Accidental Death & Dismemberment (AD&D) Insurance



University of Wisconsin System

Continuation Application | Policy GTU 8364005

This form is for Retirees of the UW System to apply to continue Accidental Death & Dismemberment (AD&D) Insurance.

Applicant Name (Last, First, Middle)						Last 4 Digits of SSN XXX – XX –			Date of Birth (Mo/Day/Yr)		
Retiree Address (Street, City, State, Zip Code)						Retiree Telephone Number			Retirement Date (Mo/Day/Yr)		
Coverage Level Single Family		Am	Amount of Coverage in Force*			Monthly Premium (use Rate Table below)*			Premium Paid Through Date		
Number of Months Premiums Due Through December 31						Total Premium Due (# of Coverage Months until December 31 x Monthly Premium, use Rate Table below)					
no later t	han 60 da	ys from the	e premium	paid throu	gh date.	e submitted	directly to	the plar	ı broker Haus	mann Grou	qı
Prepared by				Date (Mo/Day/Yr)		Telephone Number			UW Institution Name UW -		
Benefit Amount	\$25,000	\$50,000	\$100,000	\$150,000	\$200,00	90 \$250,000	\$300,000	\$350,00	90 \$400,000	\$450,000	\$500,000
Retiree Cost (per month)	\$0.65	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
Family Cost (per month)	\$1.00	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00

^{*} Note: Retiring Employees must use the above Rate Table when calculating continuation premium. Retirees can continue no more than the amount in force at retirement

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Frequently Asked Questions

How do I continue my AD&D coverage?

You must submit this application and the total premium due listed above directly to the plan broker, Hausmann Group, within 60 days of the premium paid through date.

Will I receive an invoice to maintain my AD&D coverage following my initial year of coverage?

Yes, during the fourth quarter of each year, Hausmann Group will send you a policy invoice for coverage for the upcoming calendar year. The policy invoice will include an administration fee of \$4.00. To maintain your coverage, you are required to remit the full annual premium and the administration fee directly to Hausmann Group by January 15th of each year.

What happens to my benefit amount once I reach age 70?

At age 70, your benefit amount and that of your spouse or domestic partner will be reduced based on your previous benefit amount.

Age 70 through 74 65% Age 75 through 79 45% Age 80 through 84 30% Age 85 and over 15%

What if my mailing address changes or I have questions?

Contact Hausmann Group directly at (608) 421-7089

Note: The Permanent and Total Disability Benefit does not apply to retirees.

Your signature below indicates you understand that you are continuing group coverage and that your coverage will be reduced according to the schedule above as detailed in the AD&D policy.

Employee/Policy Holder Signature

Date (Mo/Day/Yr)

Send completed form and premium payment to:

Hausmann Group – Office of the Comptroller

PO Box 259408, Madison, WI 53725-9408

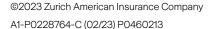
Phone: (608) 421-7089 UWRetirees@myhaus.com

For plan information and certificate: https://www.wisconsin.edu/ohrwd/benefits/accident/add/

For plan provisions, please review the certificate of insurance at: www.wisconsin.edu/ohrwd/benefits/download/life/add/cert.pdf. Retain a copy of the certificate for your records.

Zurich 1299 Zurich Way, Schaumburg, IL 60196-1056 800 382 2150 www.zurichna.com

Insurance coverages underwritten by Zurich American Insurance Company, a New York domiciled company with its principal place of business at 1299 Zurich Way, Schaumburg, IL 60196 (NAIC # 16535). The terms and conditions of the policy described in this brief summary are governed by the individual policy document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the policy, the policy document shall govern.







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