



Pension Fund

of the Christian Church



Accident Insurance

An insurance plan to help *protect* you from life's what ifs.

Plans to keep you and your family *covered.*



Churchwide Accident Insurance

Six Plans of Coverage Available

(100% above original amounts)

Available to Retirees to Age 80

Member Coverage

Optional Spouse Coverage

24-Hour Accident Protection



Pension Fund

of the Christian Church
strong. smart. secure.

P.O. Box 6251

Indianapolis, IN 46206-6251

Phone: 866.495.7322 Fax 317.634.4071

www.pensionfund.org

RELIANCE STANDARD LIFE INSURANCE COMPANY

Home Office: Chicago, Illinois

Administrative Office: Philadelphia, Pennsylvania

www.reliancestandard.com



CAIP – Churchwide Accident Insurance Plan

The Churchwide Accident Insurance Plan provides world-wide insurance protection in the event of your total disability, or loss of life, limbs, sight, speech or hearing by you (or your spouse if you wish) due to an accident, on or off the job.

Highlights of the Program

- ✓ Coverage is available at group rates.
- ✓ No medical examinations are required.
- ✓ If a loss is due to exposure to the elements because of an accident, the loss will be considered as a result of the accident.
- ✓ Other benefits to which you may be entitled will not be affected by any payments under this Program. Benefits are payable in addition to Workers' Compensation.
- ✓ OnCall 24-Hour Travel Assistance Program.

Who is Eligible?

Active and retired members of one or more of Pension Fund's programs, their surviving spouses and those eligible for Pension Plan membership are eligible to enroll in the Accident Insurance Program to age 80.

Benefits

A. Accidental Death and Dismemberment

If injury shall result in any one of the following specific losses within one year from the date of accident, the company will pay the benefit specified as applicable thereto, based upon the Principal Sum; provided, however, that not more than one (the larger) of such benefits shall be paid with respect to injuries resulting from any one accident.

| | |
|---|------------------------------|
| Loss of Life | The Principal Sum |
| Loss of Two or More Members | The Principal Sum |
| Loss of Speech and Hearing | The Principal Sum |
| Loss of One Member | One-Half The Principal Sum |
| Loss of Speech or Hearing | One-Half The Principal Sum |
| Loss of Thumb and Index Finger of the Same Hand | One-Fourth The 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 irrevocable loss of sight; with regard to speech or hearing, entire and irrevocable loss of either; with regard to thumb and index finger, actual severance through or above the metatarsophalangeal joints.

B. Permanent and Total Disability

This coverage protects only you while in active employment (up to age 70), not your spouse. If, because of an injury and within 365 days of the date of the accident causing the injury, you are totally disabled and your disability is continuous for a period of 12 continuous months and is medically determined to be a permanent total disability and continuous at the end of such 12 months, beginning with the 13th month, Reliance Standard Life Insurance Company will then pay an amount equal to 1% of your Principal Sum each month for as long as you remain disabled. This benefit is reduced by any benefits, which are paid or payable for you under the Accidental Death and Dismemberment Benefits for the same accident. “Total Disability” means a disability due to injury, which prevents you from performing all of the material duties of your occupation for a period of 12 consecutive months. “Permanent Total Disability” means that after 12 months of Total Disability, you are not able to perform the duties of any occupation for which you are suited by education, training or experience, and that such disability is determined by a qualified medical authority to be permanent, total and continuous.

C. Education

If spouse coverage is in force on the date of an accident to an insured member which results in the member's death, then an educational benefit for the spouse may be payable. This benefit would provide up to \$3,000 for the spouse to secure professional or trade training so as to have an independent source of support.

D. OnCall 24-Hour Travel Assistance

OnCall is a 24-hour, toll-free service that provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel. OnCall also offers pre-trip assistance including passport/visa requirements, foreign currency and weather information.

Coverage

Insurance coverage is provided on a 24-hour basis against injury resulting from covered accidents, which occur in the course of business or pleasure, at home, on the job, or traveling to and from work. Coverage is provided for an insured person anywhere in the world.

A. Aircraft

Coverage is provided while riding as a passenger in, boarding or alighting from a previously tried, tested and approved aircraft being used at the time for transportation of passengers only provided such aircraft is not owned, leased or operated by or on behalf of the policyholder or by an insured spouse's employer.

