

Compass Rose Benefits Group Accident Plan

While you work tirelessly to protect our world,
we'll help you protect yours.



- Benefits in case of death, dismemberment, paralysis and other losses caused by an accident
- Full coverage for Acts of War & Terrorism anywhere in the world
- Family coverage
- No health statement is required for enrollment



Service. Stability. Security.



Nationwide
On Your Side



Why choose the Compass Rose Group Accident Plan (GAP)?

We provide an exceptional commitment to service, stability and security.

The **Group Accident Plan (GAP)**, underwritten by Nationwide Life Insurance Company, can help provide financial peace-of-mind against the risk of covered injuries or accidental death caused by a covered accident. This Plan offers protection anywhere in the world—24 hours a day, 365 days a year. Coverage is extended for both business or leisure, even if injury or death is sustained through an Act of Declared or Undeclared War.

This insurance coverage for you and/or your eligible family members pays benefits when covered injuries result in loss within 365 days after the date of the accident.

Coverage. A Plan Designed for You!

Let's face it, accidents can happen at any time—whether you are at home working on your house, out at play, or on the job serving your country. That is why the Compass Rose Group Accident Plan was designed with you and your family in mind. This plan is designed to fill any financial gaps you or a family member may sustain from injury or death through a covered accident. Insurance protection provides coverage for losses from:

- **Acts of War** – Declared or Undeclared / Domestically and Abroad.
- **Recreational Activities** (see Policy Certificate for complete list of Exceptions and Limitations)
- **Air Travel** (see Policy Certificate for complete list of Exceptions and Limitations)
- **Other acts of daily living** (see Policy Certificate for complete list of Exceptions and Limitations)

This Group Accident Plan provides a benefit in case of death or dismemberment caused by an accident. The amount of insurance you select is called the **Principal Sum**, which range from **\$150,000 to \$500,000** in increments of \$50,000. Your coverage is effective after your first premium is received by Compass Rose Benefits Group. Monthly premiums are automatically charged to your credit card.

No underwriting required! Learn more or enroll today by visiting www.compassrosebenefits.com/Accident.

Continue for more details. 

Who is Covered:	Amount of Coverage:
Spouse and one or more eligible children	Spouse: 50% of the Insured's Principal Sum. Each child: 15% of the Insured's Principal Sum.*
One or more eligible children only (no spouse)	Each child: 20% of the Insured's Principal Sum.*
Spouse Only	Spouse: 60% of the Insured's Principal Sum.

*To a maximum of \$75,000.
Newborn Children: A child who is born while this plan is active is covered at birth until the 31st day of age. After this time, the child will remain covered only if written notice of birth is provided and the required premium is paid. If the Family Plan is already in place no enrollment is required.

Cost.

You can count on excellent service at an affordable price.

The GAP premiums are paid on a **monthly** basis.

Principal Sum:	Individual Premium:	Family Premium:
\$150,000	\$7.50	\$10.50
\$200,000	\$10.00	\$14.00
\$250,000	\$12.50	\$17.50
\$300,000	\$15.00	\$21.00

Principal Sum:	Individual Premium:	Family Premium:
\$350,000	\$17.50	\$24.50
\$400,000	\$20.00	\$28.00
\$450,000	\$22.50	\$31.50
\$500,000	\$25.00	\$35.00

Eligibility.

You can depend on the highest level of personal security.

While the Group Accident Plan is available to **all employees of the federal government**, we specialize in agencies in the Intelligence Community, the Department of Defense and the Department of State. You must be an active full-time employee (working at least 30 hours or more per week) or a part-time employee (working at least 20 or more hours per week). If you are a contractor, you are not eligible to enroll in GAP. Your eligible dependent(s) include your spouse and unmarried dependent children (including foster and adopted children) who are under age 19 (25 years old if a full-time student).

Paid Benefits.

Designed precisely for your specific needs.

Benefits are payable when covered injuries result in loss within 365 days after the date of the accident.

