

Voluntary Accidental Death & Dismemberment



This benefit does not require re-enrollment each year.

The Voluntary Accidental Death and Dismemberment (AD&D) Insurance Plan is administered by Voya Financial and underwritten by ReliaStar Life Insurance Company, a member of the Voya family of companies. The plan pays a benefit if you (or your covered dependents) die or have certain disabling injuries.

The coverage is effective 24 hours a day, 365 days a year. It includes accidents on or off the job, while traveling by car, train, boat, some forms of air travel, or any other public or private form of transportation. Please refer to the Certificate of Coverage for specific exclusions and limitations. This coverage is in addition to any other coverage you have under any other insurance policy.

The benefit amounts are shown below. **If you and your spouse are both eligible to elect this coverage as state agency, university, select community college, or select charter school employees, you both may elect to participate as employees, but only one may enroll for employee and family coverage.**

The spouse who elects employee and family coverage will not have coverage for his or her spouse, only children. An employee may not be covered as both an employee and a dependent and children may not be dually enrolled.

Monthly Cost and Principal Sum

The amount of insurance you purchase is called the Principal Sum. You may select one of the following Principal Sums for yourself:

Principal Sum	Cost for Employee Only	Cost for Employee & Family	Principal Sum	Cost for Employee Only	Cost for Employee & Family
\$50,000	\$0.85	\$1.35	\$300,000	\$5.10	\$8.10
\$100,000	\$1.70	\$2.70	\$350,000	\$5.95	\$9.45
\$150,000	\$2.55	\$4.05	\$400,000	\$6.80	\$10.80
\$200,000	\$3.40	\$5.40	\$450,000	\$7.65	\$12.15
\$250,000	\$4.25	\$6.75	\$500,000	\$8.50	\$13.50

Family Principal Sum

In addition to insurance for yourself, you can elect to purchase insurance for your spouse and unmarried dependent children (see *Eligible Dependents*, page 34). If you elect family coverage, your family members' Principal Sum will be a percentage of your Principal Sum.

Family Members	Percentage of Your Benefit Payable
Spouse	50%
Children	10% each child

Coverage

If you or one of your covered dependents suffers any one of the losses listed on the chart below, as the result of a covered accident, the loss will be deemed a covered loss and a benefit will be paid, based on the applicable Principal Sum. The maximum percentage paid for losses from any one accident is 100%.

Accident	Percentage Principal Sum
Life, Loss of	100%
Sight of Both Eyes, Loss of	100%
Speech and Hearing of Both Ears, Loss of	100%
Both Hands or Both Feet, Loss of	100%
One Hand and One Foot, Loss of	100%
Quadriplegia	100%
Paralysis of Three Limbs	85%
Paraplegia/Hemiplegia	75%
Paralysis of One Limb	50%
Either Hand or Foot, Loss of	50%
Sight of One Eye, Loss of	50%
Speech or Hearing of Both Ears, Loss of	50%
Hearing of One Ear, Loss of	25%
Thumb and Index Finger of Same Hand, Loss of	25%

Note: Loss of hands or feet means loss by being permanently, physically severed at or above the wrist or ankle. Loss of sight means total and permanent loss of sight. Loss of speech and hearing means total and permanent loss of speech and hearing. Loss of thumb and index finger means loss by being permanently, physically, entirely severed.

Coverage After Age 70

If you are actively at work at age 70 and beyond, the percentage of the amount payable declines as follows:

Age	Percentage of Full Benefit
70 – 74	65%
75 – 79	45%
80 – 84	30%
85 and older	15%

Additional Benefits

If insured under the plan, the following benefits are available to you as part of your Voluntary AD&D coverage. For more information, please visit www.ncflex.org and view the Voluntary AD&D certificate.

- Enhancement for Child(ren)* *(family option only)*
- Surgical Reattachment Benefit
- Coma Benefit
- Accidental HIV Benefit
- Burn Disfigurement Benefit
- Rehabilitation Benefit*
- Therapeutic Counseling Benefit*
- Adaptive Home & Vehicle Benefit*
- Accidental In-Hospital Indemnity Benefit*
- Custodial Care Benefit*
- Seat Belt Benefit*
- Air Bag Benefit*
- Criminal Assault Benefit*
- Common Disaster Benefit*
- Survivor's Benefit* *(family option only)*

- Education Benefit* *(family option only)*
- Spouse Training Benefit* *(family option only)*
- Child Care Benefit* *(family option only)*
- Disability Waiver of Premium
- **Worldwide Emergency Travel Assistance Services (extends to enrolled family members; see page 32 for detailed description)**

*Additional benefits apply only if there has been a covered loss as shown on page 33.

What is Excluded from Coverage

The plan will not pay a claim for a loss that is contributed to, caused by, or resulting from:

- Suicide or intentionally self-inflicted injury, while sane or insane
- Bacterial infection or bacterial poisoning
- Any armed conflict, whether declared as war or not, involving any country or government
- Injury suffered while in the military service for any country or government
- Injury which occurs when you commit or attempt to commit a crime
- Use of any drug, narcotic, or hallucinogenic agent, unless taken as directed as prescribed by a doctor — which is illegal or which is not taken as directed by a doctor or manufacturer
- Your intoxication. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

Continuation Options

Portability of Voluntary AD&D services are available. For details and rates please contact Voya at 1-877-464-5111.

Eligible Dependents

Child:

- Your natural or adopted child, who is dependent on you for support and maintenance. The child need not be claimed as a dependent on your federal income tax return
- A child for whom you have legal obligation for purposes of adoption
- A child for whom you are required by court order to provide health coverage
- A child who is primarily dependent on you for support and who is your stepchild, foster child, or a child for whom you are a legal guardian

Dependent:

- Your legal spouse
- Your unmarried child less than 26 years of age
- Your unmarried child of any age who is medically certified as disabled and financially dependent upon you

The term "dependent" does not include:

- A spouse or child living outside the United States
- A spouse or child eligible for Employee's Insurance under the Group Policy
- A spouse or child on active military duty
- A parent of you or your spouse

Underwritten by ReliaStar Life Insurance Company, a Member of the Voya Family of Companies.

The information in this guide is in abbreviated form only. It is provided to give you a general understanding of your ReliaStar insurance coverage but it is subject to verification by ReliaStar. Your actual coverage and amounts are subject to all the terms, limitations, and exclusions in your ReliaStar Certificate of Coverage. If the information in this guide differs from the group insurance policy held by your employer or plan administrator, the terms of that group insurance policy will govern.