

WORKPLACE SECURITY PLAN



Major Plan Features

- All public employees eligible for and enrolled in the CSEA Employee Benefit Fund are covered.
- The covered employee is insured for the trauma associated with an assault or hostage situation while performing his/her job duties.

What Is The Benefit

- Criminal assaults while in pursuit of his/her occupational duties and resulting in at least 10 consecutive workdays absent from work immediately following the incident.

Benefit Payable:

Level One – Assault in the 1st Degree: \$10,000 for incidents involving injuries or fractures requiring a stay of 2 consecutive nights, or an incident of rape for the covered employee. There is no overnight stay required for rape.

Level Two – \$2,000 for assaults other than 1st Degree or fractures requiring a stay of 2 consecutive nights in the hospital for the covered employee.

Level Three – \$500 for all other incidents.

- Accidental death or dismemberment resulting from assault. A payment of \$10,000 per person per incident; 50 percent of sum for dismemberment of either hand or foot, or loss of sight in one eye.
- Permanent Total Disability resulting from assault. A one time payment of two times the annual base salary of the covered employee.
- Captivity while in the pursuit of his/her occupational duties. 0-8 hours – 25% of annual base salary of covered employee up to \$100,000 maximum. Eight hours or more – 50% of annual base salary of covered employee up to a maximum of \$100,000.
- Accidental death, dismemberment or permanent total disability during captivity while in the pursuit of his/her occupational duties. A payment of 100 percent of covered employee's annual basic salary (not exceeding \$500,000); 50 percent of salary for dismemberment of either hand or foot, or sight in one eye.
- Accidental death due to occupation resulting from causes other than captivity or assault. A payment of \$1,000.

How To File A Claim Under This Benefit

- The Insured has the right to name a beneficiary. The beneficiary must be someone other than the Policyholder. A Designation of Beneficiary form may be requested from Pearl Carroll & Associates, LLC.
- Submit a completed Workplace Security claim form along with copies of the filed police report signed by the investigating officer which has been reported, in person, within 48 hours of incident, a medical statement certifying the extent of injuries and proof of immediate medical attention from the attending physician which has been sought within 24 hours of incident, and documentation from your employer indicating that you were performing your job duties at the time of injury and that the injury

resulted in your being disabled from all job duties for a period of ten (10) or more consecutive work days to Pearl Carroll & Associates, LLC, as soon as possible.

Limitations And Exclusions

- An assault will be deemed to have occurred when such action would be a violation of the state penal code dealing with assault and results in the insured being totally disabled from his/her usual occupation for a period of ten (10) consecutive working days or more immediately following the incident. This means ten (10) working days of absence from profession which must be authenticated by certification by a medical doctor, documented receipt of medical attention within twenty-four (24) hours of the event, and supportive documentation of time missed.
- Evidence of assault to be a police report which has been filed in person within forty-eight (48) hours of incident, and physician's statement filed within twenty-four (24) hours of incident; captivity exists when an employee is held against his/her will and has been refused release.
- The Plan will use the *NYS Penal Law, Article 120* as the guidelines for determining assault for all claims. The investigating officer's report must clearly indicate that a criminal assault has occurred.
- If any event is recoverable under more than one of the benefits listed above, benefits shall be payable under only one item of coverage, whichever is greater;
- The Plan will not pay benefits for any loss due to the following: suicide; attempted suicide; self inflicted injury, declared or undeclared war or any international armed conflict; injuries resulting from active duty of two months or more as a member in the armed forces.
- For Accidental Death & Dismemberment and Permanent Total Disability, loss must occur within twelve (12) months of the event in order to be payable. Permanent Total Disability means that the insured is unable to perform the substantial and material duties of his or her occupation for twelve consecutive months and a fully qualified medical practitioner certifies that the insured is beyond hope of improvement at the end of that twelve-month period.

Designation of Beneficiary Forms and Workplace Security Claim Forms may be obtained from:

**Pearl Carroll & Associates, LLC
12 Cornell Road
Latham, NY 12110
Attn: CSEA/EBF Workplace Security Claims
Phone Toll Free (800) 859-2552**

This description of coverage is only a summary of the benefits provided under the Workplace Security program underwritten by AILIFE. The provisions described are subject to the terms of Group Policy GTP-8064449.

Coverage will continue as long as the insured remains a public employee and enrolled to receive one or more other benefits from the CSEA Employee Benefit Fund and the master policy remains in force.

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