premium payment must be made within 31 days of the date your coverage ends. No medical examination is required to obtain the conversion policy. Coverage cannot exceed the amount purchased under this program or \$250,000, whichever is less. Insurance on family members may also be converted.

CERTIFICATE OF INSURANCE

You will be given a Certificate of Insurance describing the benefits provided by this insurance when you enroll in the program.

THIS IS AN ACCIDENT ONLY POLICY. It provides coverage for accidental death, dismemberment and loss of speech and hearing.

Arranged and administered by the
Wisconsin Bankers Association
Employee Benefits Corporation (EBC)
P. O. Box 8880
Madison, WI 53708-8880
608-441-1200

Benefits are provided solely by the Insurer. Wisconsin Bankers Association Employee Benefits Corporation (EBC) performs certain limited administrative functions on behalf of the Insurer and forwards premiums to the Insurer.

The sole function of your Employer is to allow the Insurer to make this program available to you, to collect premiums from you and then to remit them directly to EBC for remittance to the Insurer.

This is a completely voluntary program on the part of the employees which is provided by the Insurer. Neither the Wisconsin Bankers Association, EBC nor your Employer have established or maintain this program. This is not an employee welfare benefit plan for purposes of the Employee Retirement Income Security Act of 1974 (ERISA).

Underwritten By:

 **Reliance Standard™ Life
Insurance Company**

Home Office: Chicago, Illinois
Administrative Office: Philadelphia, Pennsylvania

This brochure describes the highlights of coverage under Policy Form No. LRS 6231, et al., and is not a contract. Complete provisions are contained in the policy on file with the WBA. In case of a conflict between this brochure and the policy, the policy will govern.

PERSONAL ACCIDENT INSURANCE

A voluntary accidental death
and dismemberment program

**Arranged for
Members of**

 **Wisconsin Bankers
ASSOCIATION**

DID YOU KNOW

Statistically speaking, in the five minutes it will take you to read this brochure, someone will be killed in an accident. Accidents are the leading cause of death for Americans up to age 44. They are the fifth leading cause of death among people of all ages behind heart disease, cancer, stroke and chronic lower respiratory diseases.

Please read these statistics. In 2017, 171,945 persons were accidentally killed ...

40,231	were killed in motor vehicle accidents
90,200	were killed in the home and community
4,414	were killed in the workplace
37,100	were killed by other accidental causes

Source: *Injury Facts 2017 Ed.*

Protect yourself by practicing good safety habits. Help protect your family's financial security with this Accidental Death and Dismemberment Program.

HIGHLIGHTS OF THIS VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

- Designed to meet your needs
- Benefit amounts up to \$300,000
- Affordable group rates
- Covers you 24 hours a day — anywhere in the world
- Coverage for spouse and children

ELIGIBILITY

You are eligible if you are an active, full-time employee of the Wisconsin Bankers Association or its affiliates, a member bank or an affiliate of a member bank.

In addition, you may insure your spouse and/or your unmarried dependent children under 20 years of age or until the end of the policy year in which they attain age 27 if a full-time student and dependent upon you for support and maintenance. Insurance for handicapped children may be continued under certain circumstances.

HOW TO ENROLL

You may enroll for coverage provided under this group insurance program by completing the enrollment card provided and paying the annual premium to Wisconsin Bankers Association Employee Benefits Corporation.

Choose the amount of benefit that you want; check if Dependent Coverage is desired.

Fill out, date and sign the enrollment card in ink.

Be sure to name your beneficiary (you will automatically be the beneficiary for your spouse and children, unless you indicate otherwise).

Return the completed enrollment card and premium to your bank's program coordinator.

EFFECTIVE DATE

Coverage will be effective on July 1st, if you complete the enrollment card and pay the proper premium before July 31st.

COVERAGE

This program offers worldwide, 24 hours a day, 365 days a year insurance protection against losses from covered accidents which occur on or off the job, on business—on vacation—at home.

Covered accidents include but are not limited to coverage while flying as a passenger in a licensed, civilian aircraft or while traveling by any public or private conveyances.

