

Personal Accident Insurance Plan

- ACCIDENTAL DEATH and DISMEMBERMENT
- COMA BENEFITS
- COMMON DISASTER
- CONVERSION PRIVILEGE
- DAY CARE BENEFIT
- EDUCATION BENEFITS
- PERMANENT TOTAL DISABILITY
- REHABILITATION BENEFIT
- SEAT BELT/AIR BAG PROVISION
- TUITION BENEFIT
- CHILDREN'S ADDITIONAL BENEFIT
- NATURAL DISASTER BENEFIT and Other Benefits Detailed Inside



*Benefit Program Summary
For Eligible Employees of*

**LLNS
and their Families**

IMPORTANT NOTICE: The Benefit Program provides **ACCIDENT** insurance only. It does **NOT** provide basic hospital, basic medical, major medical or sickness coverage.

IMPORTANT

This is a summary of highlights of the above-named Benefit Program, a component of the LLNS Health and Welfare Benefit Plan for Employees, ERISA Plan 501 (“Plan”). Receipt of this document and/or your participation in a Plan and any benefit programs under a Plan do not guarantee your employment or any rights or benefits under a Plan. LLNS reserves the right to amend or terminate each Plan or any benefit program(s) under a Plan at any time. The Plan and the benefit programs referred to in this summary are governed by a Federal law (known as ERISA), which provides rights and protections to Plan participants and beneficiaries.

For more information on LLNS benefit programs, see the LLNS Health and Welfare Benefit Plan for Employees Summary Plan Description, available from the LLNS Benefits Office at 925-422-9955. SPDs are also available electronically at <https://benefits-int.llnl.gov/>

In addition to the information contained in this Benefit Program Summary, the LLNS Health and Welfare Benefit Plan for Employees Summary Plan Description contains important information about your LLNS health and welfare benefits. The Summary Plan Description (“SPD”) is referred to in this Benefit Program Summary as “your LLNS SPD.”

For additional information:

LLNS Benefits Office

Mailing Address
P.O. Box 808, L-707
Livermore, CA 94551

Street Address
7000 East Ave., L-707
Livermore, CA 94550

Telephone 925-422-9955
Fax 925-422-8287
Web Address <https://benefits-int.llnl.gov/>

Who is Eligible?

See your LLNS SPD for information on eligibility.

Non-Duplication of Coverage

Plan rules do not allow duplicate coverage. See your LLNS SPD for more information.

What is The Coverage?

24-hour, 365-days-a-year insurance is provided for covered accidents in the course of business or pleasure. Coverage includes accidents (except as limited by Exclusions) whether on or off the job, occurring in the home, traveling by train, airplane, automobile, or other public and private conveyance.

The benefits provided under this Plan are payable in addition to any other insurance which may be in effect at the time of the accident. There are no geographical limits; it is worldwide accident protection.

“Injury” means bodily injury caused by an accident occurring while your coverage is in force as to the Insured Person, and resulting directly and independently of all other causes in loss covered by this Policy.

Your Benefits

Accidental Death and Dismemberment Including Paralysis

When Injury results in any of the following losses within 365 days of the date of the accident the Plan will pay as follows:

Loss of Life	Full Principal Sum
Loss of two or more members	Full Principal Sum
Loss of speech and hearing in both ears.....	Full Principal Sum
Quadriplegia	Full Principal Sum
Paraplegia.....	Three Quarters of Principal Sum
Loss of one member.....	One-Half of Principal Sum
Loss of speech <i>or</i> hearing in both ears	One-Half of Principal Sum
Loss of four fingers on the same hand	One-Half of Principal Sum
Loss of four toes <i>of</i> the same foot.....	One-Half of Principal Sum
Hemiplegia.....	One-Half of Principal Sum
Loss of thumb and index finger of the same hand.....	One-Quarter of Principal Sum

“Member” means hand, foot or eye.

“Loss” means: with regard to hand or foot, actual severance through or above the wrist or ankle joints; with regard to eye, entire and irrecoverable loss of sight in that eye; with regard to speech and hearing, entire and irrecoverable loss of the ability to speak and/or hear in that ear; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to Quadriplegia, complete and irreversible paralysis of both upper and lower limbs; with regard to Paraplegia, the complete and irreversible paralysis of both lower limbs; with regard to Hemiplegia, the complete and irreversible paralysis of the upper and lower limbs on one side of the body.

