Accidental Death & Dismemberment Benefit Summary

Under the TVC comprehensive Accidental Death, Dismemberment and Loss of Use (i.e. paralysis) coverage, you have the choice of covering yourself only, you and your spouse, or you and your family. This coverage pays benefits in the event a covered Member suffers an accidental death, dismemberment or loss of use. Please return the AD&D information form below indicating if you want Member Only, Member & Spouse, or Member & Family coverage, and who you wish to designate as your beneficiary (please include name and relationship).

A selection of one of the three options must be made by the Member and returned to us on the form below for your coverage to go into effect.

Covers accidents world wide, 24 hours per day, 365 days per year, on or off the job.

Benefit Options available are:*

		Principal Sum
Option A:	Member Only	$50,000
Option B:	Member & Spouse	$25,000 each
Option C:	Family	
	Member	$30,000
	Spouse	$15,000
	Child(ren)	$ 3,500

Enhancements included under specific options (A,B,C) above are as follows:

C	Day care for children - up to 4 years per child
C	Children college or higher education - up to 4 years per child
B,C	Spouse training to reenter the job market
B,C	Family coverage extension benefit
A,B,C	Loss of Use (i.e. paralysis) benefit
A,B,C	Loss of sight, speech and/or hearing benefit

* Benefit amount (Principal Sum) payable may be reduced for dismemberment, loss of use, loss of sight, speech or hearing depending on severity of loss.

Accidental Death, Dismemberment & Loss of Use Information

Please review the coverages noted and check below the plan you desire. Be advised that each person covered under the plan selected will also receive coverage in the World Wide Travel Assistance Program. Please review the pamphlet on the World Wide Travel Assistance Program prior to selecting your coverage. Also, note your beneficiary(s) and sign below.

Option A (Member) Option B (Husband/Wife) Option C (Family)

Member's Name (Please print):_____Member's Social Security Number_____

Address: _____

City_____ State_____ Zip Code _____

Beneficiary Name(s):_____

Member's Signature_____ Date:_____