For the employees of:

Public Risk Innovation, Solutions and Management (PRISM) Santa Barbara County Superior Court, Account #117

What is Personal Accident Insurance (PAI)?

A severe injury can greatly impact your way of life, as well as the lives of your loved ones. PAI pays a lump-sum benefit to you or your beneficiary if you are severely injured or die as the result of a covered accident. The benefit can be used however you or your beneficiary like. You may elect coverage to help you best meet your needs.

Features of PAI include:

- Flexible: You can use the benefit payments for any purpose you like.
- Payroll deductions: Premiums are paid through convenient payroll deductions.
- **Special beneficiary support services**: We offer access to financial professionals and personal guidance to help beneficiaries achieve their goals.

How can PAI help?

PAI benefits can help with:

- Medical bills
- Everyday household expenses
- Occupational therapy, equipment or vocational re-training costs
- Funeral expenses

Who is eligible for PAI?

- You—All active employees working 20+ hours per week.
- Your spouse*—Coverage is available only if employee coverage is elected.
- Your children**—birth to age 26. Coverage is available only if employee coverage is elected.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Domestic partner coverage may not be available in all states. Please contact your employer if you have questions about the definition of "spouse" for your plan.

** Contact your employer if you have questions about the definition of "child" for your plan.

| Employee PAI coverage option | | | | |
|------------------------------|--|--|--|--|
| For you. | \$25,000 to \$300,000 in \$25,000 increments, not to exceed 10 times Basic Yearly Earnings. | | | |
| Age reductions | Benefit amounts reduce to 65% of original coverage at age 65, to 50% of original coverage at age 70 and to 30% of original coverage at age 75. | | | |

| Family PAI coverage options | | | | |
|---|---------------------------------------|--|--|--|
| If you are covered for Supplemental PAI, you may elect coverage on your family. | | | | |
| For your dependent spouse only | 50% of the employee's benefit amount. | | | |
| For your dependent children only | 10% of the employee's benefit amount. | | | |

ReliaStar Life Insurance Company, a member of the Voya® family of companies



Additional benefits¹

The benefits listed below are included with your PAI coverage.

- Exposure and Disappearance Benefit
- Safe Driver Benefit
- Coma Benefit
- Education Benefit²
- Transportation Benefit (Repatriation)
- Child Care Benefit

- Common Carrier Benefit
- Occupational Assault Benefit
- Common Disaster Benefit (only include if dependent insurance)
- Line of Duty Benefit

¹ Additional benefits available will vary according to your employer's benefit plan. Please refer to the insurance certificate for details.

² This benefit will be paid at the end of each annual period following your death to your dependent who is enrolled as a full-time student in an accredited postsecondary institution of higher learning beyond grade 12 within 365 days following the date of your death.

How much does my PAI cost?

| Rate chart | | | | |
|-------------------|--------------------------------------|--|--|--|
| Coverage type | Monthly rate per \$1,000 of coverage | | | |
| Employee only | \$0.04 | | | |
| Employee + family | \$0.056 | | | |

Calculate your premium below based on the amount of PAI coverage you plan to elect.

| Select the total amount of PAI coverage you want and divide by 1,000 (<i>Example: For</i> \$100,000 of coverage, enter \$100) | \$ (a) x |
|--|---------------|
| Enter the rate from the rate table | \$ (b) = |
| To calculate monthly premium: Multiply (a) x (b) | \$ (total) |

Exclusions and limitations*

ReliaStar Life does not pay benefits for loss directly or indirectly caused by any of the following:

- Suicide or intentionally self-inflicted injury, while sane or insane.
- Physical or mental illness.
- Bacterial infection or bacterial poisoning. Exception: Infection from a cut or wound caused by an accident.
- Riding in or descending from an aircraft as a pilot or crew member.
- Any armed conflict, whether declared as war or not, involving any country or government.
- Injury suffered while in the military service for any country or government.
- Injury which occurs when you commit or attempt to commit a crime.
- Use of any drug, narcotic or hallucinogenic agent
 - unless prescribed by a doctor.
 - which is illegal.
 - o not taken as directed by a doctor or the manufacturer.
- Your intoxication. Intoxication means your blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.

*Coverage and exclusions may vary, depending on state restrictions and your employer's benefit plan. Exclusions also apply to dependent coverage, and additional exclusions may apply to any additional benefits available under your employer's plan. This is only a summary of benefits. Please refer to your certificate for all terms, conditions, benefits, and limitations.

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Where do I get more information?

For more information or to access the certificate of insurance, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736.

This is a summary of benefits only. A complete description of benefits and limitations will be provided in the certificate of coverage. All coverage is subject to the terms and conditions of the group policy. Insurance is issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya[®] family of companies. Policy form HP09GP. Form numbers, product provisions and availability may vary by state.

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