Only one benefit, the largest to which you are entitled, is payable for all losses resulting from one accident.

Bereavement and Trauma Counseling Benefit

Pays benefits for covered bereavement and trauma counseling expenses that are incurred within one year of the date of the accident, up to a maximum of \$50 per session for up to 10 sessions, if the covered person suffers an accidental death or accidental dismemberment or coma.

Carjacking Benefit (Percentage of Principal Sum Amount)

The Company will pay a benefit when the Insured Person suffers one or more losses for which benefits are payable under the Accidental Death Benefit, Accidental Dismemberment Benefit, Coma Benefit, or Paralysis Benefit provided by the Policy as a result of a Carjacking of an Automobile while the Insured Person is operating, or riding as a passenger in, (including getting in or out of) such Automobile.

The amount payable is the lesser of: (1) \$10,000; or (2) 10% of the largest benefit payable under any one of the Benefits specified above due to the Carjacking. Only one benefit is payable for all losses as a result of the same Carjacking.

Verification of the Carjacking must be a part of an official report of the Carjacking or be certified, in writing, by the investigating officer(s).

Children's Additional Indemnity Dismemberment/Paralysis

Pays double the Child's Principal Sum when an insured dependent child suffers a covered Accidental Dismemberment or Accidental Paralysis. The amount payable is an amount equal to the amount payable under the Accidental Dismemberment or Paralysis benefit (specified above), subject to a maximum of \$100,000.

Coma Benefit

When a covered accident renders the Insured Person Comatose within 365 days of the covered accident and Coma continues for a period of 30 days, the plan pays a monthly benefit of 1% of the Insured Person's Principal Sum as long as the Insured Person remains Comatose to a maximum of 100% of the Principal Sum. If an Insured Person suffers one or more losses from the same accident for which amounts are payable under more than one Benefit provided, the maximum amount payable will not exceed the amount payable for one of those losses, the largest.

Common Carrier Benefit

The Company will pay a benefit when the Insured Person suffers accidental death such that an Accidental Death benefit is payable and the accident causing death occurs while the Insured Person is riding in or on (including getting in or out of, or on or off of) a Common Carrier. The amount payable under is the lesser of: (1) \$50,000; or (2) 100% of the Insured Person's Principal Sum.

"Common Carrier" means any land, sea, or air conveyance operated under a license for the transportation of passengers for hire.

Day Care Benefit

Helps pay covered day care expenses equal to the lesser of 1) the actual cost of care; 2) 5% of your Principal Sum; or 3) \$5,000 on behalf of eligible dependent children who are enrolled or who subsequently enroll in a day care facility within 365 days of your covered accidental death.

Home Alteration and Vehicle Modification Benefit

Pays covered home alteration and vehicle modification expenses incurred within one year of the date of the accident, up to a maximum of \$25,000 if the covered person suffers a covered accidental dismemberment.

Natural Disaster Benefit

An additional 10% of the applicable Principal Sum amount will be paid if you or a covered family member suffers loss of life or sustains a covered loss as a result of a Natural Disaster.

“Natural Disaster” means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that is due to natural causes and results in such severe and widespread damage that the area of damage is officially declared a disaster area by a state or federal government if the event occurs in the United States of America, or by a corresponding authority if the event occurs outside the United States of America.

Permanent and Total Disability

(Not Applicable to Insureds Age 70 or Older on the Date of the Accident or to Insured Dependents).

If, as a result of an Injury, you are rendered Permanently Totally Disabled within 120 days of the accident that caused the Injury, the Plan will pay 100% of the Principal Sum at the rate of 1% of the Principal Sum per month from the 13th consecutive month of Permanent Total Disability.

The Plan reserves the right, at the end of the first 12 consecutive months of Permanent Total Disability to determine, on the basis of all the facts and circumstances, that you are Permanently Totally Disabled, including, but not limited to, requiring an independent medical examination provided at our expense.

