



Corporate Accident Insurance

Administrative Guide

Employer Resource Management

The following are administrative guidelines only and are intended to assist in understanding the administrative procedures of the Zurich Accidental Death & Dismemberment Plan(s). These guidelines are not part of the insurance policy(ies) and in no way change or supersede the terms and conditions of the insurance policy(ies). Coverage, benefits, terms and conditions are only those, which are included in the actual insurance policy.

Zurich Contacts

Corporate Accident Insurance

Service contacts:

Customer Management Services and Plan Administration:

Debra Allison, Underwriting Associate
Zurich American Insurance Company
15303 North Dallas Parkway, Suite 800
Addison, TX 75001

Phone: 214.866.1010
Fax: 214.866.1396

debra.allison@zurichna.com

Underwriting Services:

Fran Keller, Regional Underwriting Manager
Zurich American Insurance Company
15303 North Dallas Parkway, Suite 800
Addison, TX 75001

Phone: 214.866.1013
Fax: 214.866.1396

francella.keller@zurichna.com

Claims Service:

Toll free number: 866.841.4771
Dedicated Claim Fax: 631.845.2523

Policy Administration

Corporate Accident Insurance

Eligibility

Eligibility is defined in the Policy. Please refer to the Policy prior to confirming eligibility and/or effective dates of coverage to any person.

Communicating coverage and enrollment

You may be using a brochure, coverage outline, web content or other tools for communicating coverage to eligible persons. However, please be sure you refer to the policy and/or contact your Zurich CMS representative or insurance broker to confirm language is aligned.

If an employee and/or family member is eligible to participate in a Voluntary plan, he or she will enroll via a paper enrollment form or web-based enrollment form. The completed enrollment form should be kept on file with the Policyholder or its designee. The completed enrollment form will be requested by Zurich in the event of a claim to validate an insured's enrollment and participation in the Corporate Accident Insurance plan. Completed enrollment forms should NOT be sent to the insurance company.

Please contact your Customer Management Services representative for enrollment materials as necessary.

Effective and termination dates of coverage

Please refer to your Policy.

Beneficiary Designation

It is recommended that eligible employees designate a beneficiary. Beneficiary designation forms are available from your Customer Management Services representative. For Voluntary plans it is recommended that the designation be made on the enrollment form.

Policy Conversion Privilege

Please refer to your policy. Should Policy Conversion Privilege be included with your AD&D plan, please refer to the Conversion Privilege Bulletin provided to you with this manual. Should you have questions or need additional Conversion Privilege materials, please contact your Customer Management Services representative.

Premium Administration

Corporate Accident Insurance

Premium Reporting by Policy Type

Basic Accident Coverage (non-contributory plans):

The number of Insureds and the volume of insurance is required. This information can be sent on the Monthly Premium Reporting Form provided with this guide or any alternative format you prefer that includes the information required. Please do NOT include names or social security numbers of the insureds on your reports.

Voluntary Accident Coverage (contributory plans):

Premium is collected through payroll deduction. The number of insureds and the volume of insurance is required. This information can be sent on the Monthly Premium Reporting Form provided with this guide or any alternative format you prefer that includes the information required. Please do NOT include names or social security numbers of the insureds on your reports.

Business Travel Accident Coverage:

Premium is collected according to negotiated contract terms, e.g. one-year premium, three-year pre-paid; or three-year installment. A premium invoice for payment to include amount owed and due date will be provided to you.

It is important that you include with premium remittance the supporting premium documentation, such as the premium invoice, Monthly Premium Reporting Form and/or other support material(s) as appropriate to the contract terms.

Premium Payment Remittance

Premium payments can be sent electronically via Wire Transfer or ACH. Premium payments can also be received by check. Instructions for Wire transfer, ACH and premium remittance by Check is provided below.

Wire Transfer

Please provide the bank with the following reference information:

- Full policyholder's name
- AD&D policy number

Wire Transfer- Domestic/Foreign
Name of Bank- Bank of America
Bank Address- 100 West 33rd Street
New York, N.Y. 10001
Wire ABA Routing Number- 026-009-593

SWIFT International Number: BOFAUS3N
Company Account Number- 5801003152
Name of Account..... Zurich American Insurance Company
1400 American Lane
Schaumburg, IL 60196
Attention – Dept. 3075 – GTU _____
(Policy Number)

Please include Monthly Premium Reporting Form via fax to 214-866-1396 or email to accpremium@zurichna.com

ACH

Name of Bank- Bank of America
Bank Address- 100 West 33rd Street
New York, N.Y. 10001
Wire ABA Routing Number- 071-000-039
Company Account Number- 5801003152
Name of Account..... Zurich NA
1400 American Lane
Schaumburg, IL 60196
Attention – Dept. 3075 – GTU _____
(Policy Number)

Please include Monthly Premium Reporting Form via fax to 214-866-1396 or email to accpremium@zurichna.com

Check

Make Check Payable to: Zurich North America

Please mail check and completed Monthly Premium Reporting Form to:

Zurich North America
3075 Paysphere Circle
Chicago, IL 60674

Alternatively, Monthly Premium Report Form can be faxed to 214-866-1396 or emailed to accpremium@zurichna.com

Should you have questions or concerns, please contact your Customer Management Services representative.