If this occurs:	The plan pays:
Loss of: Life; Both Hands; Both Feet; Sight in Both Eyes; One Hand and One Foot; One Hand and Sight in One Eye; One Foot and Sight in One Eye; Speech and Hearing in Both Ears	100% of the Principal Sum
Loss of: One Hand; One Foot; Sight in One Eye; Speech or Hearing in Both Ears	50% of the Principal Sum
Loss of: Thumb and Index Finger of the Same Hand; Hearing in One Ear	25% of the Principal Sum

Loss of Use / Paralysis Benefits:

When covered injuries result in loss of use of arms and/or legs—including uniplegia, hemiplegia, paraplegia, or quadriplegia—commencing within 365 days after the accident and continuing for one year, we will pay benefits as follows:

Quadriplegia: Loss of use of both arms and both legs;
100% of the Principal Sum

Hemiplegia: Loss of use of one arm and one leg;
50% of the Principal Sum

Paralegia: Loss of use of both arms or both legs;
75% of the Principal Sum

Uniplegia: Loss of use of one arm or one leg;
25% of the Principal Sum

Only one of the amounts (the largest applicable) named in the Paid Benefits section of the certificate will be paid for injuries from one accident.



Accident Insurance:

Being Prepared is NO Accident.

Child Day Care Benefit

If your injuries result in payment of the Principal Sum for loss of life, each dependent child who is covered under the plan on the date of your death is entitled to the Child Day Care Benefit in the amount of the lesser of the actual cost charged by a licensed day care center per year or 5% of your Principal Sum (not to exceed \$5,000) if that child is under age 13 and enrolled in an accredited day care facility. If your dependent is not already enrolled, this benefit will be payable if the child is enrolled within 90 days after the date of your injuries. Benefits are payable once a year for no more than four consecutive years but only if the child remains under 13 years old and continues enrollment in a licensed day care center. If no dependent child insured under the plan qualifies for the Child Day Care Benefit, we will pay \$5,000 to your designated beneficiary.

Safety Device Benefit

When you or a covered dependent receives injuries covered by the plan which result in loss of life, we will pay 10% of the Principal Sum if, at the time of the accident, you or the covered dependent was the operator of, or a passenger in, a private passenger automobile and utilizing a seat belt. An additional benefit of 5% of the principal sum will be paid if you or the covered dependent are positioned in a seat protected by an air bag that inflates on impact. Seat belt usage must be verified by a doctor, coroner, traffic officer or other person of competent authority. This benefit will be payable in addition to any benefits otherwise payable under the plan. There is no maximum amount payable for this benefit.

Multiple Losses

If you or your covered dependent(s) suffers multiple losses due to the same accident, only one benefit amount — the largest to which you are entitled — is payable. **Loss** is defined as the complete severance of the hand or foot at or above the wrist or ankle joint; total and irrecoverable loss of entire sight, speech or hearing; and severance of two or more entire phalanges of both the thumb and index finger. To receive benefits, loss must be independent of sickness and all other causes.

Accidental Death and Specific Loss Benefits for the Insured age 70 and over will be payable according to the following:

- **Ages 70-79:** 50% of the original Principal Sum
- **Ages 80 and over:** 25% of the original Principal Sum



Bereavement & Trauma Counseling Expense Benefit

If you or a covered dependent suffer a loss for which Accidental Death and Dismemberment, Coma, Loss of Use/Paralysis, or Severe Burn Benefits are payable under this plan, we will reimburse you or your father, mother, spouse, son(s), daughter(s), brother(s) or sister(s) for expenses incurred within one year after the date of the accident causing such loss for any individual or family counseling sessions up to a maximum of \$100 per session for up to 10 sessions.

Travel Assistance Program

While you are a member of GAP, you and your covered dependent(s) will have free access to Travel Assistance Services provided by **On-Call**. Whenever you are traveling 100 miles from home, On-Call can provide the following services:

- **Up to \$150,000** of Emergency Evacuation and Medically Necessary Repatriation
- **\$15,000** for Repatriation of Mortal Remains
- **\$7,500** for Visit by Family Member or Friend, Traveling Companion Transportation, and Return of Dependent Children
- **\$2,500** for Vehicle Return

Also included are services for medical referrals and monitoring, help with emergency medical payments/insurance, replacement of medications/eyeglasses, legal assistance, lost/stolen baggage services, and more.