Permanently Totally Disabled/Permanent Total Disability means that the Insured is Permanently unable to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training.

If you should suffer the loss of life from any cause during the period permanent total disability payments are being made under the policy, payments of the same amount will continue to your designated beneficiary until such time as the total payments made as a result of the disabling accident including all prior disability payments, are equal to your Principal Sum.

Rehabilitation Benefit

Pays up to \$10,000 for all covered Rehabilitation Expenses within 2 years of a covered accident that results in an Accidental Dismemberment or Paralysis of an Insured Person.

Excludes work-related injuries payable under Workers’ Compensation or other similar law.

Repatriation of Remains Benefit

Pays benefits for covered expenses, up to a maximum of \$25,000 to return the covered person’s body to his or her home if the covered person suffers a covered loss of life due

to Injury or emergency sickness while at least 100 miles from home.

Seat Belt/Air Bag Provision

An additional 10% of the applicable Principal Sum amount will be paid if you or a covered family member suffers loss of life despite restraint by a seat belt or air bag in an automobile accident.

Severe Burn Benefit

If an Insured Person suffers an Injury that is a Severe Burn, the Company will pay a benefit as described below. The benefit payable is based on the Maximum Percentage of Principal Sum shown below with respect to the Specified Body Area shown below:

Specified Body Area Maximum Percentage of Principal Sum

Face and Neck and Head.....	99%
Hand and Forearm Below Elbow Joint (Right).....	22.5%
Hand and Forearm Below Elbow Joint (Left).....	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right).....	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left).....	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints (Front).....	36%
Torso Below Neck to Shoulder Joints and Hip Joints (Back).....	36%
Thigh Below Hip Joint to Knee Joint (Right).....	9%
Thigh Below Hip Joint to Knee Joint (Left).....	9%
Foot and Lower Leg Below Knee Joint (Right).....	27%
Foot and Lower Leg Below Knee Joint (Left).....	27%

“Severe Burn/Severely Burned” means cosmetic disfigurement of the surface of a body area due to an Injury that is a full-thickness or third-degree burn, as determined by a Physician. (A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).

Tuition Benefit (only available with *Family Coverage*)

Pays an additional benefit equal to the least of 1) the actual tuition, 2) 5% of your Principal Sum as applicable, or 3) \$1,500 if you suffer a covered accidental death, so that your covered eligible dependent children can continue or commence under certain circumstances their education in an institution of higher learning.

An Insured Dependent Child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit, even if he or she reenrolls at a later date. The benefit is not payable for any term of enrollment as a full-time student that begins before the date of the Insured’s death. If there is no Insured Dependent Child under age 23 eligible for the benefit within 365 days after the date of the Insured’s death, the Company will pay a one-time lump sum benefit of \$10,000 to the Insured’s designated beneficiary.

The benefit will be paid for each year of the Insured Dependent Child’s continuous enrollment as a full-time student in an Institution of Higher Learning, to a maximum of four (4) consecutive years.

Institution of Higher Learning means any accredited institution that provides education or

training beyond the 12th grade level, including, but not limited to, any state university, private college, or trade school.

* “Dependent Child,” – See your LLNS SPD for information on dependent children.

What Are The Exclusions?

The policy does not cover any loss caused by or resulting from:

- (1) suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury;
- (2) sickness, disease, or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning;
- (3) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - b) performing, learning to perform or instruction others to perform as a pilot or crew member of any aircraft; or
 - c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or by the Insured Person's employer;
- (4) declared or undeclared war, or any act of declared or undeclared war; or
- (5) 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.)

What Is The Schedule of Monthly Costs?

Here is a chart summarizing the monthly cost for you and your family which will be paid by monthly payroll deductions. This chart should be used when filling out the Enrollment Form.

