

October 17, 2024

Cheryl Campbell, Town Administrator/Town Clerk
Town of Garden City
621 27th Street Road
Garden City, CO 80631

**SUBJECT: Occupational Accidental Death and Dismemberment
2025 Renewal Acceptance/Rejection Quotation Form and Plan Information**

Dear Cheryl:

Enclosed are the Occupational Accidental Death and Dismemberment Coverage Plan Information and Notice of Acceptance/Rejection form. Coverage is placed through a master program specially designed and negotiated for CIRSA with The Prudential Insurance Company of America.

The Plan Information provides a general summary of the coverages. All coverages are governed by the terms, conditions, exclusions, and limitations stated in the applicable coverage documents. **The enclosed Plan Information summary should not be relied on as a substitute for review of those documents.** If the enclosed information is not adequate for you to make a decision about participating in the coverage for 2025, please do not hesitate to contact your underwriting representative.

Your entity is required to obtain signed beneficiary forms for each employee who participates in this program and keep a copy of those completed forms to be used in the event of a claim. We will forward a copy of this form, with instructions, upon your acceptance of the coverage.

This coverage is effective from January 1, 2025 through December 31, 2025. You may purchase this coverage at any time during the year. **However, the effective date must be on the first of the month and we must receive your acceptance letter at least five (5) working days prior to the effective date of coverage.**

This coverage is optional. Your entity is not required to purchase this coverage.
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For coverage effective January 1, 2025, please return the Notice of Acceptance/Rejection Quotation form no later than Friday, November 22, 2024.

Sincerely,



Claire Montgomery
Underwriting Representative

Enclosures



**2025 OCCUPATIONAL ACCIDENTAL DEATH
AND DISMEMBERMENT COVERAGE
NOTICE OF ACCEPTANCE/REJECTION OF QUOTATION**

The Town of Garden City

☐ does not.

☐ does wish to purchase Occupational Accidental Death and Dismemberment coverage at annual cost of \$9.60 per covered employee and we want to cover the following employee groups (select only one):

- ☐ All employees* (this must be all of your full-time, part-time and seasonal paid employees and all of your covered volunteers as defined below), or
- ☐ Full-Time employees* only; or
- ☐ Full-Time and Part-Time employees* only (must include paid elected officials, may include unpaid elected officials if selected below); or
- ☐ Fire department employees* only; or
- ☐ Police department employees* only; or
- ☐ Fire and police department employees* only.

* "Employee" means all full-time, part-time and seasonal paid employees, as well as all volunteer fire fighters, unpaid reserve police officers and unpaid elected officials. Unpaid appointed officials and boards or volunteers (other than fire fighters, reserve police officers or elected officials) cannot be covered under this program.

Please list the **number** of employees to be covered for each category:

_____ Full-Time	_____ Volunteer Fire Fighters
_____ Part-Time	_____ Unpaid Reserve Police Officers
_____ Seasonal	_____ Unpaid Elected Officials

2025 Premium: Total number of employees _____ **x \$9.60 =** _____.

IMPORTANT: You must also attach a list of all covered employees by name.

Signature: _____

Title: _____

Date: _____

**Signature must be that of the Mayor, Manager, Clerk, or equivalent
(such as President of a Special District).**

This is NOT a bill. An invoice will be sent January 1, 2025.



Occupational AD&D Employee List

Member Name: Town of Garden City

[illegible]

2025 OCCUPATIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE PLAN (Optional)

Coverage: This optional coverage provides Occupational Accidental Death and Dismemberment (OAD&D) coverage, as well as additional standard benefits, for your employees. To be covered, an injury must arise out of their employment by you. Coverage is afforded to both Property/Casualty and Workers' Compensation Pool members.

In addition to the accidental death and dismemberment coverages, the following additional standard benefits apply: Seat Belt Benefit, Air Bag Benefit, Loss Due to Coma, Critically Burned Benefit, HIV/Hepatitis Benefit, and Hospital Inpatient Stay. Additionally, the coverage includes Travel Assistance which will apply excess of all other valid and collectible insurance. The Travel Assistance coverage applies on a 24- hour basis.

Limits: Principal Benefit Limit: \$50,000
Coverage Basis AD&D: Primary

Deductible: No Deductible Applies

Joining the Program: Members can only join the program on the first day of each month. CIRSA must receive your acceptance, along with a list containing the full name of each covered employee, at least five (5) working days before the beginning of the month you wish coverage to be effective. Upon participation in the program, a Prudential Beneficiary Form should be completed for each covered employee and kept on file by the member. A deposit premium will be billed effective the date your entity begins coverage under the policy. If the carrier requires it, the deposit premium may be adjusted at the year-end audit based on actual participation levels.

Claims: Claims should be submitted directly to Prudential Insurance Company of America:

Prudential Insurance Company of America
P.O. Box 101241
Atlanta, GA 30392-1241

If you have any questions regarding claims, please call the Prudential National Client Service Center at: (888) 598-5671.

This information is provided only as a general summary of the coverages that apply or are available to CIRSA members. All coverages are governed by the terms, conditions, exclusions, and limits stated in the applicable coverage documents. **This summary should not be relied on as a substitute for review of those documents.**