YOUR BENEFIT

Accidental Death and Dismemberment

If injury results in death or dismemberment within one year from the date of the covered accident, the Company will pay for loss of:

Life	Full Benefit
Two or More Members	Full Benefit
Speech and Hearing	Full Benefit
One Member	One-Half the Full Benefit
Speech or Hearing	One-Half the Full Benefit
Thumb and Index Finger of the Same Hand	One-Fourth the Full Benefit

"Member" means hand, foot or eye, "Loss" means with regard to hand or foot—actual severance through or above the wrist or ankle joint; with regard to the eye—entire and irrecoverable loss of sight; with regard to speech or hearing—entire and irrecoverable loss of either and with regard to thumb and index finger—actual severance through or above the metacarpophalangeal joints.

Only one benefit, the largest amount to which you are entitled, will be paid for all losses resulting from any one accident.

EDUCATION BENEFIT

If at your death, due to an accident for which benefits are payable, a covered dependent child was enrolled as a full-time student in college, institution of higher learning or trade school (beyond the 12th grade), the actual annual tuition, not to exceed \$5,000 will be paid for a maximum of four consecutive years as long as the dependent is enrolled. Should your covered surviving spouse, to obtain a source of support or maintenance, enroll in a professional or trade training program within 30 months of your death, the cost of such program will be paid, up to a maximum of \$3,000 annually.

COMMON DISASTER

If both employee and spouse coverage is in effect and both you and your dependent spouse die as a result of the same covered accident or as the result of injuries sustained in separate accidents which occur within the same 24 hour period, the dependent spouse's benefit will increase to a total of 100 percent of the employee's principal sum to a maximum of \$250,000.

SEAT BELT AND AIR BAG BENEFIT

If your death occurs because of an accident for which benefits are payable, and during such accident you were operating or riding in a four wheel vehicle (as defined in the policy) and using your seat belt, an additional ten percent of your benefit amount will be paid. An additional five percent will be paid if the vehicle is equipped with a factory-installed Supplemental Restraint System (as defined in policy). Proper use of the seat belt and air bag must be established in the police report of the accident. The total maximum benefit payable is \$10,000.

Driving or riding in any automobile used for a race, speed or endurance test, or for acrobatic or stunt driving is not covered.

This benefit does not apply to your spouse or children.

EXCLUSIONS

This policy does not cover loss resulting from war or any act of war; military, naval or air service of any country (except as provided under Reserve-National Guard Coverage); serving as a pilot or crew member in any aircraft to which sickness or disease is a contributing factor or caused by intentionally self-inflicted injuries or suicide.

AMOUNTS OF INSURANCE

Employee

You may purchase this insurance from \$10,000 to \$150,000 in increments of \$10,000; any amounts requested in excess of \$150,000 to a maximum of \$300,000 cannot exceed ten times your annual salary.

Spouse

You may purchase this insurance for your spouse in increments of \$10,000 from a minimum of \$10,000 to a maximum of \$100,000. Your spouse's benefit amount may not be in excess of your benefit amount.

If you or your spouse are age 75 through 79, the benefit amount cannot exceed \$150,000. The annual cost is two times the amount stated below. If you or your spouse are age 80 or more, the benefit amount cannot be more than \$80,000. The annual cost is four times the amount stated below.

Dependent Children

A benefit amount of \$10,000 may be purchased for each eligible child.

YOUR ANNUAL COST

Benefit Amount	Employee Only	Spouse	Each Eligible Child
\$10,000	\$ 4.55	\$ 4.45	\$4.45
20,000	9.10	8.90	N/A
30,000	13.65	13.35	N/A
40,000	18.20	17.80	N/A
50,000	22.75	22.25	N/A
60,000	27.30	26.70	N/A
70,000	31.85	31.15	N/A
80,000	36.40	35.60	N/A
90,000	40.95	40.05	N/A
100,000	45.50	44.50	N/A
150,000	68.25	N/A	N/A
200,000	91.00	N/A	N/A
250,000	113.75	N/A	N/A
300,000	136.50	N/A	N/A