MONTHLY RATES

PRINCIPAL SUM	EMPLOYEE ONLY	FAMILY PLAN	MODIFIED FAMILY PLAN
\$10,000	0.12	0.21	0.15
\$20,000	0.24	0.42	0.30
\$30,000	0.36	0.63	0.45
\$40,000	0.48	0.84	0.60
\$50,000	0.60	1.05	0.75
\$60,000	0.72	1.26	0.90
\$70,000	0.84	1.47	1.05
\$80,000	0.96	1.68	1.20
\$90,000	1.08	1.89	1.35
\$100,000	1.20	2.10	1.50
\$125,000	1.50	2.63	1.88
\$150,000	1.80	3.15	2.25
\$175,000	2.10	3.68	2.63
\$200,000	2.40	4.20	3.00
\$300,000	3.60	6.30	4.50
\$400,000	4.80	8.40	6.00
\$500,000	6.00	10.50	7.50

How Do I Enroll?

To become insured under the Plan you need only submit a completed LLNS enrollment form, which you may obtain from your department or from your local Benefit Representative. Please return the completed form to the LLNS Benefits office.

You may enroll in this Plan at any time as there is no period of initial eligibility associated with this coverage.

Each employee enrolling in the Plan will receive a certificate of insurance.

How Much Coverage May I Obtain for My Family?

Under the Family Plan your spouse/domestic partner and eligible children are automatically covered as follows: your spouse/domestic partner is insured for a Principal Sum equal to 50% of your Principal Sum and each eligible child is insured for 20% of your Principal Sum. If you have no eligible children, your spouse/domestic partner's Principal Sum is 60% of yours.

What Is The Modified Family Plan?

The Modified Family Plan covers one parent and all eligible children, at a modified premium rate. If both husband and wife/domestic partner are eligible employees of LLNS, only one may elect to cover their eligible children. Single parents may elect to cover themselves and their eligible children. Under the Modified Family Plan each of your eligible children is insured for an amount equal to 20% of your Principal Sum.

To Whom Are My Benefits Paid?

Benefits for loss of your life will be payable in accordance with the beneficiary designation on your enrollment form. If no such designation has been made, such indemnity shall be payable to the person or persons (in equal shares) in the first of the following categories in which there is a survivor:

1. Your spouse or domestic partner
2. Child or children of deceased child shall take the share of such child by representation;
3. Your parent or parents;
4. Your surviving brothers and sisters;
5. Your executors and administrators.

If you select either of the Family Plans, you will be the beneficiary of your covered dependents for loss of life. If you are not living at the date of death of your covered dependent, payment will be made (a) in the case of the death of your spouse/ domestic partner, to the spouse/domestic partner's executors or administrator; (b) in the case of the death of your child, to the first surviving class of the following classes of successive preference beneficiaries; the child's (1) surviving parent; (2) surviving brothers and sisters; (3) executors or administrators. All other indemnities are payable to the person suffering the loss.

When Will Coverage Be Effective?

Your insurance will become effective as of the date the electronic enrollment is completed or the application is received in the LLNS Benefits Office or your first day of eligibility, whichever is later.

Insurance of an employee who is not actively at work on the normal effective date will become effective the day after the employee's first full day actively at work, unless the employee is on an approved leave with pay for non-health reasons.

Your newborn natural child is covered from the date of birth and any minor child placed with you for adoption is covered when the child is placed in your physical custody; provided you are enrolled in one of the family plans and the child's effective date of coverage is not earlier than your coverage effective date. New or increased coverage for any other family member who is hospitalized on the normal effective date begins on the day after the family member is discharged from the hospital.

When Does My Coverage Terminate?

Your name will terminate immediately on the earliest of the following dates:

- a) On the date the Master Policy is terminated.
- b) On the premium due date if LLNS fails to pay the required premium for you except as the result of an inadvertent error.
- c) On the premium due date next following the date you cease to be an eligible employee of LLNS for this insurance.
- d) With respect to an Insured Person who is insured under the Master Policy as a dependent, on the premium due date next following the date he or she ceases to be an eligible dependent

See your LLNS SPD for more information on termination.

When You Retire

You and your family members may not continue the LLNS AD&D coverage when you retire. You and your spouse/domestic partner, however, may purchase AD&D coverage through the LLNS-sponsored Voluntary Accident Insurance Program available to LLNS retirees. Contact the insurance carrier for more information.

May I Convert My Insurance?