Exposure and Disappearance Benefits

You or your dependent(s) will be presumed to have died due to covered injuries if, while insurance is in effect, he or she suffers covered loss due to exposure to the elements. You or your dependent(s) will be presumed to have died if, while insurance is in effect and after the forced landing, stranding, sinking or wrecking of a covered vehicle: His or her body is not found within 52 weeks of the accident; and a valid death certificate is issued by a court of appropriate jurisdiction.

Education Benefits Rider

If your injuries result in payment of the Principal Sum for loss of life and if your spouse and each dependent child who is covered under the plan on the date of your death, is enrolled in and attending or is at the 12th grade level and subsequently enrolls in an accredited college, university or other institution of higher learning or a vocational or licensed technical school beyond the 12th grade level, we will pay benefits in the amount of the lesser of actual cost and 5% of your Principal Sum for each year of full-time, uninterrupted college or university attendance subsequently completed by the child or spouse. Benefits are payable once a year for not more than four consecutive years. The maximum benefit paid is \$5,000 annually for four years. If no spouse or dependent child insured under the plan qualifies for the Education Benefit, we will pay \$5,000 to your designated beneficiary.

Coma Benefit

If you or a covered dependent suffer an injury caused by an accident which results in such person being in a coma within 365 days of the accident and if the coma continues for at least 30 consecutive days, we will pay a monthly benefit equal to 1% of the Principal Sum.

Severe Burn Benefit

If you or a covered dependent suffer(s) a Severe Burn as the result of an accident, we will pay based on the Severe Burn Benefit of at least:

75% of the body: 100% of Principal Sum

50% of the body: 50% of Principal Sum

25% of the body: 25% of Principal Sum



Rehabilitation Expense Benefit

If you or a covered dependent suffer(s) a loss for which Accidental Dismemberment, Coma, Loss of Use/Paralysis, or Severe Burn Benefits are payable under this plan, we will reimburse expenses incurred within two years after the date of the accident causing such loss up to a maximum of \$5,000 per accident which are charged for:

1. Physical, occupational, speech or hearing therapy, or other rehabilitation training for which measurable improvement is expected within a reasonable time; and,
2. Medically necessary services or supplies related to rehabilitation therapy.

Wheelchair Confinement Expense Benefit

If you or a covered dependent suffer(s) a loss covered under this plan and such loss subsequently requires you or your covered dependent to be confined to a wheelchair, we will reimburse expenses incurred within one year after the date of such accident up to a maximum of \$10,000 to alter the Insured's residence to make it wheelchair accessible and habitable or alter a motor vehicle to make it accessible and/or drivable by you or your covered dependent.

Family Plan Continuation Benefit

If the Insured, due to a covered injury, suffers loss of life, the insurance of any dependent insured hereunder will continue without premium payment until whichever of the following occurs first:

- The date the spouse remarries (in which case this benefit ends for all eligible children);
- The date the insurance terminates;
- The date an unmarried dependent child ceases to be eligible due to age or marriage; or,
- The date the Benefit Period ends (24 months beginning on the date of the Insured's death).

Exclusions

For a complete list of exclusions, exceptions and limitations, please refer to the Policy Certificate of Insurance.

Our Group Accident Plan (GAP) can help provide financial peace-of-mind against the risk of covered injuries.

ENROLLMENT IS EASY & NO UNDERWRITING IS REQUIRED!

Our Group Accident Plan includes full coverage for ACTS OF WAR and TERRORISM!

ENROLL TODAY!

To apply for our GAP coverage, complete the Enrollment Form online located at:

www.compassrosebenefits.com/Accident

Questions?

Call 1-866-368-7227 (option 4)

**Compass Rose Benefits Group
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Service. Stability. Security.

Underwritten by Nationwide Life Insurance Company. Nationwide, the Nationwide framemark and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company.

This brochure summarizes the provisions of the Group Policy No: 0016266-30 issued to Compass Rose Benefits Group. Should there be any discrepancy between the policy and this brochure, policy provisions will prevail.