B. Reserve or National Guard

Coverage is continued while the insured person or a covered dependent who is a member of an organized Reserve Corps or National Guard unit is in attendance at annual field training, cruise or other active duty for a period of less than 60 days or is en route to or from such training.

Other Items

Exclusions

The Policy does not cover any loss: (1) to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof is a contributing factor; (2) caused by suicide or intentionally self-inflicted injury; (3) caused by or resulting from war or any act or war, declared or undeclared; (4) caused by an accident that occurs while in the armed forces of any country, except as shown under the Reserve-National Guard benefit; (5) caused by or resulting from riding, getting into or out of any aircraft unless you are a passenger (not a pilot or crew member) in a civilian aircraft as outlined in the Master Policy and the aircraft is not owned, leased or operated by or on behalf of you, the Policyholder or any other of your other employers; or (6) sustained during your commission or attempted commission of an assault or felony.

Effective Date

If you sign up for this plan as soon as you become eligible, your insurance will become effective on July 1, or the first day of the calendar quarter coinciding with or next following the date of eligibility.

Conversion

If you or your insured spouse becomes ineligible for any reason other than termination of this group plan, you may convert to a Reliance Standard Life individual policy with limits up to \$250,000, provided you apply within 31 days after your insurance under this plan terminates. You may not convert a principal sum amount greater than your amount under this plan.

Method of Premium Payment

Premiums are annual for persons effective on July 1 and are prorated for members effective on a calendar quarter after July 1. Premiums are due annually each July 1 thereafter.

Certificate of Insurance

Each member enrolling in the program will receive a Certificate of Insurance.

Termination

Coverage for you (and your spouse, if insured) will terminate on: A. the date Master Policy terminates; B. the premium due date coinciding with (or next following) the date you cease to be an eligible member; C. attainment of age 80 (as defined in the Certificate of Insurance); or D. the date you fail to pay the required premium.

Instructions Pertaining to Designation of Beneficiary

Be sure to use given names such as “Mary M. Doe,” NOT “Mrs. John Doe.” The following sample designations may be helpful to you.



| TYPE OF BENEFICIARY | STANDARD WORDING |
|--|--|
| Insured's estate | My estate |
| One Beneficiary | Anna L. Doe, wife |
| Two Beneficiaries | John A. Doe, father, and Mary I. Doe, mother, equally or to the survivor. |
| Three or more Beneficiaries | John A. Doe, father, Mary I. Doe, mother, and Henry J. Doe, son, or to the survivors or survivor, equally. |
| One Beneficiary and one Contingent Beneficiary | Anna L. Doe, wife, if living; otherwise, Henry J. Doe, son. |
| One Beneficiary and two Contingent Beneficiaries | Anna L. Doe, wife, if living; otherwise, Henry J. Doe, son, and Alice G. Doe, daughter, equally or to the survivor. |
| One Beneficiary and three or more Contingent Beneficiaries | Anna L. Doe, wife, if living; otherwise, Henry J. Doe, Alice G. Doe and Charles B. Doe, children, or to the survivors or survivor, equally. |
| Two Beneficiaries and one Contingent Beneficiary | John A. Doe, father, and Mary I. Doe, mother, if living, equally or to the survivor, otherwise, Anna L. Doe, wife. |
| Two Beneficiaries in unequal portions | Three-quarters (3/4) of proceeds to John A. Doe, father, if living, and one quarter (1/4) to Anna L. Doe, mother, if living, the share of a deceased beneficiary to be paid to the survivor, if any. |
| Trustee Beneficiary to Individual or a Bank | Richard Doe and John Smith, Trustees – or – ABC Bank & Trust Company, Chicago, Illinois, Trustee. |

How to Enroll

1. Complete the enrollment form. Check the box marked: Plan A for member coverage only. Check the box marked Plan B for member coverage and coverage for your spouse.
2. Name as your beneficiary your spouse or any other person. Please use their own names and relationship (e.g., Mary E. Smith, wife).
3. If beneficiaries are simply listed, the benefits will be divided equally. If you wish other division of benefits, see the other side of enrollment form for standard wording.
4. Please do not name yourself as a beneficiary since the member is automatically the only beneficiary for the spouse's coverage.
5. Make check payable to Pension Fund of the Christian Church.
6. Return the completed enrollment form, with your check, in the envelope provided and mail to Pension Fund of the Christian Church, P.O. Box 6251 Indianapolis, IN 46206-6251.

NOTE: To change a beneficiary, please request a Change of Beneficiary form from Pension Fund.