Claim Administration

Corporate Accident Insurance

The following Claim Forms will be provided to policyholder in addition to this Manual. To request additional claim forms, please contact your Customer Management Services representative.

Death Claims

When submitting a Death claim, the following documents and information is required:

1. A completed PROOF OF DEATH FORM. You or your authorized representative must complete Part II of the form and sign it. The Insured's Beneficiary completes Part I. (Instructions for completing the form are on the back of the form.)
2. A CERTIFIED COPY of the DEATH CERTIFICATE.
3. A photocopy of the BENEFICIARY DESIGNATION FORM.
4. VERIFICATION that the deceased was a covered person when the accident occurred including an enrollment form if the plan was voluntary (contributory)
5. For Voluntary (contributory) plans, VERIFICATION that the PREMIUM DEDUCTION was made for coverage for the period in which the accident occurred.
6. A photocopy of the CORONER'S REPORT and/or ACCIDENT, POLICE REPORT and NEWSPAPER CLIPPING.
7. A CERTIFIED COPY of the VERDICT, if an inquest was held.
8. The amount of the ANNUAL SALARY, if the benefit amount payable is a multiple of salary.

If there is any question on the validity of a claim, additional records may have to be obtained either through the agent or our staff members.

Dismemberment Claims

When submitting a Dismemberment claim, the following documents and information is required:

1. A completed DISMEMBERMENT CLAIM FORM.
2. It is necessary that the Policyholder's Statement be completed and signed by you or one of your authorized representatives. The Insured person must complete and sign the Insured's Statement and the Authorization To Obtain Information. Further, it is mandatory that the Physician's Statement be completed and signed.

3. VERIFICATION that the claimant was a covered person when the accident occurred including an enrollment form if the plan was voluntary (contributory)
4. For Voluntary (contributory) plans, VERIFICATION that the PREMIUM DEDUCTION was made for coverage for the period in which the accident occurred.
5. A photocopy of the ACCIDENT REPORT and NEWSPAPER CLIPPING, if available.
6. The amount of the ANNUAL SALARY, if the benefit amount payable is a multiple of salary.
7. A photocopy of MEDICAL RECORDS, if available.

If there is any question on the validity of a claim, additional records may have to be obtained either through the agent or our staff members.

Disability Claims (as applicable)

When completing a Disability claim, the following documents and information will be required:

1. A completed DISABILITY CLAIM FORM.
2. It is necessary that the Policyholder's Statement be completed and signed by you or your authorized representative. The claimant must complete and sign the Insured's Statement and the Authorization To Obtain Information. Further, it is mandatory that the Physician's Statement be completed and signed by the Physician.
3. VERIFICATION that the claimant was a covered person when the accident occurred including an enrollment form if the plan was voluntary (contributory)
4. For Voluntary (contributory) plans, VERIFICATION that the PREMIUM DEDUCTION was made for coverage for the period in which the accident occurred.
5. A photocopy of the ACCIDENT REPORT and NEWSPAPER CLIPPING, if available.
6. The amount of the ANNUAL SALARY, if the benefit amount payable is a multiple of salary.
7. A photocopy of MEDICAL RECORDS, if available.

If there is any question on the validity of a claim, additional records may have to be obtained either through the agent or our staff members.

Mail claims packages to:

Zurich Document Distribution Center (DDC)
PO Box 968041
Schaumburg, IL 60196-8041

Alternatively, overnight claims packages to:

Zurich North America Commercial Claims/ Accident & Health
58 South Service Road
Melville, NY 11747-2342

For questions or concerns, please contact your Claims Specialist or Customer Management Services representative.

Policy Administration Forms

The following list of administration forms are provided to you with this manual. Should you have questions or need to request additional forms, please contact your Customer Management Services representative.

Form Name	Form Number
Monthly Premium Report Form	BSC_VOL_Version 0.1
Claim Forms	
Accidental Death	C1 – 10502- A
Accidental Dismemberment	
Disability	C1 – 10500 - A