



June 11, 2018

To: WASA Board Members
From: Eve Johnson, WASA Accountant/Technology
Re: WASA Travel Accident Insurance Coverage

One of the benefits of active WASA participation – such as Board Member - is Travel Accident Insurance coverage.

This coverage provides life insurance protection while traveling on WASA business. In the event of accidental death or dismemberment, the policy provides payment of a principle sum to you or your designated heirs. Please see the attached listing for individual amounts.

A C Newman and Co., provides the Travel Accident coverage.

The policy also provides a program called Assist America which is available for you to use should you ever need medical care while traveling, anywhere, at anytime, on any business. If you ever require medical assistance, please carry the enclosed Assist America information. If you needed help, you would call the toll-free number and Assist America will provide you with assistance in accessing and coordinating medical care.

The amount of coverage provided while traveling on WASA business is \$100,000 for Board Members, Executive Director, Assistant Executive Directors and Sub Consultants of the Policyholder. For persons that are within the general classification of Salaried or Clerical Staff Personnel of the Policyholder, the coverage is \$50,000 while traveling on company business.

You will find attached a Notice of Beneficiary Form for the WASA Travel Accident policy. Please complete this form and return it to the WASA office, Attention: Eve Johnson. If you do not return this form, it will be WASA 's policy to honor any previous beneficiary designation you may have provided under a previous Travel Accident policy and if neither of the above is on file, WASA will pay out according to the Washington State insurance law.

If you have any questions, please give me a call.

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Benefits paid to Covered Persons for loss during the Policy Year for Accidental Death, Dismemberment and Loss of Sight.

Covered Persons:	Class I	WASA President, Board Members, Standing Committee Chairs, Component Group Chairs, Subconsultants and Region Presidents
	Class II	WASA Executive Director, Associate Executive Director, Assistant Executive Director and Projects Administrator
	Class III	WASA Salaried or Clerical Staff Personnel

Each covered person should have on file with the Policyholder (WASA) a current beneficiary card. The Policy Year is from January 30th to the following January 30th.

Coverage Provisions:

1. Benefits paid for loss incurred by Class I, II or III members which:
 - a. occurs while such person is "on the business of Policyholder"; and
 - b. are in consequence of, and occur, during the course of the trip

Note: "on the business of Policyholder": means an assignment:

1. by or with the authorization of the Policyholder; and
2. whose purpose is to further the business of the Policyholder.

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- 2. Class II and III members are also covered while such person is commuting to or from home or work.
- 3. Coverage Amounts:

Accidental Death, Dismemberment and Loss of Sight

Class I	Principal Sum: \$100,000.00
Class II	Principal Sum: \$100,000.00
Class III	Principal Sum: \$ 50,000.00

For loss of:

Life	The Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
Either Hand or Foot and Sight of One Eye	The Principal Sum
Either Hand or Foot	1/2 The Principal Sum
Sight of One Eye	1/2 The Principal Sum
Thumb & Index Finger of Either Hand.....	1/4 The Principal Sum

(If there is more than one loss suffered, the largest of these will be paid.)

Aggregate limit of liability for all such losses shall be \$500,000.00.

This Summary of Benefits is not comprehensive, and is not intended in any way to constitute a contract or a Summary Plan Description as contemplated by ERISA.

**WASA Travel Accident Policy
Beneficiary Designation Form**

Employee/Member Name _____

Social Sec Number _____

Policy Holder Washington Association of School Administrators

Policy Number BTA 17194 Commercial Life Insurance Company

I hereby designate as my primary beneficiary under the above policy:

<u>Full Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby designate as my contingent beneficiary under the above policy:
(optional)

<u>Full Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____
Date	Signature of Employee

This Beneficiary Designation when completed should be returned to the WASA Home Office and will be retained by WASA, The Policyholder, until coverage under the above policy terminates with respect to the named employee unless sooner changed or revoked by such employee.