Amount of Insurance

When you become eligible, you may purchase this coverage in Principal Sums of \$20,000, \$50,000, \$100,000, \$150,000, \$200,000, or \$300,000. (Refer to Principal Sum Schedule on following page.) You may request a change in the amount of insurance by signing a new enrollment card at any time prior to any July 1 anniversary date. On the July 1st coinciding with, or next following, retirement or attainment of age 70, your Principal Sum will reduce to \$50,000 or remain at \$20,000 if you were insured for that amount. (ALL changes will occur on a July 1 anniversary date.) If you cover your spouse, your spouse will be covered for 50% of your Principal Sum for Accidental Death and Dismemberment. The spouse is not covered for total and permanent disability.



Churchwide Accident Insurance Enrollment

COMPANY USE ONLY

Accounting No. PFCC

Effective Date ____/____/____

Person Insured (Print)

GROUP POLICY HOLDER

Group Policy No.

Pension Fund of the Christian Church

VAR 50114

Last Name* First Name* Middle Initial*

FEMALE MALE / / - -

Sex* Birthdate* Social Security #* Home Address*

- (Check one:) PENSION PLAN MEMBER
 ELIGIBLE FOR PENSION PLAN

INSURE ME FOR A PRINCIPAL SUM OF*:

- (Check one:) (Check one:)
- Plan 1** – \$ 20,000 Plan A Member only
 Plan 2** – \$ 50,000 Plan B Member
 Plan 3 – \$100,000 and 1/2 on Spouse
 Plan 4 – \$150,000
 Plan 5 – \$200,000
 Plan 6 – \$300,000

Name of Employer

I hereby designate the following as my beneficiary(ies) under the above policy number(s):

PRIMARY BENEFICIARY(IES):

Name of Beneficiary (Print name as Mary Doe, NOT Mrs. John Doe.)

Relationship

Percentage Birthdate Social Security #

Home Address

Signature of Applicant*

Date Signed

* Required
** Retirees or persons age 70, but under age 80, may apply for Plan 1 and Plan 2 only.

MAKE CHECK PAYABLE TO:
"Pension Fund of the Christian Church"

Principal Sum Schedule

| | Amount of Insurance | | Annual Cost | |
|-----------------|---------------------|----------|-------------|-----------------|
| | Member | Spouse | Member | Member & Spouse |
| Plan 1** | \$20,000 | \$10,000 | \$ 8.60 | \$11.60 |
| Plan 2** | 50,000 | 25,000 | 21.50 | 29.00 |
| Plan 3 | 100,000 | 50,000 | 43.00 | 58.00 |
| Plan 4 | 150,000 | 75,000 | 64.50 | 87.00 |
| Plan 5 | 200,000 | 100,000 | 86.00 | 116.00 |
| Plan 6 | 300,000 | 150,000 | 129.00 | 174.00 |

** Retirees or persons age 70, but under age 80, may apply for Plan 1 and Plan 2 only.
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About Pension Fund

Participation in Pension Fund programs provides peace of mind that you are investing in an organization with more than 115 years of experience in managing financial assets. Our track record and financial strength are testimony that Pension Fund is *Strong. Smart. Secure.*

strong.

It is our objective and practice to maintain excess reserves for all Pension Fund programs. Pension Fund is fully funded, which means we have more assets than benefit obligations and, from an actuarial standpoint, can pay all current and future retirement obligations. This strong reserve position allows us to weather market downturns, as well as provide financial underpinning to develop new programs to benefit our participants and participant organizations.

smart.

Pension Fund has prudently managed assets for more than 115 years and has responded to changing needs of our members. We continue to introduce programs to supplement members' existing retirement and pension savings.

secure.

We measure our success by protecting and adding value for your retirement. In good times and bad, Pension Fund serves its members faithfully. In the history of Pension Fund, no participant has experienced a reduction in pension or pension credits, nor suffered any loss in value of his or her retirement account.

To learn more about Pension Fund's full range of programs, visit www.pensionfund.org.

This brochure is not a contract of insurance but summarizes the principal features of the Group Accident Insurance Program issued on Policy Form LRS-8604-001-0790. For complete details, please refer to the Master Policy.



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pensionfundchristianchurch](https://www.facebook.com/pensionfundchristianchurch)



866.495.7322



Visit us on the web:
www.pensionfund.org



Send us an email:
pfcc1@pensionfund.org



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