If you leave your employment with the LLNS for any reason you may convert within 31 days of termination to an individual form of Accidental Death & Dismemberment coverage at the individual premium rate in use at time of the conversion. No medical certification will be required to obtain the conversion policy. Coverage cannot exceed the amount purchased under the Group Plan (not less than \$10,000 nor more than \$500,000). Covered dependents can also convert with the same restrictions as above. Coverage will be effective either the date the application for the converted policy is received or the date coverage under the group contract ends, whichever is later.

Action Which May Affect Coverage

The following provisions apply unless the employee or family member converts to an individual plan.

LEAVE WITHOUT PAY. You may continue coverage for up to 2 years of an approved leave without pay or during an approved military leave of up to 31 days by making direct payment of premiums to the LLNS Benefits office. If you do not continue coverage during a leave without pay, you must re-enroll by the end of the month following your return to work in order to renew your coverage.

LEAVE WITH PAY. You may continue coverage for up to 2 years as long as earnings cover required deductions.

FURLOUGH/LAYOFF. You may continue coverage for up to 4 calendar months by making direct payment of premium.

INSUFFICIENT EARNINGS. If premium cannot be taken from the first check following two consecutive months of missed premiums, coverage lapses retroactively to the first day of the first month for which a premium was missed.

**LLNS
Group Accidental Death & Dismemberment Insurance
Active Employees**

PLAN ADMINISTRATION

Please see your LLNS SPD for Plan Administration information.

Administration of the Plan

The Benefits and Investment Committee is the Plan Administrator.

If you have a question, you may direct it to:

**Lawrence Livermore National Security, LLC
Benefits and Investment Committee**

Mailing address:

**P.O. Box 808, L-727
Livermore, CA 94551**

Street address:

**7000 East Ave., L-727
Livermore, CA 94550**

Claims under the Benefit Program are processed by National Union Fire Insurance Company at the following address and phone number.

**AIG Domestic Claims
Accident & Health Claims Department
P. O. Box 25987
Shawnee Mission, KS 66225-5987
800-551-0824/302-661-8940**

Group Contract Number

The group contract number for this Plan is PAI-000 911 30 67.

Continuation of the Plan

All benefits of all employees, retirees and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by LLNS or other governing authorities. LLNS also reserves the right to determine new premiums and employer contributions at any time.

Agent for Service of Legal Process

Legal Process may be served on National Union Fire Insurance Company of Pittsburgh, PA at the address listed above.

Also, see your LLNS SPD for additional information on Agent for Service of Legal Process.

Certificate

A certificate of insurance will be provided (by National Union Fire Insurance Company of Pittsburgh, PA), following enrollment in the plan, describing in detail the coverage summarized in this brochure.

The Certificate will become a part of your Benefit Program summary.

Your Rights Under This Plan

See your LLNS SPD for Information regarding your rights and privileges under ERISA.

How to File a Claim

You or your beneficiaries should protect your rights by filing a written notice of claim with National Union Fire Insurance Company within 20 days of the loss. See Uniform Provisions Section of your certificate, paragraphs “Notice of Claim,” “Claim Forms,” “Proofs of Loss” “Time of Payment of Claims.”

Please see Appendix C of your LLNS SPD for the name and address of the claims administrator for this Benefit Program. Please see the section ‘Non-Health Benefit Claims and Appeals Procedures’ in your LLNS SPD for information regarding the ERISA claims and appeals procedures.

IMPORTANT

This pamphlet provides you with an easy-to-understand summary of the benefits provided under the Personal Accident Insurance Plan offered by National Union Fire Insurance Company of Pittsburg, PA. If any conflict should arise between the contents of this summary and the Master Policy PAI 000 911 30 67 or LLNS's Group Insurance Regulations, or if any point is not covered herein the terms of the Master Policy will govern in all cases.

YOU MAY DIRECT INQUIRIES ABOUT THIS PROGRAM TO:

National Union Fire Insurance Company

TWO RINCON CENTER
121 SPEAR STREET
SAN FRANCISCO, CA 94105-1588

National Union Fire Insurance Company of Pittsburgh, PA

A Capital Stock Company, herein referred to a National Union Fire Insurance Company

175 Water Street
New York, NY 10038

(Rev 7/2013)