

DIOCESE OF WINONA

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

ADMINISTERED BY MUTUAL OF OMAHA

PARTICIPATION

Eligible employees are those who work at least 20 hours a week or at least one half academic load during the plan year. All eligible employees **must** be enrolled in AD&D insurance. The premium is paid 100% by the employer. Employees are insured on the 1st of the month coincident with or following the date of hire.

FORMS REQUIRED TO ENROLL AN EMPLOYEE:

1. Beneficiary Form (Form B-2)

PURPOSE: To designated person(s) to receive benefits upon death of policy holder.

2. Summary

Each employee is to be given a copy of the 24-Hour Accident Insurance Summary that describes the benefits of the AD&D insurance.

FORMS REQUIRED TO MAKE CHANGES TO EXISTING EMPLOYEES:

1. Beneficiary Form (Form B-2)

Employee should complete a new Beneficiary Form (B-2) for changes in beneficiaries or a name change.

2. Salary Changes

Report any changes in employee annual salary to the Diocese.

FORM REQUIRED TO FILE AD&D CLAIMS:

Claim for AD&D Benefit

The employer should contact the Diocese and the appropriate claim for benefits form will be provided.

FORMS REQUIRED FOR TERMINATING EMPLOYEES:

No form is required. The AD&D stops when the employee's employment terminates.